Southern Health Mental Health Services
MonashHealth

☑ Adult
☐ CAMHS
☐ RASP

Service/Subcentre: CMH

Statewide UR: 355101

Adult Mental Health 7782458

2283458

Crofts, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Public - Eligible
Atheism
Dr Melvin Pinto
Adult Mental Health

23/02/1961
Male
51 years, 11 months
BE

MY AUTHORITY TO TRANSPORT YOU FOR NO REASON

SHF120220A

Notes to completing this form

This form must be completed by a 'mental health practitioner'.

'Mental health practitioners' are –

a) - Registered nurses
- Registered psychologists
- Social workers
- Occupational therapists; and

b) employed by a public sector mental health service (within the meaning of section 120A of the Mental Health Act) that is an approved mental health service or a community mental health service; and

c) engaged in the provision of acute psychiatric assessment and treatment functions in the community.

TO THE ADMITTING REGISTERED MEDICAL PRACTITIONER

Please examine: David (GIVEN NAME/S) Crofts (FAMILY NAME (BLOCK LETTERS) of person)

of: 23 Brisbane St Berwick (address of person)

for the purpose of making a Recommendation under section 9 of the **Mental Health Act 1986.**

(1) I am a 'mental health practitioner' within the meaning of section 7 of the **Mental Health Act 1986.**

(2) I have observed a completed Request relating to the abovenamed person.

(3) A Recommendation has not been completed because a registered medical practitioner was not available within a reasonable period to consider making a Recommendation, despite all reasonable steps having been taken to secure the attendance of one.

(4) It is my opinion that **all** the following criteria in section 8(1) of the **Mental Health Act 1986** apply to the person:

(a) the person appears to be mentally ill *(a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory)*; and

(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an involuntary treatment order; and

(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public; and

(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and

(e) the person cannot receive adequate treatment for the mental illness in a manner less restrictive of his or her freedom of decision and action.

(5) I do not consider the person to be mentally ill by reason only of any one or more of the exclusion criteria listed in section 8(2) of the **Mental Health Act 1986.**

(6) I base my opinion on the following facts personally observed by me on examination:

Hostile delusional material expressed +++
threatening non compliant re treatment Nil insight
Angry agitated | unable to be community
Passive aggressive distressed | treated at present.

(7) I consider that the person should be taken to an approved mental health service for examination by a registered medical practitioner for the purpose of making a Recommendation under section 9 of the **Mental Health Act 1986.**

You cannot also complete the Request (Schedule 1).

Amanda (GIVEN NAME/S) Murray (NAME (BLOCK LETTERS) of mental health practitioner)

Signed: A Murray Date: 11/02/13 Time: 1410 (24 hour)

Employed by: Southern Health (approved mental health service) Designation: RPN

NEXT STEPS

1. This **Authority to Transport** only becomes effective if it is accompanied by a **Request (Schedule 1).**
2. If a **Request** and an **Authority to Transport** are completed, together they give sufficient authority to a 'prescribed person' to take the person to an approved mental health service for examination by a registered medical practitioner for the purpose of making a **Recommendation (Schedule 2).**

Transport

3. For the purpose of taking the person to an approved mental health service, the 'prescribed person' may with such assistance as is required and such force as may be reasonably necessary, enter any premises in which the 'prescribed person' has reasonable grounds for believing that the person may be found and if necessary to enable the person to be taken safely, use such restraint as may be reasonably necessary.
4. A 'prescribed person' who uses restraint must complete the form **Restraint** over page.

See definition of 'prescribed person' over page.

* delete as necessary

AUTHORITY TO TRANSPORT WITHOUT RECOMMENDATION MHASCH4

MHASCH4
04/06

White - ADMIN Yellow - PATIENT FILE

Southern Health **Mental Health Services**

☐ Adult
☐ CAMHS
☐ RASP

Service/Subcentre: .....

Statewide UR: .....

Unit Record Number: .....

Surname .....

Given Name .....

D.O.B. ..... Age ..... Sex .....

Address .....

Affix Patient Identification Label

SHF120600

COMMUNITY TREATMENT ORDER

Notes to completing this form

The decision to make a community treatment order must be consistent with the treatment objectives and strategies contained in the patient's treatment plan.

The patient must be given a copy of this Community Treatment Order and:
- told the CTO has been made.
- told the grounds for the decision to make a CTO.

The duration of the community treatment order must not exceed 12 months.

A residence condition should only be included if it is necessary for the treatment of the person's mental illness.

A treatment plan should be prepared to accompany this Community Treatment Order.

DAVID — CROFTS
GIVEN NAME/S — FAMILY NAME (BLOCK LETTERS) of patient

a patient of: _____
approved mental health service

residing at: _____
address of patient living in the community

TO THE PATIENT

(1) Having examined you, I am satisfied that **all** the following criteria in section 8(1) of the **Mental Health Act 1986** apply to you:
- (a) you appear to be mentally ill *(a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory);* and
- (b) your mental illness requires immediate treatment and that treatment can be obtained by you being subject to an involuntary treatment order; and
- (c) because of your mental illness, involuntary treatment is necessary for your health or safety (whether to prevent a deterioration in your physical or mental condition or otherwise) or for the protection of members of the public; and
- (d) you have refused or are unable to consent to the necessary treatment for the mental illness; and
- (e) you cannot receive adequate treatment for the mental illness in a manner less restrictive of your freedom of decision and action.

(2) I am satisfied that the treatment you require can be obtained through the making of a community treatment order.

(3) I therefore make a community treatment order for you.

(4) The duration of your community treatment order is:

from: 22/02/13 until: 11/02/14

The terms of the order are:

Place where you are to receive treatment: CASEY CCS
name of clinic/service where patient will be receiving their treatment

The psychiatrist who will monitor your treatment is: Dr S. WITHWARD
given names — family name (block letters) of *delegated/authorised psychiatrist

of: CASEY HOSPITAL
business address of monitoring *delegated/authorised psychiatrist

The doctor who will supervise your treatment is: Dr V. DOTCHTER
given names — family name (block letters) of supervising registered medical practitioner

of: A/A
business address of supervising registered medical practitioner

ONLY COMPLETE THIS PART IF A RESIDENCE CONDITION IS TO BE ORDERED

5) You must live at: _____
address at which patient must live
because this is necessary for the treatment of your mental illness.

The above named registered medical practitioner will submit progress reports every _____ months

I am the * delegated / authorised psychiatrist of the approved mental health service.

☐ The patient has been given a copy of the patients' rights booklet *Involuntary Patient* and the information explained.

☑ I have attached the patient's treatment plan and discussed it with the patient.

(please cross x)

Dr M. PRESTON
GIVEN NAME/S — FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: _____ Date: 22/02/13

* delete as necessary

COMMUNITY TREATMENT ORDER MHA6

MHA6
06/05

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

Southern Health **Mental Health Services**

☐ Adult
☐ ELMHS
☐ Aged

Service/Subcentre: .....

Statewide UR: .....

2283458

Crofts, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Public - Eligible
Atheism
Dr Martin Preston
Adult Mental Health

23/02/1961
Male
51 years, 11 months
BE

SHF120500V

TREATMENT PLAN

Notes to completing this form

The purpose of this plan is to give the patient a plain statement of the treatment they will receive from the mental health service.

It must identify the patient's immediate needs and the actions that will be taken to meet those needs.

The expected outcomes must be realistic, focused on recovery and achievable within the expected life of the plan.

Preparation of the plan provides a basis for discussion with the patient and their nominated carer/s. In developing this plan, you must take into account the wishes of:

- the patient, as far as they can be ascertained.
- nominated carer/s who are involved in providing ongoing care or support to the patient, unless the patient objects.

The patient must be given a copy of this Treatment Plan and the information explained.

DAVID CROFTS
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

☐ an involuntary patient in an approved mental health service.
☐ an involuntary patient subject to a community treatment order.
☐ an involuntary patient subject to a restricted community treatment order.
☐ a security patient.
☐ a forensic patient.
☐ a person receiving treatment from a mental health service on a voluntary basis.

(please cross [x] one option)

of: _____
name of approved mental health service/treating mental health service

residing at: _____
address of person if living in the community

TREATING TEAM

(1) Psychiatrist: _____
name of monitoring psychiatrist

(2) Treating doctor: _____
name of supervising medical practitioner

(3) Case manager / primary clinician: ANN
name of case manager / primary clinician

(4) Clinic/service where you will receive treatment from: CASEY CCT
telephone: 87681731

OTHER PARTIES TO THE PLAN (where applicable)

(5) General practitioner: _____ telephone: _____

(6) Private psychiatrist: _____ telephone: _____

(7) Nominated carer/s: _____ telephone: _____

(8) Other: _____ telephone: _____

Review
A treatment plan will be reviewed by the treating team as often as clinically necessary.

REVIEW DATE

(9) This plan is due for review on: | | | | | | | (see note opposite)

PROGRESS REPORTS (CTO & RCTO patients only)

(10) The *supervising medical practitioner / monitoring psychiatrist must send the *monitoring psychiatrist / chief psychiatrist a progress report every: _____ *month/s.

Prepared by:

_____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of clinician completing form

Signed: _____ Designation: _____ Date: | | | | | | |

Authorised by:

Dr M. PRESTON
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: _____ Date: 22/02/13

* delete as necessary

Further Information
The Chief Psychiatrist's guideline Treatment Plan is available at: www.health.vic.gov.au/mentalhealth/cpg

MHA4
12/12

White - PATIENT Yellow - PATIENT FILE White - ADMIN

Southern Health **Mental Health Services**

☐ Adult
☐ ELMHS
☐ Aged

Service/Subcentre:

Statewide UR:

2283458
Crofts, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Public - Eligible
Atheism
Dr Martin Preston
Adult Mental Health

23/02/1961
Male
51 years, 11 months
BE

Writing the plan
- Identify the priority needs and any risk factors to be addressed by this plan.
- Specify what will be done to address each need.
- Specify the expected outcome for each identified need.

Discharge planning
- Where appropriate, the plan will specify discharge planning and follow-up.

Nominated Carer/s
- If nominated carer/s have an agreed role, it should be specified in the plan. They should be given a copy of the plan.

Other Clinicians
- Specify the role of any general practitioner, private psychiatrist and other clinicians, who are partners in the plan. They should be given a copy of the plan.

Crisis response
- Specify the actions the patient and/or their nominated carer/s (including children) should take in the event of a relapse or crisis, including a 24-hour contact number.

Failure to Comply (CTO & RCTO patients only)
- Explain to the patient those parts of the plan that are compulsory, for which failure to comply may result in the CTO / RCTO being revoked.

TREATMENT PLAN (Please print)

TO THE PATIENT
Members of the treating team will regularly discuss with you your diagnosis, medication and other methods of treatment, alternative treatments and available services. They will review and update your treatment plan on a regular basis.

Diagnosis: Schizophrenia

Current psychiatric medication: Paliperidone Injection 100mg EVERY 3 WKS (NEXT DUE 13/3/13 6/3/13)

Treatment plan: C.T.O.

COMMUNITY TREATMENT ORDER

- ATTEND ALL APPOINTMENTS MADE BY CASE MANAGER
- NO ILLEGAL DRUG USE
- TAKE MEDICATION AS PRESCRIBED
- CALL 1300369012 IF IN CRISIS AND UNABLE TO CONTACT CASE MANAGER.

D.A.Crofts

Signatures
- The patient and/or a nominated carer may choose to sign the plan to indicate an understanding of the plan.
- The clinician who prepares this plan must sign and date this page.

Patient's signature: D.A.Crofts Date: 22/02/13

Nominated carer's signature: Russ Crofts Date: 22/02/13

Clinician's signature & designation: Date:

TREATMENT PLAN

MHA4

Southern Health

Registration No: _____
(Office Use Only)

FREEDOM OF INFORMATION APPLICATION FORM

1. APPLICANT'S DETAILS:

Surname:	CROFTS	Given Name:	DAVID
Address:	23 BRISBANE STREET, BERWICK VICTORIA AUSTRALIA		
Post Code:	3806	Phone:	+61 3 9707 4594

SHF00061W

2. PATIENT'S DETAILS:

Surname:	Given Name:
Previous Name *(if applicable)*:	
Date of Birth:	UR Number *(if known)*:

If requesting information regarding someone other than yourself please specify your relationship to the patient (and provide copies of supporting documents): _____

3. INFORMATION REQUIRED:

I wish to access the following information under the Freedom of Information Act 1982:

Records originating at: (please tick)

- ☐ Monash Medical Centre (Clayton)
- ☐ Monash Medical Centre (Moorabbin)
- ☐ Dandenong Hospital
- ☐ Kingston Centre
- ● Casey Hospital
- ☐ Other (please specify): _____
- ☐ Hampton Rehabilitation Hospital
- ☐ Mordialloc & Cheltenham Community
- ☐ Heatherton Hospital
- ☐ Queen Victoria Hospital
- ☐ Prince Henry's Hospital

Please provide information regarding the documents you require: (Provide as much detail as possible to help identify the documents required – include specific dates if known).

ALL DOCUMENTS USED BY THE M.H.R.B. TO DECIDE THE VALIDITY OF MY CERTIFICATION UNDER THE MENTAL HEALTH ACT.

Do you require: ● **Copies** **or** ☐ **Inspection Only**

If possible; would you like to receive your copies on CD: ☐ Yes or ● No

4. PROCESSING CHARGES*

An application fee of $25.10 applies in addition to 20c per A4 copy plus $6.50 postage. If inspection of record only, a charge of $5 per quarter hour supervised viewing time applies. Under FOI legislation processing may take up to 45 days.

* Please Note: if you are the holder of either a Pension or Healthcare Card and require your own personal information, fees will be waived. However, to gain the waiver you must provide a current photocopy (of both sides) of your card with this application form.

Signature of Applicant: D.A.Crofts **Date:** **22/02/2013**

Southern Health

246 Clayton Road
Clayton, Victoria 3168
Australia

Postal address:
Locked Bag 29
Clayton South, Victoria 3169
Australia

tel 03 9594 6666
fax 03 9594 6111

Health Information Services
FOI Unit

Tel (03) 9594 2123
Fax (03) 9594 2106

Monday, 25 February 2013

Mr David Crofts
23 Brisbane Street

Berwick **Vic** **3806**

Dear Sir/Madam,

Re: FREEDOM OF INFORMATION REQUEST NO: 17819
Surname: **Crofts**
First Name: **David**
Your Reference:

This is to inform you that your Freedom of Information application has been received and registered by this office.The application number at the top of this letter has been allocated to your request; you will need to quote it in all future correspondence regarding this application.

We anticipate an approximate turnaround time of 90 days. If you have an urgent date that would delay any proceedings please advise our office and we can try to negotiate a timeframe for processing your request.

If you have not already provided payment or a copy of your Health Care Card/Concession Card please find enclosed a tax invoice for the application fee. Please note that if this fee is not paid within 28 days from the date of this letter your application will be deemed invalid in accordance with section 17 of the Freedom of Information Act 1982 and therefore will be closed.

For further enquires please contact the FOI Unit on 9594 2123 or by e-mail at HISFOI@southernhealth.org.au

Yours sincerely,

Brooke Whiteside
Manager
Freedom of Information

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: 28 February 2013 18:25
To: 'HISFOI@southernhealth.org.au'
Subject: RE: The basis for the judgment that I should suffer certification !!!!
Attachments: 2013.02.28 - Response to My FOI Request from Southern Health.pdf

David A.S.Crofts

23 Brisbane Street
BERWICK Victoria 3806
Australia

Brooke Whiteside
Freedom of Information Manager

Health Services Information
FOI Unit
Locked Bag 29
CLAYTON SOUTH Victoria 3169
Australia

Dear Sir/Madam,

RE :- The basis for the judgment that I should suffer certification !!!! :- FOI Request # 17819 !!!!

I understand that if you do not satisfy my FOI request inside 45 days you will be in breach of the legislation which establishes your office.

So please make all necessary attempts to comply with your legal obligations as 90 days is not acceptable.

Yours sincerely,

David Crofts.

Hello Donnie,

I suspect that the in-pregnating biter reference in the attached documents will only make sense to you with the below elaboration.

Saje Damodaran dragged me into Dandenong Hospital in 2003 to turn my victory over Dr. Reilly of Frankston Hospital into a defeat from which I am yet to recover. I will not be satisfied by anything medical which does not involve Saje before a Standards Panel...

.... Saje is Indian, I'm the dirt dog && the English colonial invader is going to @#$% him big time for/& in his Indian colonially expanded, psychiatrically tight ARSE!

I am feeling relatively happy with life and have a good plan for the rest of my life. The attached documents should keep you & I on the same page. Regards from David.

Re: I feel I have proved my point !!!!

From: David Crofts <david.crofts@gmail.com>

To: ODEDM@il.ibm.com

Cc: oded.margalit@gmail.com, abradley@us.ibm.com, linkedin@bcfilt.com, evan@evan-thomas.net, das_hillol@yahoo.com.au, ...

Date: Sun, 24 Feb 2013 10:40:25 +1100

Attachments: 2

Hello from the other side of your chosen vaginal orifice !!!!

I am now in proud receipt of the medically indicated and forcibly applied interest refund payment for all my previous sinful ejaculations !!!!

The need to suffer for one's sin is acknowledged !!!!

However, after a brief and mightily un-happy making admission to Casey Hospital, I am back, and relatively un-damaged, and I would go as far as to say that I have escaped the wroth of the medical profession relatively scott-free ....

((((if you don't count a community treatment order !!!!))))

Regards,

David Crofts.

P.S.

Please note the attached discharge summary !!!!

-----Original Message-----
From: David Crofts <david.crofts@gmail.com>
To: ODEDM@il.ibm.com, oded.margalit@gmail.com, abradley@us.ibm.com, linkedin@bcfilt.com, evan@evan-thomas.net
Cc: das_hillol@yahoo.com.au, billorchard@bigpond.com, vic-notifications@ahpra.gov.au, rufus.black@ormond.unimelb.edu.au
Subject: I feel I have proved my point !!!!
Date: Thu, 07 Feb 2013 12:42:54 +1100

Hello potential "vaginal-openings",

Are you (an) able (2) cunt-scent (2) necessary treatment ????

What is the "issue" the mental health act addresses again; sorry, I just "ejaculated" and forgot !!!! So please re-iterate like a good chisel from IBM ....

Learn the in-pregnator of an ejaculating biter :- who has learnt to understand himself as (a) "dirt dog", "delete sphincter", "dumb wanker", "david crofts .....

P.S. :-

Time 4 a quick nip of java, from you up bar-czar "arse-holes" out there !!!!

Attachments

Name	Size
2013.02.24 - D.A.CROFTS.pdf	38.5 kB
Damodaran - 08 - Bar-Czar Indian Myth on Dog Byte.pdf	399.2 kB

David A.S.Crofts

23 Brisbane Street
BERWICK Victoria 3806

Sunday, 24 th February, 2013

Quality Control Officer

A.H.P.R.A.
G.P.O. Box 9958
MELBOURNE Victoria 3001

Dear Sir/Madam,

RE: There exists some indicated modifications to hospital admission procedures.

What little reserves of self-determination that a patient has upon admission should not be deliberately snuffed out through the mindless neglecting and intentional refusal to address the patient in any way until these above mentioned reserves have been completely extinguished to the extreme and irrecoverable detriment of the patient !!!!

There exists a need for a medical professional to perform a responsible act of engagement with the patient immediately upon arrival inside any hospital and not to put the patients' needs outside this medical professionals supposed obligations.

This will then incorporate these all important reserves inside the hospital in question and also into whatever medical procedures the medical profession has in mind for this sad and sorry individual, both during this admission and in what follows in the rest of his supposedly cured life ..... !!!!

Clearly, there can be no dispute that the active preservation of these reserves needs to be the absolute top priority of all medical practices. I now have an overwhelming need to state; I have a mighty strong feeling of disgust for the medical profession, as not only do they put this priority last, but their deliberate intention seems to be the deliberate destruction of these reserves as they seem to subscribe to the false belief that the patient is the enemy and must be defeated to such an extent that if he does have a small victory it will be a bigger one for the medical profession !!!!

Yours sincerely,

David Crofts.

Australian
Health Practitioner
Regulation Agency

26 February 2013

David A.S Crofts
23 Brisbane St
BERWICK VIC 3806

Dear Mr Crofts,

Thank you for your correspondence dated 24 February 2013 received by the Australian Health Practitioner Regulation Agency (AHPRA) on 26 February 2013. I note that your correspondence was in regards to concerns about the treatment and interaction of medical professionals with patients specifically in relation to hospital admittance.

We appreciate that you have taken the time to provide us with your feedback in writing. Your concerns have been noted.

Yours Sincerely

pp Vivien Durant

Bryan Sketchley
Senior FOI, Privacy & Complaints Officer
Victoria & National Offices

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: 28 February 2013 23:28
To: vic-notifications@ahpra.gov.au
Subject: Please admit MY concerns as YOUR concerns !!!!
Attachments: 2013.02.28 - AHPRA.pdf; 2013.02.24 - D.A.CROFTS.pdf

Dear Sir/Madam,

Please acknowledge that “my” concerns indicate that the medical profession must reverse itself when it comes to who is “responsible” for deciding one’s own future.

It is clear from what you do acknowledge that you have no intention of actively promoting better doctor / patient engagement !!!!

Sincerely,

David Crofts.

News

Bizarre Medical Myth Persists in Rural India

Stray dogs rest at a park in Srinagar, March 2, 2012. Srinagar, India

Last updated on: March 21, 2012 8:00 PM

In India's remote and poverty-stricken areas, health resources and qualified doctors can be scarce. Many people still rely on faith-based healers, who sometimes promote outlandish theories about how the body works.

Shyamali Singh is a high school student in West Bengal's Midnapur district who holds a wild belief about dog bites.

He said getting bitten by a dog leads to the birth of puppies. The victim gets puppies inside his body and becomes like a mad dog.

So-called "puppy pregnancy syndrome" has a long history in the locality.

Psychiatrist Kumar Kanti Ghosh helped document the phenomenon for an article in the medical journal Lancet in 2003. His interest started when a nine-year-old boy came to his clinic about 10 days after being bitten by a domesticated dog.

"There was no issue of rabies," Ghosh said. "But he believed that he had developed a pregnancy with a puppy inside his abdomen. His parents said that sometimes he was barking like a dog and was crawling on his four feet."

Farmer Gopal Singh is one of Singh's patients who was bitten by a dog about seven years ago. He said he went running to the faith healer- who explained that puppies would be born inside his stomach and he would become like a mad dog and die."

A June 19, 2011 photograph shows Mohammed Yousuf Roshangar, a Kashmiri Muslim faith healer, writing a taweez, a religious writing put inside amulets for protection and invoking blessing, in Srinagar, India

Medical doctor Sanjay Samui is frustrated by the tendency of villagers to cling to such beliefs.

He said they are uneducated village people - they still hold on to such superstitions. He said he tells everyone it is impossible - in no situation can a puppy be born inside a human body.

Doctors said it will probably take years to eradicate medical myths like puppy pregnancy syndrome among illiterate population. Because so many villagers distrust medical doctors, they say the media and local governments should help promote an accurate understanding of the body and what ails it.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Telephone: 9707 4594

Tuesday, 26th February 2013

My Consultant Psychiatrist

c/o Anne Goodban

Southern Health
Casey Hospital
Adult Mental Health
Outpatient Services

62-70 Kangan Drive
BERWICK Victoria 3806

Dear Sir/Madam,

After being rubbed, in what I consider to be the wrong way, by Anne Goodban; I now know, that if I don't explicitly point out the flaws in her supposed arguments, you will consider her offense, to be "my" problem; so here is my attempt at getting all involved to see the true, correct and logically indicated solution to "your" problem.

I feel it clear that the treatment plan of me have my medication from Dr. Prowse of Langmore Clinic, and then having him report; my compliance, along with anything else he feels the need to refer, to my chosen psychiatrist, Dr. Das of Pinelodge; is both logically indicated and sufficient.

In my opinion, Dr. Preston's stubborn intransigence, and insistence upon getting his own way, at the expense of reason, indicates that he is the one with the greater mental problems.

When one reviews the problem at hand, at this particular moment, one can only note that all that has changed, with respect to my supposedly therapeutic relationship with the medical profession, is that Dr. Preston has begun an attempt at avoiding being held professionally responsible for his own actions.

My intention is to actively forbid another psychiatrist from compounding the problem of what my supposed legal rights are, until I have extracted myself out from under the certification documents, that Dr. Preston has placed over me, (and is now deliberately trying to distance himself from.) I intend to do this through the exercising of my "only" remaining legal right, which is to have my day before the M.H.R.B..

It is clearly an "out-of-bounds-step" for me to be expected to ignore my certifying by Dr. Preston, and then go one step further along the road to insanity, and be expected to feel "release", when some "OTHER" psychiatrist, who is "NOT" responsible for my current legal predicament, makes my situation "WORSE", by adding his "TWO-CENTS" to a problem that can only be "RESPONSIBLY" un-done by Dr. Preston !!!!

For your information, it works to my dis-advantage to have my medication applied to me anywhere else but inside Casey Hospital, and I kindly request that you submit to my wishes, and have it applied to me there, (if you are not prepared to release me back into the care of Dr. Prowse.)

Yours sincerely,

David Crofts.

Southern Health — Mental Health Services

☐ Adult
☐ CAMHS
☐ RASP

Service/Subcentre:

Statewide UR:

2283458

CROFTS, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Mob:
Atheism
GP: Dr Michael Anthony Prowse
M/C: 31546840561 EXP: __/__/____

23/02/1961
Male
52 years

SHF121110@

DISCHARGE FROM INVOLUNTARY PATIENT STATUS

Notes to completing this form

The patient must be given a copy of this Discharge from Involuntary Patient Status.

DAVID — GIVEN NAME/S
CROFTS — FAMILY NAME (BLOCK LETTERS) of patient

☑ an involuntary patient subject to:
- ☐ an **involuntary treatment order**
- ☐ a **community treatment order**.

(please cross x relevant options)

a patient of: DAMHS
approved mental health service

The criteria in section 8(1) of the **Mental Health Act 1986** are:

(a) the person appears to be mentally ill; and

(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an involuntary treatment order; and

(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public; and

(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and

(e) the person cannot receive adequate treatment for the mental illness in a manner less restrictive of his or her freedom of decision and action.

TO THE PATIENT

(1) I consider that all the criteria in section 8(1) of the **Mental Health Act 1986** no longer apply to you.

(2) The reasons for my decision are:

David has capacity to make decision

(3) I **discharge** you from your Order and from being an involuntary patient.

I am the * delegated / authorised psychiatrist of the approved mental health service.

☐ I have discussed onging care / discharge planning with the patient.
(please cross x)

TENNENT — GIVEN NAME/S
TAMILYAPPA — FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: _____ Date: 01/03/13

* delete as necessary

MHA16
06/05

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

DISCHARGE FROM INVOLUNTARY PATIENT STATUS MHA16

Southern Health Mental Health Services
MonashHealth

☑ Adult
☐ CAMHS
☐ RASP

Service/Sub unit: Crisis Assessment

Statewide UR:

2283458

CROFTS, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Mob:
Atheism
GP: Dr Michael Anthony Prowse
M/C: 31546840561 EXP: __/__/____

23/02/1961
Male
52 years, 1 month

MY AUTHORITY TO TRANSPORT YOU FOR NO REASON

Notes to completing this form

This form must be completed by a 'mental health practitioner'.

'Mental health practitioners' are –

a) - Registered nurses
- Registered psychologists
- Social workers
- Occupational therapists; and

b) employed by a public sector mental health service (within the meaning of section 120A of the Mental Health Act) that is an approved mental health service or a community mental health service; and

c) engaged in the provision of acute psychiatric assessment and treatment functions in the community.

You cannot also complete the Request (Schedule 1).

See definition of 'prescribed person' over page.

TO THE ADMITTING REGISTERED MEDICAL PRACTITIONER

Please examine: _____
GIVEN NAME/S — FAMILY NAME (BLOCK LETTERS) of person

of: _____
address of person

for the purpose of making a Recommendation under section 9 of the **Mental Health Act 1986.**

(1) I am a 'mental health practitioner' within the meaning of section 7 of the **Mental Health Act 1986.**

(2) I have observed a completed Request relating to the abovenamed person.

(3) A Recommendation has not been completed because a registered medical practitioner was not available within a reasonable period to consider making a Recommendation, despite all reasonable steps having been taken to secure the attendance of one.

(4) It is my opinion that **all** the following criteria in section 8(1) of the **Mental Health Act 1986** apply to the person:

(a) the person appears to be mentally ill *(a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory)*; and

(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an involuntary treatment order; and

(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public; and

(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and

(e) the person cannot receive adequate treatment for the mental illness in a manner less restrictive of his or her freedom of decision and action.

(5) I do not consider the person to be mentally ill by reason only of any one or more of the exclusion criteria listed in section 8(2) of the **Mental Health Act 1986.**

(6) I base my opinion on the following facts personally observed by me on examination:

Client presents as hostile, threatening and agitated - non compliant & Rf

(7) I consider that the person should be taken to an approved mental health service for examination by a registered medical practitioner for the purpose of making a Recommendation under section 9 of the **Mental Health Act 1986**.

Campbell — SISSE
GIVEN NAME/S — NAME (BLOCK LETTERS) of mental health practitioner

Signed: _____ Date: 0 9 0 4 1 3 Time: 2 0 4 0 (24 hour)

Employed by: South Health — approved mental health service — Designation: RN

NEXT STEPS

1. This **Authority to Transport** only becomes effective if it is accompanied by a **Request (Schedule 1).**
2. If a **Request** and an **Authority to Transport** are completed, together they give sufficient authority to a 'prescribed person' to take the person to an approved mental health service for examination by a registered medical practitioner for the purpose of making a **Recommendation (Schedule 2).**

Transport

3. For the purpose of taking the person to an approved mental health service, the 'prescribed person' may with such assistance as is required and such force as may be reasonably necessary, enter any premises in which the 'prescribed person' has reasonable grounds for believing that the person may be found and if necessary to enable the person to be taken safely, use such restraint as may be reasonably necessary.
4. A 'prescribed person' who uses restraint must complete the form **Restraint** over page.

* delete as necessary

SHF120120A

AUTHORITY TO TRANSPORT WITHOUT RECOMMENDATION MHASCH4

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Thursday, 2nd May 2013

My Consultant Psychiatrist

Southern Health
Casey Hospital
Adult Mental Health
Ward E

62-70 Kangan Drive
BERWICK Victoria 3806

Dear Sir,

Even though you rank second in relevance to Dr. Das, when it comes to who is the most responsible entity for this admission, I find I have no alternative but to keep you in the loop.

Yours sincerely,

David Crofts.

Southern Health

Registration No: _____
(Office Use Only)

FREEDOM OF INFORMATION APPLICATION FORM

SHF00061W

1. APPLICANT'S DETAILS:

Surname:	CROFTS	Given Name:	DAVID
Address:	23 BRISBANE STREET, BERWICK VICTORIA AUSTRALIA		
Post Code:	3806	Phone:	+61 3 9707 4594

2. PATIENT'S DETAILS:

Surname:	Given Name:
Previous Name *(if applicable)*:	
Date of Birth:	UR Number *(if known)*:

If requesting information regarding someone other than yourself please specify your relationship to the patient (and provide copies of supporting documents): _____

3. INFORMATION REQUIRED:

I wish to access the following information under the Freedom of Information Act 1982:

Records originating at: (please tick)

- ☐ Monash Medical Centre (Clayton)
- ☐ Monash Medical Centre (Moorabbin)
- ☐ Dandenong Hospital
- ☐ Kingston Centre
- • Casey Hospital
- ☐ Other (please specify): _____
- ☐ Hampton Rehabilitation Hospital
- ☐ Mordialloc & Cheltenham Community
- ☐ Heatherton Hospital
- ☐ Queen Victoria Hospital
- ☐ Prince Henry's Hospital

Please provide information regarding the documents you require: (Provide as much detail as possible to help identify the documents required – include specific dates if known).

PLEASE REFER TO THE ACCOMPANYING DOCUMENT.

Do you require: • **Copies** **or** ☐ **Inspection Only**

If possible; would you like to receive your copies on CD: ☐ Yes or • No

4. PROCESSING CHARGES*

An application fee of $25.10 applies in addition to 20c per A4 copy plus $6.50 postage. If inspection of record only, a charge of $5 per quarter hour supervised viewing time applies. Under FOI legislation processing may take up to 45 days.

* Please Note: if you are the holder of either a Pension or Healthcare Card and require your own personal information, fees will be waived. However, to gain the waiver you must provide a current photocopy (of both sides) of your card with this application form.

Signature of Applicant: D.A.Crofts **Date:** **02/05/2013**

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Thursday, May 2, 2013

The Manager of Free Informing

F.O.I. Unit
Locked Bag 29
CLAYTON SOUTH Victoria 3169

Dear Sir/Madam,

As a consequence of my understanding of the motivations behind your forcing of treatment upon me, I have now chosen to identify with the position of the treatment provider.

Hence, I will do my very best to obliterate any, and everyone, that feels it is a valid practice to forcibly contain an individual, away from his or her natural surroundings, without the provision of a responsible act of engagement, that satisfies this sad and sorry individuals need to know the reasoning behind this practice, and why it is, in fact, necessary.

I believe that the sooner these irresponsible treatment providers, who act on impulse only, and who in fact have no objective logical justification to support them, get their just deserts, and are over ruled, and ruled out, the better for all concerned.

I feel I am left with no alternative but to try and use the above mentioned dis-continuity in my legal right of self-determination, to my advantage, and also, to the advantage of all the others similarly violated.

I feel that when those who are supposedly charged with responsibility for these more gross acts of irresponsibility are made to focus on what they have actually done, a wider justice will result as a consequence.

In order to make common knowledge the mechanics of what has actually occurred I am now formally requesting all data, regardless of whether it has been formally documented, which is known by the crisis assessment team, the police, and/or Casey hospital and is relevant to this matter.

Yours sincerely,

David Crofts.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Sunday, May 5, 2013

Public Relations Officer

Police Victoria
1-7 Coventry Road
NARRE WARREN Victoria 3805

Dear Sir/Madam,

Please provide to me all information possible regarding a call for police attendance at my home by the crisis assessment team on 10/04/2013 around 8:00 PM.

I would be grateful if you could inform me exactly how your official duty to serve all members of the public deals with a request to take action against a potentially well integrated member of it whose only crime is to tread on the turf reserved exclusively for the medical profession.

Yours sincerely,

David Crofts.

Southern Health **Mental Health Services**

☐ Adult
☐ CAMHS
☐ RASP

Service/Subcentre: .....

Statewide UR: .....

2283458
Crofts, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Public - Eligible
Atheism
Dr Dulip Kumara Dharmage
Adult Mental Health

23/02/1961
Male
52 years, 1 month

BE

COMMUNITY TREATMENT ORDER

Notes to completing this form

The decision to make a community treatment order must be consistent with the treatment objectives and strategies contained in the patient's treatment plan.

The patient must be given a copy of this Community Treatment Order and:
- told the CTO has been made.
- told the grounds for the decision to make a CTO.

The duration of the community treatment order must not exceed 12 months.

A residence condition should only be included if it is necessary for the treatment of the person's mental illness.

A treatment plan should be prepared to accompany this Community Treatment Order.

David Crofts
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

a patient of: Dandenong MHS
approved mental health service

residing at: 23 Brisbane Street, Berwick
address of patient living in the community

TO THE PATIENT

(1) Having examined you, I am satisfied that **all** the following criteria in section 8(1) of the **Mental Health Act 1986** apply to you:
  (a) you appear to be mentally ill *(a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory);* and
  (b) your mental illness requires immediate treatment and that treatment can be obtained by you being subject to an involuntary treatment order; and
  (c) because of your mental illness, involuntary treatment is necessary for your health or safety (whether to prevent a deterioration in your physical or mental condition or otherwise) or for the protection of members of the public; and
  (d) you have refused or are unable to consent to the necessary treatment for the mental illness; and
  (e) you cannot receive adequate treatment for the mental illness in a manner less restrictive of your freedom of decision and action.
(2) I am satisfied that the treatment you require can be obtained through the making of a community treatment order.
(3) I therefore make a community treatment order for you.
(4) The duration of your community treatment order is:

from: 08/05/13 until: 11/04/14

The terms of the order are:
Place where you are to receive treatment: Casey CCT
name of clinic/service where patient will be receiving their treatment

The psychiatrist who will monitor your treatment is: Dr Shaun Tompkins
given names family name (block letters) of *delegated/authorised psychiatrist

of: Casey CCT, Casey Hospital, Berwick.
business address of monitoring *delegated/authorised psychiatrist

The doctor who will supervise your treatment is: Dr Vicky Potgieter
given names family name (block letters) of supervising registered medical practitioner

of: Casey CCT, Casey Hospital, Berwick.
business address of supervising registered medical practitioner

ONLY COMPLETE THIS PART IF A RESIDENCE CONDITION IS TO BE ORDERED

5) You must live at: _____
address at which patient must live
because this is necessary for the treatment of your mental illness.

The above named registered medical practitioner will submit progress reports every _____ months
I am the * delegated / authorised psychiatrist of the approved mental health service.

☑ The patient has been given a copy of the patients' rights booklet *Involuntary Patient* and the information explained.

☐ I have attached the patient's treatment plan and discussed it with the patient.
(please cross x)

Dulip Dharmage
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: _____ Date: / / /

* delete as necessary

COMMUNITY TREATMENT ORDER MHA6

MHA6
06/05

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

SHF120601

Southern Health **Mental Health Services**

☐ Adult
☐ CAMHS
☐ RASP

Service/Subcentre:

Statewide UR:

2283458

S **Crofts, David**
G 23 Brisbane St
Berwick 3806
D. Ph: 9707 4594
Public - Eligible
Ac Atheism
Dr Melvin Pinto
Adult Mental Health

23/02/1961
Male
52 years, 1 month

BE

SHF120500V

TREATMENT PLAN

Notes to completing this form

The purpose of this plan is to give the patient a plain statement of the treatment they will receive from the mental health service.

It must identify the patient's immediate needs and the actions that will be taken to meet those needs.

The expected outcomes must be realistic, focused on recovery and achievable within the expected life of the plan.

Preparation of the plan provides a basis for discussion with the patient and their nominated carer/s. In developing this plan, you must take into account the wishes of:

- the patient, as far as they can be ascertained.
- nominated carer/s who are involved in providing ongoing care or support to the patient, unless the patient objects.

The patient must be given a copy of this Treatment Plan and the information explained.

DAVID — GIVEN NAME/S
CROFTS — FAMILY NAME (BLOCK LETTERS) of patient

☑ an involuntary patient in an approved mental health service.
☐ an involuntary patient subject to a community treatment order.
☐ an involuntary patient subject to a restricted community treatment order.
☐ a security patient.
☐ a forensic patient.
☐ a person receiving treatment from a mental health service on a voluntary basis.

(please cross ☒ one option)

of: Casey Hospital Ward E
name of approved mental health service/treating mental health service

residing at: 23 Brisbane Street, Berwick 3806
address of person if living in the community

TREATING TEAM

(1) Psychiatrist: Dr. Dulip Dharmage
name of monitoring psychiatrist

(2) Treating doctor:
name of supervising medical practitioner

(3) Case manager / primary clinician: not appointed yet.
name of case manager / primary clinician

(4) Clinic/service where you will receive treatment from: Southern Health - Casey Hospital. telephone:

OTHER PARTIES TO THE PLAN (where applicable)

(5) General practitioner: Michael Prowse telephone:

(6) Private psychiatrist: Dr. Das telephone:

(7) Nominated carer/s: Ruth Crofts telephone (03) 9707 1518

(8) Other: telephone:

Review
A treatment plan will be reviewed by the treating team as often as clinically necessary.

REVIEW DATE

(9) This plan is due for review on: | | | | | | | (see note opposite)

PROGRESS REPORTS (CTO & RCTO patients only)

(10) The *supervising medical practitioner / monitoring psychiatrist must send the *monitoring psychiatrist / chief psychiatrist a progress report every: _____ *month/s.

Prepared by:

GAYATHRI — GIVEN NAME/S
HEMACHANDRA — FAMILY NAME (BLOCK LETTERS) of clinician completing form

Signed: Designation: HMO Date: 19/04/13

Authorised by:

Dulip — GIVEN NAME/S
Dharmage — FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: Date: 20/04/13

Further Information
The Chief Psychiatrist's guideline Treatment Plan is available at: www.health.vic.gov.au/mentalhealth/cpg

* delete as necessary

MHA4
01/06

White - PATIENT Yellow - PATIENT FILE White - ADMIN

Southern Health **Mental Health Services**

☐ Adult
☐ CAMHS
☐ RASP

Service/Subcentre:

Statewide UR:

2283458

Crofts, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Public - Eligible
Atheism
Dr Dulip Kumara Dharmage
Adult Mental Health

23/02/1961
Male
52 years, 1 month
BE

Writing the plan
- Identify the priority needs and any risk factors to be addressed by this plan.
- Specify what will be done to address each need.
- Specify the expected outcome for each identified need.

Discharge planning
- Where appropriate, the plan will specify discharge planning and follow-up.

Nominated Carer/s
- If nominated carer/s have an agreed role, it should be specified in the plan. They should be given a copy of the plan.

Other Clinicians
- Specify the role of any general practitioner, private psychiatrist and other clinicians, who are partners in the plan. They should be given a copy of the plan.

Crisis response
- Specify the actions the patient and/or their nominated carer/s (including children) should take in the event of a relapse or crisis, including a 24-hour contact number.

Failure to Comply (CTO & RCTO patients only)
- Explain to the patient those parts of the plan that are compulsory, for which failure to comply may result in the CTO / RCTO being revoked.

TREATMENT PLAN (Please print)

TO THE PATIENT
Members of the treating team will regularly discuss with you your diagnosis, medication and other methods of treatment, alternative treatments and available services. They will review and update your treatment plan on a regular basis.

Diagnosis: Schizophrenia

Current psychiatric medication:
zuclopenthixol - 150mg (one hundred and fifty), IM, every 3/52

Treatment plan: After discussing w/ David the following plan was agreed upon;
The immediate risks identified were non-compliance, aggression and harm towards others physically and verbally and vulnerability 2° to a disorganised, irritable MS (potential for misunderstandings).
- The following plan was discussed;
(1) PARCs admission to ease transition into community to allow time for Mental state to improve to baseline and for supports to be put in.
- CTO to be initiated on discharge - non compliance has been an issue in the past.
- ~~Fluo~~ zuclopenthixol depot was initiated on a 3/52 basis - to continue during inpatient stay and discharge
- case manager to be appointed.
- GP to follow up physical health - relevant Blood investigations.
- Pt is to see Dr. Das upon discharge.
- If in crisis to call CASE manager or CAT team.
- NOK to be notified of plan prior to discharge
- continue treatment in hospital on an involuntary status
- Continue monitoring mental state and risks and effects of medications, continue monitoring compliance.
- Can have leave when AWOL risk is minimised.

Signatures
- The patient and/or a nominated carer may choose to sign the plan to indicate an understanding of the plan.
- The clinician who prepares this plan must sign and date this page.

Patient's signature: D A Crofts Date: 08/05/13

Nominated carer's signature: Date:

Clinician's signature & designation: Date:

TREATMENT PLAN

MHA4

VICTORIA POLICE

Narre Warren Police Station
Division 3
Region 5 (South East)

1-7 Lauderdale Rd
Narre Warren 3805
VIC, Australia
DX: 217971
Telephone: 97053111
Facsimile: 97053164
Email: michael.wright@police.vic.gov.au
www.police.vic.gov.au

7 May 2013

David Crofts

23 Brisbane St
Berwick VIC 3806

Reference Letter received 7/5/13

Dear Mr Crofts

Thankyou for your letter received today concerning your dealings with the Narre Warren Police on the 10th of April 2013.

I have confirmed that police did attend your address on that date around the time given by you. I can also confirm that the police were called to your address by the Crisis Assessment Team of the Casey Hospital.

The police conveyed you to the Casey Hospital where they handed you over into the care of the Crisis Assessment Team. It is my belief that you were arrested under Section 9 of the Mental Health Act.

Please feel free to contact the Crisis Assessment Team if you require any further information regarding the reasons for this request by them for police assistance on that day.

Yours sincerely,

Michael WRIGHT
A/Senior Sergeant 25606

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: 10 May 2013 16:20
To: 'michael.wright@police.vic.gov.au'
Subject: Your Police Response !!!!
Attachments: My_Police_Response.pdf; 2013.05.05 - Your Police Action.pdf

Dear Michael,

From the tone and structure of your response, I deduce that
you have had second thoughts about the correctness of
blindly serving the medical profession.

I feel that the police order of service is primarily to
the simple members of the public,
and biasing the medical profession last,
when asked to serve “them” at the very expense
of your own profession !!!!

Sincerely,

David Crofts.

23 Brisbane Street
Berwick Victoria 3806
Australia

Mobile :- 0437074594

Hearing No. 230513:Z23:355101
Act/Section: 12
Case Type: .30(1).

May 6, 2013

RECEIVED :- 16 MAY

Mental Health Review Board of Victoria

Mr. David Crofts
23 Brisbane Street
Berwick VIC. 3806

NOTICE OF HEARING

You are currently an involuntary patient under the Mental Health Act. This Board is an independent tribunal. It will conduct a hearing about the following:

An initial review of involuntary patient status

DETAILS OF THE HEARING:

Date: Thursday, May 23, 2013

Time: Hearings are **generally** held between 9:30 am and 4.00 pm. **The exact starting time of your hearing is not known at this time.** Ask the medical records staff at the mental health service what time your hearing is likely to start and what room to go to. The Board always tries to start hearings at the time allocated, but sometimes delays may occur.

10:15 AM

Place: Southern Health - Casey AMHS
52 Kangan Drive, Berwick - (03) 8768-1733

Do you need an interpreter? If you do require one on the day of your hearing, call the Board on (03) 8601 5262. For all other related enquiries using an interpreter, call 13 14 50.

Do you have to attend? It is best if you do. But if you do not want to attend, please tell your doctor or case manager, and post or fax the form you received with this Notice to the Board. No stamp is required. If you do not attend, the Board can make a decision in your absence.

Representation: You may be represented at the hearing by a lawyer or any other person. Free legal representation may be provided by the Victoria Legal Aid. Telephone Victoria Legal Aid on 9269 0416 or toll free for Victorian country callers on 1800 677 402.

Witnesses: You may bring family or friends with you for support at the hearing.

More information? It is important that you read the information sheet that comes with this notice.

Marketa Silhar
Executive Officer

Level 30, Marland House
570 Bourke Street
Melbourne Victoria 3000

Ausdoc: DX 210222 Melbourne
Email: mhrb@mhrb.vic.gov.au
Internet: http://www.mhrb.vic.gov.au

Telephone 03 8601 5270
Facsimile 03 8601 5299
Vic Toll Free 1800 242 703

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: 20 May 2013 13:24
To: 'Barbara Shalit'
Subject: FW: RE: Hearing No. 230513:Z23:355101
Attachments: 2013.05.16 - MHRB - Notice of Hearing.pdf

ATTN :- Barbara Shalit

Dear Barbara,

For your information, I have sent the below email to the MHRB.

-David

P.S.

The below PDF was too large for the MHLC email server.

https://dl.dropboxusercontent.com/u/43808378/IBM/2013.05.17_-_My_Consultant_Psychiatrist.pdf

I have received your email and will try and repay the MHLC as best as I can.

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Monday, 20 May 2013 12:15 PM
To: 'mhrb@mhrb.vic.gov.au'
Subject: RE: Hearing No. 230513:Z23:355101

RE: Hearing No. 230513:Z23:355101

Dear Sir/Madam,

As I was left with one week to arrange my necessary legal representation, I must inform you that I cannot comply with you inside your requested time frame.

I write to warn you that I have contacted the Mental Health Legal Centre and instructed them to arrange a hearing time that is satisfactory to all parties concerned.

Sincerely,

David Crofts.

Southern Health — Mental Health Services

☑ Adult
☐ CAMHS
☐ RASP

Service/Subcentre: Casey CCT
Statewide UR: 355101

2283458
CROFTS, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Mob:
Atheism
GP: Dr Michael Anthony Prowse
M/C: 31546840561 EXP: __/__/____

23/02/1961
Male
52 years, 3 months

SHF121210@

DISCHARGE FROM INVOLUNTARY PATIENT STATUS

Notes to completing this form

The patient must be given a copy of this Discharge from Involuntary Patient Status.

DAVID (GIVEN NAME/S) CROFTS (FAMILY NAME (BLOCK LETTERS) of patient)

☑ an involuntary patient subject to:
- ☐ an **involuntary treatment order**
- ☐ a **community treatment order**.

(please cross x relevant options)

a patient of: OAMHS
approved mental health service

The criteria in section 8(1) of the **Mental Health Act 1986** are:

(a) the person appears to be mentally ill; and

(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an involuntary treatment order; and

(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public; and

(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and

(e) the person cannot receive adequate treatment for the mental illness in a manner less restrictive of his or her freedom of decision and action.

TO THE PATIENT

(1) I consider that all the criteria in section 8(1) of the **Mental Health Act 1986** no longer apply to you.

(2) The reasons for my decision are:

David is willing to cooperate with treatment

(3) I **discharge** you from your Order and from being an involuntary patient.

I am the * delegated / authorised psychiatrist of the approved mental health service.

☑ I have discussed onging care / discharge planning with the patient.

(please cross x)

TERRENT (GIVEN NAME/S) TAMPIYAPPA (FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist)

Signed: _____ Date: 19/06/13

* delete as necessary

DISCHARGE FROM INVOLUNTARY PATIENT STATUS MHA16

MHA16
06/05

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

Hearing No. 230513:Z23:355101
Act/Section: 14
Case Type: .26(8), 30(1).

June 3, 2013 RECEIVED 20 JUNE

Mental Health Review Board of Victoria

Mr. David Crofts
23 Brisbane Street
Berwick VIC. 3806

FUCK YOU ooo

NOTICE OF HEARING

You are currently an involuntary patient under the Mental Health Act. This Board is an independent tribunal. It will conduct a hearing about the following:

An application for Non Disclosure
An initial review of involuntary patient status

& U2

DETAILS OF THE HEARING:

Date: Thursday, June 20, 2013

Time: Hearings are **generally** held between 9:30 am and 4.00 pm. **The exact starting time of your hearing is not known.** Ring the medical records staff at the mental health service to find out the time to arrive for the hearing and what room to go to. The Board always tries to start hearings at the time allocated, but sometimes delays may occur.

EXACTLY PLEASE U CUNTZ

Place: Southern Health - Casey AMHS
52 Kangan Drive, Berwick - (03) 8768-1733

Do you need an interpreter? If you do require one on the day of your hearing, call the Board on (03) 8601 5262. For all other related enquiries using an interpreter, call 13 14 50.

Do you have to attend? It is best if you do. But if you do not want to attend, please fill in and post the attached form. No stamp is required. If you decide not to attend the hearing, the Board can make a decision in your absence.

Representation: You may be represented at the hearing by a lawyer or any other person. Free legal representation may be provided by the Mental Health Legal Centre. Telephone the Centre for an appointment on 9629 4422 or toll free for Victorian country callers on 1800 555 887.

Witnesses: You may bring family or friends with you for support at the hearing.

More information? It is important that you read the brochure that comes with this notice.

Marketa Silhar
Executive Officer

Level 30, Marland House
570 Bourke Street
Melbourne Victoria 3000

Ausdoc: DX 210222 Melbourne
Email: mhrb@mhrb.vic.gov.au
Internet: http://www.mhrb.vic.gov.au

Telephone 03 8601 5270
Facsimile 03 8601 5299
Vic Toll Free 1800 242 703

Southern Health — Monash Health — Mental Health Services

☐ Adult
☐ ELMHS
☐ Aged

Service/Subcentre:

Statewide UR:

2283458

CROFTS, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Mob:
Atheism
GP: Dr Michael Anthony Prowse
M/C: 31546840561 EXP: __/__

23/02/1961
Male
52 years, 2 months

SHF120130H

EXAMINATION OF INVOLUNTARY PATIENT BY AUTHORISED PSYCHIATRIST

Notes to completing this form

The criteria in section 8(1) of the **Mental Health Act 1986** are:

(a) the person appears to be mentally ill; and

(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an involuntary treatment order; and

(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public; and

(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and

(e) the person cannot receive adequate treatment for the mental illness in a manner less restrictive of his or her freedom of decision and action.

A copy of any guardianship order must be placed in the patient's clinical record.

DAVID — GIVEN NAME/S
CROFTS — FAMILY NAME (BLOCK LETTERS) of patient

a patient of: DAMIN
approved mental health service

(1) The abovenamed patient is subject to an Involuntary Treatment Order.

(2) ☐ I do not consider that all the criteria in section 8(1) of the **Mental Health Act 1986** apply to the patient and **DISCHARGE** the patient from the Involuntary Treatment Order.

OR

☑ I consider that all the criteria in section 8(1) of the **Mental Health Act 1986** apply to the patient and **CONFIRM** the Involuntary Treatment Order.

(please cross X one option only)

(3) I base my opinion on the following facts observed on examination:

David is florridly psychotic and unwell

Complete sections (4)-(6) if you have confirmed the Involuntary Treatment Order

(4) Having confirmed the Involuntary Treatment Order:

☐ I am satisfied that the treatment required for the patient **can be obtained** through making a community treatment order. I will make a community treatment order without delay.

OR

☐ I am satisfied that the treatment required for the patient **cannot be obtained** through making a community treatment order. I therefore order that the patient be:

☐ detained in the approved mental health service.

OR

☐ taken to the approved mental health service and detained. (Complete the transport authority form over page.)

(please cross X)

(5) Having confirmed the Involuntary Treatment Order, I consider that the patient:

☐ is unable to consent to treatment for *his/her mental illness and I consent to psychiatric treatment on *his/her behalf.

OR

☐ is able to consent to treatment for *his/her mental illness but has refused to consent to necessary treatment and I consent to necessary psychiatric treatment on *his/her behalf.

(please cross X one option only)

(6) Having confirmed the Involuntary Treatment Order, I have made inquiries and:

☐ determined that the patient has a guardian. The guardian * has been/will be as soon as is practicable, notified that the patient has been made subject to an Involuntary Treatment Order and the grounds for it.

OR

☐ do not believe the patient has a guardian.

(please cross X one option only)

I am the *delegated / authorised psychiatrist of the approved mental health service.

☐ I examined the patient within 24 hours of the Involuntary Treatment Order being made.

☐ The patient has been given a copy of the patients right booklet *Involuntary Patient* and the information explained.

(please cross X)

TENNENT — GIVEN NAME/S
TAMPIRAPPA — FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: _____ Date: 21/06/13 Time: 13:18 (24 hour)

* delete as necessary

EXAMINATION OF INVOLUNTARY PATIENT BY AUTHORISED PSYCHIATRIST MHA1

MHA1
05/12

White - ADMIN Yellow - PATIENT FILE

David Crofts

To: mhlc@mhlc.org.au
Cc: mhrb@mhrb.vic.gov.au
Subject: RE: CRAPPY FLAPPY DOCTORIS ARSEHOLERIS || Crappy Flappy .....

ATTN :- Tim Maxwell

Dear Tim,

As I am currently offline, internet wise; please forward this email to :-

Legal Aid Victoria,

You may want to call them on :- 1300 792 387, to warn them in advance.

With thanks,

David.

P.S.

MY ARGUE // MENT FOR THE RE-PRESENTATIVE FROM LEGAL AID VICTORIA
==========

((Certification should not be understood to be applying to 2 places at once, as the consultant sees fit ....
---------- --------

((Certification LAW should logically NOT have 2 types of involuntary patient status :-
---------- ==== ==== -------

((a)) :- IN the Hospital &&

((b)) :- IN && ALSO, OUT of the Hospital !!!!

))

))

As Shaun Tappiyappa promised to revoke my C.T.O. if I attended his Friday 21st appointment & accept his treatment; as I did not resist his decision to hospitalize me; he owes me ONE :-
-
REVOCATION OF COMMUNITY TREATMENT ORDER form, completed with all the correct and relevant details ....
========== ++++ ----------

The Consultant Psychiatrist, (whether it be Dr. Preston OR Dr. Tappiyappa) should not be considering me as certified under the mental health act as the criterion "Is it possible to treat unless force authorized by the mental health act is used ????" :- IS NOT MET !!!!

If it were not for Shaun's promise, I would have taken my chances with the M.H.R.B. on Thursday, June 20, 2013 !!!!

Southern Health

CONSUMER FEEDBACK FORM

Person providing feedback (complainant details)

We appreciate that at times you and/or the person you are acting on behalf of may wish to remain anonymous: If this is the case, an investigation will not be conducted and this information will be used as constructive feedback only.

Medical Record # (if known): 2283458

Title: (Mr) ~~Mrs~~ ~~Miss~~ ~~Master~~ ~~Ms~~

First Name: DAVID

Surname: CROFTS

Address: 23 BRISBANE STREET

BERWICK Postcode: 3806

Phone: 0397074594 Mobile: 0437074594

Email: dasc1961@netscape.net

Primary Language: ENGLISH

Interpreter Required: ~~Yes~~ / (No)

Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. ~~Yes~~ / (No)

What is your relationship to the Consumer?

Child	☐	Friend	☐
Parent	☐	Sibling	☐
Self	☑	Spouse	☐
Other:	☐		

Please specify.....

Consumer

(Please complete only if different from the complainants details).

Medical Record # (if known).....

Title: Mr Mrs Miss Master Ms

First Name:.....

Surname: .....

Address:.....

..... Postcode:.....

Phone: ..... Mobile: .....

Email:.....

Date of Birth: 23/2/1961

Primary Language:.....

Interpreter Required: ~~Yes~~ / (No)

Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. ~~Yes~~ / (No)

If you have the following information, please provide:

The name of the Ward , Unit, Department or Service:
WARD E

The name of the treating health professional(s):
DR. SHAUN TAMPIYAPPA

DR. MARTIN PRESTON

Where was the service provided?

Casey Hospital	☑
Cranbourne Integrated Care Centre	☐
Dandenong Hospital	☐
Kingston Centre	☐
Monash Medical Centre Clayton	☐
Monash Medical Centre Moorabbin	☐

Community Service ☐ Please specify site .....

Mental Health Service ☐ Please specify site.....

Southern Health

Please provide details of your feedback including dates, times, location and outcomes. (If more space is required, please add pages).

After being contacted by Dr. Shaun Tampiyappa, he demanded that I appear before him to gesticulate in his face. When I obliged, his response was to sentence me to an intense four week course of extreme chemical unscrew in the torture chamber known as Ward E. In reality all that was indicated was to disengage from this arsehole and cool off for 1/2 an hour in the supportive environment of my own home. If your response is going to be I was psychotic at the time please do not respond and keep that bullshit to yourself. This admission leads me to conclude that the consultant is simply "the opposition" and he is abusing the tools of the medical profession in a war against the patient that is 100% anti-patient with psychiatric window dressing.

To enable us to best meet your expectations, please advise if you would like a written response or a meeting to further discuss your feedback:

I expect a written response preferably by email.

Signature of Consumer: _____ Date: ____/____/____

Signature of Person Providing Feedback: D Adopts Date: 12/7/13

Prior to the commencement of an investigation a staff member will telephone both the Consumer and the person providing feedback to confirm receipt of the feedback form. An investigation cannot proceed without the consent of the Consumer or their Guardian. Please ensure that all of your contact numbers and address details are completed.

Please return the completed form to the relevant site *Consumer Liaison Officer by mail:*

Casey	*MMC Clayton*	*Dandenong Hospital*	*Kingston Centre*	*MMC Moorabbin*
Locked Bag 3000	*Locked Bag 29*	*PO Box 478*	*Warrigal Road*	*PO Box 72*
Hallam 3803	*Clayton 3168*	*Dandenong 3175*	*Cheltenham 3192*	*East Bentleigh 3165*
(8768 1465)	(9594 2702)	(9554 8078)	(9709 7134)	(9928 8584)

Thank you for taking the time to provide us with your valued feedback.

Please note that feedback may also be provided by completing the online form available on the Southern Health website http://www.southernhealth.org.au/page/About_Us/Contact_us/.

MonashHealth **Mental Health Services**

☐ Adult
☐ ELMHS
☐ Aged

Service/Subcentre: .....

Statewide UR: .....

2283458
Crofts, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Public - Eligible
No Religion
Dr Martin Preston
Adult Mental Health

23/02/1961
Male
52 years, 4 months

BE

SHF120601

COMMUNITY TREATMENT ORDER

Notes to completing this form

The decision to make a community treatment order must be consistent with the treatment objectives and strategies contained in the patient's treatment plan.

The patient must be given a copy of this Community Treatment Order and:
- told the CTO has been made.
- told the grounds for the decision to make a CTO.

The duration of the community treatment order must not exceed 12 months.

A residence condition should only be included if it is necessary for the treatment of the person's mental illness.

A treatment plan should be prepared to accompany this Community Treatment Order.

David Crofts
GIVEN NAME/S — FAMILY NAME (BLOCK LETTERS) of patient

a patient of: Moran
approved mental health service

residing at: 23 Brisbane St Berwick 3806
address of patient living in the community

TO THE PATIENT

(1) Having examined you, I am satisfied that **all** the following criteria in section 8(1) of the **Mental Health Act 1986** apply to you:
- (a) you appear to be mentally ill *(a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory);* and
- (b) your mental illness requires immediate treatment and that treatment can be obtained by you being subject to an involuntary treatment order; and
- (c) because of your mental illness, involuntary treatment is necessary for your health or safety (whether to prevent a deterioration in your physical or mental condition or otherwise) or for the protection of members of the public; and
- (d) you have refused or are unable to consent to the necessary treatment for the mental illness; and
- (e) you cannot receive adequate treatment for the mental illness in a manner less restrictive of your freedom of decision and action.

(2) I am satisfied that the treatment you require can be obtained through the making of a community treatment order.

(3) I therefore make a community treatment order for you.

(4) The duration of your community treatment order is:

from: 14/7/13 until: 13/01/14

The terms of the order are:

Place where you are to receive treatment: Casey CCT
name of clinic/service where patient will be receiving their treatment

The psychiatrist who will monitor your treatment is: Sean Tampiyappa
given names — family name (block letters) of *delegated/authorised psychiatrist

of: Casey CCT
business address of monitoring *delegated/authorised psychiatrist

The doctor who will supervise your treatment is: Sean Tampiyappa
given names — family name (block letters) of supervising registered medical practitioner

of: Casey CCT
business address of supervising registered medical practitioner

ONLY COMPLETE THIS PART IF A RESIDENCE CONDITION IS TO BE ORDERED

5) You must live at: .....
address at which patient must live
because this is necessary for the treatment of your mental illness.

The above named registered medical practitioner will submit progress reports every ____ months

I am the * delegated / authorised psychiatrist of the approved mental health service.

☑ The patient has been given a copy of the patients' rights booklet *Involuntary Patient* and the information explained.

☐ I have attached the patient's treatment plan and discussed it with the patient.
(please cross x)

RICHARD DUBOW
GIVEN NAME/S — FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: ..... Date: 14/07/13

* delete as necessary

MHA6
06/12

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

COMMUNITY TREATMENT ORDER MHA6

Hearing No. 180713:Z23:355101
Act/Section: 14
Case Type: .30(1).

July 15, 2013

Mental Health Review Board of Victoria

Mr. David Crofts
23 Brisbane Street
Berwick VIC. 3806

NOTICE OF RESCHEDULED HEARING

Your hearing has been rescheduled to Thursday, August 15, 2013 at the Southern Health - Casey AMHS.

DETAILS OF THE HEARING:

Date: Thursday, August 15, 2013

Time: Hearings are **generally** held between 9:30 am and 4.00 pm. **The exact starting time of your hearing is not known.** Ring the medical records staff at the mental health service to find out the time your hearing is likely to start and what room to go to. The Board always tries to start hearing at the time allocated, but sometimes delays may occur.

Place: Southern Health - Casey AMHS
52 Kangan Drive, Berwick - (03) 8768-1733

Do you need an interpreter? If you do, call the Board on (03) 8601 5261.

Do you have to attend? It is best if you do. But if you do not want to attend, please fill in and post the attached form. No stamp is required. If you decide not to attend the hearing, the Board can make a decision in your absence.

Representation: You may be represented at the hearing by a lawyer or any other person. Free legal representation may be provided by the Victorian Legal Aid. Telephone for an appointment on 1300 792 387 or toll free for Victorian country callers on 1800 555 887.

Witnesses: You may bring family or friends with you for support at the hearing.

More information? It is important that you read the information sheet that comes with this notice.

Marketa Silhar
Executive Officer

Level 30, Marland House
570 Bourke Street
Melbourne Victoria 3000

Ausdoc: DX 210222 Melbourne
Email: mhrb@mhrb.vic.gov.au
Internet: http://www.mhrb.vic.gov.au

Telephone 03 8601 5270
Facsimile 03 8601 5299
Vic Toll Free 1800 242 703

Southern Health *Mental Health Services*

Service/Subcentre: ***Casey Community Care Team***

Statewide UR: **355101**

Unit Record Number: **2283458**

Surname **CROFTS**

Given Name: **DAVID**

D.O.B: **23.02.61** Age: **52** Sex: **M**

Staff will regularly discuss with you your diagnosis, medication and other methods of treatment, alternative treatments and available services. They will review, update and discuss the plan with you. If you have any questions regarding this plan, please speak to staff.			*Copy of plan to:*
Your address	**23, Brisbane Street, Berwick 3806**	☎ 9707 4594 ☎ 0437 074 594	☒
Your Treating Team	**Casey Community Care Team (CCCT)**	☎ 8768 1731	☒
Your Psychiatrist	**Dr Shaun Tampiyappa**	☎ 8768 1731	☒
Your SAMHS doctor	**Dr**	☎ 8768 1731	☒
Your Case Manager	**Anne Goodban**	☎ 8768 1731	☒
Your GP	**Dr Michael Prowse**	☎ 9703 9277	☒
Your NOK	**Ruth Crofts** (mother)	☎ 9707 1518	☒
Other	(Referred to Dr Geoff Hogan – Pinelodge)	☎ 8793 9333	☐
You will receive treatment at	**Casey Community Care Team** **Casey Hospital, 62 Kangan Drive, Berwick tel: 8768 1731**		
Your Psychiatric Diagnosis	**1. Schizophrenia**		☐ **Provisional**
	2.		
	3.		

Your Psychiatric Medication as at 01.08.13

Members of the treating team will discuss your medication, dosages, unwanted effects & changes with you.

Drug, Dose & Route	**Prescribed by**	**Comments**
Zuclopenthixol 300mg injection every 2 weeks	GP	

Your legal status: ☐Informal ☐Involuntary ☒**CTO** ☐Other:

CTO Expires: 13.01.14 Progress Reports must be submitted every 3 months

To Monitoring Psychiatrist: Dr. Shaun Tampiyappa | By Supervising Dr.

To comply with your CTO: *(Identify & explain compulsory requirements, for which failure to comply may result in CTO revocation)*

Comply with treatment & follow-up appointments

This plan will next be reviewed by the team on (Due date of next Clinical Review) **Jan. '14**

☒ In preparing this plan I have talked to you about your treatment & taken into account your wishes

☒ In preparing this plan I ☐ have/ ☒ have not talked to your carer, family or guardian & taken into account their wishes

If you haven't, why not? Not available

Plan Prepared by: **Anne Goodban** *Signature* Goodban 1.8.13.

☒ Plan discussed with me ☒ I have received a copy *Patient Signature* D.Crofts 1/8/2013

Plan Authorised by: **Dr Shaun Tampiyappa** *Signature* 1/8/13

INPATIENT & RECOVERY PLAN

MRAG02(II)
10/12

NOTES TO THE MENTAL HEALTH REVIEW BOARD

If I am to be discharged from involuntary status, **I intend to completely undo everything from the admission in question**, with extreme emphasis on the tripling of my medication.

As a consequence of this I will then disengage from these “arseholes” and do my best to disappear back in to the private hospital system.

As my notice of hearing states, I need not attend my own hearing, so it is acknowledged that it is the conduct of the medical profession that is on trial here.

Hence it is your duty to evaluate the supposed requirement to triple my medication for validity without being able to see me while medicated at my preferred level.

I find that I have no alternative but to let the four weeks of extreme chemical unscrewing that I received in hospital go without the responsible parties being made to justly account for themselves.

Hearing No. 180713:Z23:355101
Act: Mental Health Act 1986 Section: 14
Case Type: .30(1).

An initial review of involuntary patient status

MENTAL HEALTH REVIEW BOARD

Division sitting at: Southern Health - Casey AMHS

Hearing concerning Mr. David Crofts an involuntary patient at Southern Health - Casey AMHS.

DETERMINATION

Having regard to the criteria specified in section 8(1) and the requirements of section 35A of the Mental Health Act 1986, and noting that the patient *attended/*~~did not~~ attend the hearing:

*1. The Board is satisfied that the continued treatment of Mr. David Crofts as an involuntary patient subject to a community treatment order is necessary and confirms the community treatment order.

*2. The Board is satisfied that the authorised psychiatrist has prepared, reviewed or revised (as the case may be) the patient's treatment plan in accordance with section 19A of the Act and the treatment plan is capable of being implemented.

*1. The Board is not satisfied that the continued treatment of Mr. David Crofts as an involuntary patient is necessary and the Board orders that Mr. David Crofts be discharged from community treatment order.

DATED this 15th day of August 2013.

Chairperson Member Member

*Strike out if not applicable.

NOTE:
If you are dissatisfied with this decision, you have two options:

1. You may lodge a new appeal with the Mental Health Review Board at any time. The Board will list a new appeal for hearing as soon as practicable after lodgement.
2. You may make an application for review to the Victorian Civil And Administrative Tribunal (VCAT) within 28 days of the Board's decision.

You should note that, generally, an application to VCAT will be heard by the Tribunal within approximately 6-8 weeks of the lodgement of the application form.

Southern Health **Mental Health Services**

☑ Adult
☐ CAMHS
☐ RASP

Service/Subcentre: Casey CCT

Statewide UR: 355101

2283458

CROFTS, David
23/02/1961

REVOCATION OF COMMUNITY TREATMENT ORDER

Notes to completing this form

The patient must be given a copy of this Revocation of Community Treatment Order.

The delegated / authorised psychiatrist must be satisfied on reasonable grounds that the criteria in section 8(1) of the **Mental Health Act 1986** still apply to the patient.

Reasonable steps must have been taken, without success, to obtain the patient's compliance with their community treatment order or treatment plan.

A patient who is the subject of a revoked community treatment order is taken to be absent without leave until such time as the person is returned to the approved mental health service.

A patient who is absent without leave may be apprehended at any time by a 'prescribed person' in accordance with section 43 of the **Mental Health Act 1986** (see details over page).

DAVID CROFTS
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

a patient of: OAMHS
approved mental health service

residing at:
address of patient

DETAILS OF REVOKED COMMUNITY TREATMENT ORDER

Date made: 14/07/13 Date due to expire: 13/07/14

TO THE PATIENT

(1) I have revoked your Community Treatment Order.

(2) This means you must return to hospital immediately. If you do not return to hospital, you can be apprehended at any time and taken to hospital.

(3) I have revoked your Community Treatment Order because:

☐ The treatment you require can no longer be obtained under a Community Treatment Order.

OR

☑ You have not complied with your Community Treatment Order or your treatment plan. I am satisfied that there is a significant risk of deterioration in your mental or physical condition because of the non-compliance.

(please cross x one option only)

(4) The reasons for my decision are:

You are refusing your effective dose of intramuscularly depot.

I am the * delegated / authorised psychiatrist of the approved mental health service.

☐ I will make reasonable efforts to inform the patient that the order has been revoked and that he or she must return to the approved mental health service.

(please cross x)

TENNENT TAMARAPA
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist

Signed: Date: 29/1/14

* delete as necessary

REVOCATION OF COMMUNITY TREATMENT ORDER MHA10

SHF120800k

MHA10
01/06

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

After submitting to the “effective” dose of depot in Unit 2 of Dandenong Hospital, I found I had insufficient resources to resist while in an over medicated state.

Luckily on day three of my protest admission I was told that I was being discharged or surely I would have died or worse, trapped in a world of unbearable suffering.

I have learnt my lesson :- Going head to head with the medical profession in not an option as they cheat by the forcing of medication upon you.

Southern Health — Mental Health Services

☐ Adult
☐ CAMHS
☐ RASP

Service/Subcen

Statewide UR:

2283458
CROFTS, David
23 Brisbane St
Berwick 3806
Ph: 9707 4594
Mob: 0437 074 594
No Religion
GP: Dr Michael Anthony Prowse
M/C: 31546840561 EXP: __/__

23/02/196
Mal
52 years, 11 month

SHF120601

COMMUNITY TREATMENT ORDER

Notes to completing this form

The decision to make a community treatment order must be consistent with the treatment objectives and strategies contained in the patient's treatment plan.

The patient must be given a copy of this Community Treatment Order and:
- told the CTO has been made.
- told the grounds for the decision to make a CTO.

The duration of the community treatment order must not exceed 12 months.

A residence condition should only be included if it is necessary for the treatment of the person's mental illness.

A treatment plan should be prepared to accompany this Community Treatment Order.

David (GIVEN NAME/S) CROFTS (FAMILY NAME (BLOCK LETTERS) of patient)

a patient of: Dandenong (approved mental health service)

residing at: 23 Brisbane St Berwick 3806 (address of patient living in the community)

COPY

TO THE PATIENT

(1) Having examined you, I am satisfied that **all** the following criteria in section 8(1) of the **Mental Health Act 1986** apply to you:
- (a) you appear to be mentally ill *(a person is mentally ill if he or she has a mental illness, being a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory);* and
- (b) your mental illness requires immediate treatment and that treatment can be obtained by you being subject to an involuntary treatment order; and
- (c) because of your mental illness, involuntary treatment is necessary for your health or safety (whether to prevent a deterioration in your physical or mental condition or otherwise) or for the protection of members of the public; and
- (d) you have refused or are unable to consent to the necessary treatment for the mental illness; and
- (e) you cannot receive adequate treatment for the mental illness in a manner less restrictive of your freedom of decision and action.

(2) I am satisfied that the treatment you require can be obtained through the making of a community treatment order.

(3) I therefore make a community treatment order for you.

(4) The duration of your community treatment order is:

from: 31/01/14 until: ~~30~~/01/15 13/07/14

The terms of the order are:

Place where you are to receive treatment: Casey CCT (name of clinic/service where patient will be receiving their treatment)

The psychiatrist who will monitor your treatment is: Dr Sean TAMPIYAPPA (given names / family name (block letters) of *delegated/authorised psychiatrist)

of: Casey CCT (business address of monitoring *delegated/authorised psychiatrist)

The doctor who will supervise your treatment is: Dr Olga AROROZOVA (given names / family name (block letters) of supervising registered medical practitioner)

of: Casey CCT (business address of supervising registered medical practitioner)

ONLY COMPLETE THIS PART IF A RESIDENCE CONDITION IS TO BE ORDERED

5) You must live at: _____ (address at which patient must live)
because this is necessary for the treatment of your mental illness.

The above named registered medical practitioner will submit progress reports every 6 months

I am the * ~~delegated~~ / authorised psychiatrist of the approved mental health service.

☒ The patient has been given a copy of the patients' rights booklet *Involuntary Patient* and the information explained.

☐ I have attached the patient's treatment plan and discussed it with the patient.

(please cross x)

Dr Richard SIPPE (GIVEN NAME/S / FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist)

Signed: RSippi Date: 31/01/14

* delete as necessary

COMMUNITY TREATMENT ORDER

MHA6

MHA6 06/05

White - ADMIN Yellow - PATIENT FILE Green - PATIENT

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Saturday, 8th February 2014

Dr. Shaun Tampiyappa

Monash Health
Casey Community Team
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

Please put this letter in the orifice reserved for all the letters that you refuse to respond to.

Yours sincerely,

David Crofts.

P.S.

If the world is a just place, it will not only be me not getting your response.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Tuesday, 18th February 2014

Dr. Shaun Tampiyappa

Monash Health
Casey Community Team
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

The just penalty for your crimes is that you come apart in sympathy for what you did to me.

Yours satanically opposed,

David Crofts.

MHA5

Mental Health Act 1986

Sections 29, 39, 49 & 52(4)

Mental Health Statewide Patient Number

Local Hospital Patient Number: 2 2 8 3 4 5 8

Family Name: DAVID ASHLEY SUTTON

Given Names: CROFTS

Date of Birth: 23/02/1961 Sex: MALE

Alias:

APPEAL TO THE MENTAL HEALTH REVIEW BOARD

Notes to completing this form

Appeals

A patient may appeal to the Board at any time.

A community visitor or any other person who satisfies the Board of sufficient concern for the patient may make an appeal on behalf of an involuntary or security patient.

Further information

To find out more about the Board:

- Ask your case manager or another member of the treating team for the Victorian patients' rights booklet.
- Call the Board on the number below.
- Visit the Board's website at www.mhrb.vic.gov.au

Privacy Statement

The information being collected on this form will be used by the Mental Health Review Board to schedule your appeal hearing. The Board will notify you and the approved mental health service that a hearing has been scheduled. It will request the service to provide information about you and your treatment. The Board will use this information to help it decide your appeal. The exchange of information between the Board and your treating mental health service is authorised under the Mental Health Act 1986.

The Board will keep your information secure and not disclose it to any other person unless there is a legal requirement for it to do so. You can access information held about you by the Board by contacting the Executive Officer at the address shown.

TO THE EXECUTIVE OFFICER MENTAL HEALTH REVIEW BOARD

DAVID ASHLEY SUTTON CROFTS

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

23 BRISBANE STREET, BERWICK VIC. 3806

address of patient if living in the community

I am a patient of: D.A.M.H.S.

approved mental health service

I wish to appeal against:
(please cross ☒)

- [X] being an **involuntary patient.**
  - [ ] in hospital
  - [X] on a community treatment order (CTO)
  - [ ] on a restricted community treatment order (RCTO)
- [ ] being a **security patient**
- [ ] my **transfer** to: ..... another approved mental health service
- [ ] the refusal of the Chief Psychiatrist to grant me special leave (security patients only).

I WISH TO APPEAL BEACUSE I WISH TO RETURN TO THE SUPERIOR CARE OF MY OWN PERSONALLY CHOSEN PSYCHIATRIST FROM THE PRIVATE HOSPITAL SYSTEM. FROM 2003 TILL 2012, I WAS UNDER THE CARE OF A PRIVATE PSYCHIATRIST AND DURING THAT TIME HAD NO HOSPITAL ADMISSIONS. SINCE BEING UNDER A C.T.O. I HAVE APROACHED OVER TEN PRIVATE PSYCHIATRIST AND NOT ONE WOULD TAKE ME ON MAINLY BECAUSE THEY WOULD NOT HAVE CONTROL OVER MY MEDICATION. I ASK YOU TO LET A PSYCHIATRIST OF MY OWN CHOOSING TAKE OVER MY CARE SO THAT I CAN RECEIVE SOME INTENSIVE PSYCHOTHERAPY OF MY OWN ARRANGING.

Signed: D.A.Crofts Date: 1 9 9 2 1 4

TO BE COMPLETED IF A PERSON MAKES AN APPEAL ON BEHALF OF A PATIENT

I wish to appeal on behalf of the abovenamed patient.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of person making appeal

of: _____
address of person making appeal

Signed: _____ Relationship to patient: _____ Date:
eg. community visitor, spouse, friend etc

Fax, mail or email your appeal to:

The Executive Officer		**Telephone:**	**8601 5270**
Mental Health Review Board		**Facsimile:**	**8601 5299**
Level 30, 570 Bourke Street		**Toll Free:**	**1800 242 703**
Melbourne 3000		**Email**	**mhrb@mhrb.vic.gov.au**

You may ask a member of staff at the service to send your appeal to the Board.

White - COPY for Executive copy to MHRB Yellow - PATIENT FILE Green - PATIENT/APPLICANT

MHA 5 APPEAL TO MHRB

OCT 2006

Hearing Ref: 355101
Act/Section: 09
Case Type: 291A

Mental Health Review Board of Victoria

28 February 2014

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

NOTICE OF HEARING

You are currently an involuntary patient under the Mental Health Act. This Board is an independent tribunal. It will conduct a hearing about the following:

Patient Appeal [s29(1)(a)(i)]

DETAILS OF THE HEARING:

Date: 13/03/2014

Time: Hearings are **generally** held between 09.30 am and 4.00 pm. **The exact starting time of your hearing is not known.** Ring the medical records staff at the mental health service to find out the time to arrive for the hearing and what room to go to. The Board always tries to start hearings at the time allocated, but sometimes delays may occur.

Place: Casey Hospital - Southern AMHS
62 - 70 Kangan Avenue, , Berwick, VIC, 3806, (03) 8768-1366

Do you need an interpreter? If you do require one on the day of your hearing, call the Board on (03) 9032 3222. For all other related enquiries using an interpreter, call 13 14 50.

Do you have to attend? It is best if you do. But if you do not want to attend, please fill in and post the attached form. No stamp is required. If you decide not to attend the hearing, the Board can make a decision in your absence.

Representation: You may be represented at the hearing by a lawyer or any other person. Free legal representation may be provided by the Victoria Legal Aid. Telephone Victoria Legal Aid on 1300 792 387 or toll free for Victorian country callers on 1800 677 402.

Witnesses: You may bring family or friends with you for support at the hearing.

More information? It is important that you read the information sheet that comes with this notice.

Marketa Silhar
Executive Officer

My Notes to the M.H.R.B.

- I have approached more than ten private psychiatrists and not even one would take me on because a certificate was in place.
- In Law, the question here is, "What is the necessary and immediate treatment?"
- The "true" necessary and immediate treatment is intensive psychotherapy in the private system and I can only get the "most" indicated treatment if the certificate is removed.
- Presumably it is the "best" care for the patient that is the issue here.
- Nothing will change until my chosen medical professional and I can come to an agreement.
- I will take on board the guidance of my chosen medical professional when it comes to my treatment.
- If I have learnt anything from the last brief admission it is that the medical profession holds all the cards and the only way I can "progress" is to find a saviour in the private system who will engage me "objectively" in a discussion as to how and why I have found myself in this predicament. He will then, as a consequence, provide me with some pointers as to how I can "best" proceed to live a better and happier life.

Hearing Ref: 355101
Act: Mental Health Act 1986 ~~Section: 09~~
Case Type: 291A, 301A
Patient Appeal [s29(1)(a)(i)]
~~Initial Review [s30(1)(a)]~~

MENTAL HEALTH REVIEW BOARD

Division Sitting at: Casey Hospital - Southern AMHS

Hearing concerning Mr David Crofts an involuntary patient at Casey Hospital - Southern AMHS.

DETERMINATION

Having regard to the criteria specified in section 8(1) and the requirements of section 35A of the Mental Health Act 1986, and noting that the patient *attended/*~~did not attend~~ the hearing:

*1. The Board is satisfied that the continued treatment of Mr David Crofts as an involuntary patient is necessary and confirms the ~~involuntary~~ community treatment order.

*2. The Board is satisfied that the authorised psychiatrist has prepared, reviewed or revised (as the case may be) the patient's treatment plan in accordance with section 19A of the Act and the treatment plan is capable of being implemented.

*1. ~~The Board is not satisfied that the continued treatment of Mr David Crofts as an involuntary patient is necessary and the Board orders that Mr David Crofts be discharged from the involuntary treatment order.~~

DATED this 13 day of March 2014.

Chairperson Member Member

*Strike out if not applicable.

NOTE:
If you are dissatisfied with this decision, you have two options:

1. You may lodge a new appeal with the Mental Health Review Board at any time. The Board will list a new appeal for hearing as soon as practicable after lodgement.
2. You may make an application for review to the Victorian Civil And Administrative Tribunal (VCAT) within 28 days of the Board's decision.

You should note that, generally, an application to VCAT will be heard by the Tribunal within approximately 6-8 weeks of the lodgement of the application form.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Thursday, 22nd May 2014

Dr. Shaun Tampayappere

Monash Health
Casey Community Team
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

Please put this letter in the orifice reserved for all the letters that you refuse to respond to.

Yours sincerely,

David Crofts.

P.S.

If the world is a just place, it will not only be me not getting your response.

P.P.S.

I believe I have nicely parted your orifice with this letter, and
you will blow apart nicely now as a consequence.

AYC	is	Mr David Crofts
Dr RAP	is	Dr Olga Morozova

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

HUMAN RIGHTS DIVISION

HUMAN RIGHTS LIST VCAT REFERENCE NO. H87/2014

CATCHWORDS

Mental Health Act 1986 sections 8, 14, 19A & 35A – Review of community treatment order and treatment plan

APPLICANT	AYC
1st RESPONDENT:	Mental Health Review Board
2nd RESPONDENT:	Casey Hospital – Southern Adult Mental Health Service
WHERE HELD	Melbourne
BEFORE	Member A Dea
HEARING TYPE	Hearing
DATE OF HEARING	10 June 2014
DATE OF REASONS & ORDER	4 July 2014
CITATION	

ORDER

1. The Mental Healtb Review Board's decision made on 13 March 2014 is affirmed.

2. The Tribunal's order made under section 17 of the *Open Courts Act 2013* (Vic) on 6 June 2014 is confirmed.

A Dea
Member

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL · VCAT

APPEARANCES:

For Applicant:	In person
For Mental Health Review Board:	No appearance
For Casey Hospital – Southern Adult Mental Health Service:	Dr RAP

REASONS

1 The applicant has applied to the Tribunal for review of a decision made by the Mental Health Review Board (Board) on 13 March 2014.

2 The background to this application is as follows:

a On 31 January 2014, the authorised psychiatrist made a decision under section 14 of the *Mental Health Act 1986* (Vic) (the MH Act) that it was necessary for the applicant to continue to receive treatment as an involuntary patient, under a community treatment order (CTO). That treatment was being provided at Casey Hospital – Southern Adult Mental Health Service (Casey);

b On appeal by the applicant, the Board reviewed that decision on 13 March 2014. The decision of the authorised psychiatrist was affirmed, and the applicant continued to be treated as an involuntary patient. The Board gave written reasons for its decision on 19 May 2014;

c Under section 120 of the MH Act, the applicant applied to the Tribunal for review of the Board's decision;

d Section 51 of the *Victorian Civil and Administrative Tribunal Act 1988* (Vic) sets out how such a review is to be conducted. Under section 51(1) the Tribunal has all the powers and functions of the Board. Under section 51(2) the Tribunal may affirm, vary or set aside the decision; and

e The Tribunal's task is to make the correct or preferable decision having regard to the evidence before it. While it may consider the findings of the Board, it is not bound by them. The Tribunal must make a decision based on its own findings of fact determined on the balance of probabilities. There is no burden of proof on any participant or party. The Tribunal is not conducting an appeal as to the legality of the original decision. Rather, it is seeking to find what is the correct or preferable decision based on its own findings of fact. As such it is standing in the shoes of the original decision maker, in this case the Board, and it must remake the decision.[1]

3 Having all the powers and functions of the Board, the Tribunal must consider whether the criteria in section 8 (1) of the MH Act apply to the applicant. Section 8 (1) of the MH Act sets out the criteria for involuntary treatment of a person as follows:

(a) that the person appears to be mentally ill; and

(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an involuntary treatment order; and

[1] *MH26 v Mental Health Review Board* (2011) VCAT 166 at paragraph [6] per Senior Member Walker

(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for protection of members of the public; and

(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and

(e) the person cannot receive adequate treatment for his or her mental illness in a manner less restrictive of his or her freedom of decision or action.

4 On 5 May 2014, the Tribunal made an order joining Casey as a party and excusing the Board from attending the hearing.

5 On 10 June 2014, I heard the review. The applicant represented himself and was accompanied by his mother. The applicant's treating psychiatrist attended on behalf of the authorised psychiatrist. I will refer to her as Dr RAP.

The decision under review

6 The issue before me is, given the applicant's situation in June 2014, whether he meets each element of the section 8(1) criteria such that he should continue to be treated as an involuntary patient. In his case, that would mean he would continue to be treated under the existing CTO.

7 If I am satisfied that the applicant does not satisfy each element of the criteria in section 8(1), section 36C(2) of the MH Act requires that I must discharge him from the CTO.

The applicant's situation leading up to the hearing

8 The applicant rents a house which is owned by his parents and located next door to them. He often eats with them and is responsible for tasks such as mowing the lawns for both properties.

9 Casey provided an undated report on involuntary status (the report). It states that the applicant is currently diagnosed as suffering from paranoid schizophrenia. He is treated for that condition via two weekly 300mg injections of zuclopenthixol.

10 With some important exceptions, much of what was contained in the report was agreed.

11 The applicant was first diagnosed with a mental illness in the 1980s. Available records apparently show that, between February 1992 and February 2005, the applicant had eight hospital admissions and was subject to CTOs from time to time. I accept the applicant's evidence that his last hospital admission was in 2003.

12 Between February 2003 and February 2013, the applicant was treated by a private psychiatrist. He had no hospital admissions or treatment as an involuntary patient during that 10 year period. In early 2013, the applicant's treating doctor moved him from injections of zuclopenthixol to risperidone consta. That transition was not successful and, in February 2013, the applicant became unwell and required admission to Casey. He was discharged 11 days later as a voluntary patient. The applicant was re-admitted in April 2013 for a period of approximately one month and left hospital on a CTO.

13 In June 2013, the applicant's legal representative spoke with the authorised psychiatrist about the applicant being discharged from the CTO. According to Dr RAP, that was done on 19 June 2013. On 21 June 2013, the applicant attended an appointment at Casey and the circumstances of that meeting led to him being admitted again until mid July 2013.

14 The report says that the applicant attended the 21 June 2013 appointment in a "*highly aroused and psychotic state*" and that he presented as agitated, verbally abusive and thought disordered. The report says that security had to be called to manage the situation. The applicant is said to have refused to take oral or injectable medication and attempts to negotiate a management plan failed. The applicant was again admitted to Casey.

15 The applicant does not believe the report's version of events which occurred on 21 June 2013 is accurate. He said that he was not aggressive and that security was not called. He said he:

a Lost his temper because the documents regarding his discharge from the CTO were not available to be given to him;

b He was escorted to the ward by a nurse; and

c He had received his depot medication the day before the appointment.

16 Dr RAP was not present at the 21 June 2013 appointment and relied on the file notes as to what occurred. What was clear was that, at that stage, the prescribed dose of zuclopenthixol was less than the 300mg which has since been administered. The applicant left hospital on a CTO which was reviewed and confirmed by the Board in August 2013.

17 On 29 January 2014, the CTO was revoked and the applicant was re-admitted to Casey. The applicant had told his treating team that he would not take any more of the prescribed medication.

18 The applicant confirmed to me that he had refused to take medication in January this year. He said he "*went on strike*". However, he had taken all prescribed medication prior to that date.

19 The applicant objected to the fact that, in its reasons, the Board said he had been admitted to hospital in February and April 2013 due to non-compliance. The applicant produced a letter written by his general practitioner, Dr Michael Prowse, which said that the applicant attended his

clinic every two weeks for his injection. Dr RAP did not have evidence to the contrary and I accept what the applicant says about his compliance. It appears likely that the admissions in February and April were due to an inadequate dose of medication.

20 The applicant left Casey in late January 2014 on a CTO. It is that order which is under review.

21 The report referred to an appointment held on 12 March 2014. The applicant was described as being polite, irritable and confrontational but under control. He would not elaborate to the treating team on his then current state. He maintained the view that he did not need the current dose of medication two weekly. The report said that "*His insight and judgment remain impaired.*"

The applicant's current situation

22 The applicant accepts that he has a condition that is mental illness. I will return to his description of that condition later in these reasons.

23 Dr RAP said that, from what she could see of the applicant at the hearing and during the last few months, she could see change.

24 Her view was that the applicant had improved and was travelling better. She said that the treating team strongly associates the improvement with the current more assertive treatment and believes that the applicant should continue under a CTO. She explained that the treating team believed that the applicant had been under treated for some time (apparently between 2003 and 2014). Dr RAP said that, when the applicant was again prescribed zuclopenthixol in mid 2013, the dose was not therapeutic. She noted that she considered the events between June 2013 and January 2014 to be one long episode of ill health. She explained that it is harder to treat the applicant's condition each time there is a relapse. Each relapse poses a significant risk to the applicant.

25 The report and Dr RAP referred to further risks to the applicant if he is not treated. They included being at risk of self neglect in terms of diet and consequential weight loss. Reference was made to risk of harm via misadventure but no explanation of the basis for that was given. The report and Dr RAP expressed concern about the applicant being hostile and verbally abusive towards his family and mental health staff when unwell.

26 The applicant's assessment of his current situation is very negative. He:

a Said that the current dose of medication unbalances him and that it makes him feel as if he is dying;

b Said the current dose limits his energy and stops him looking after himself in terms of cooking, washing his clothes and undertaking tasks such as mowing the lawns;

c Described himself as being medicated into a stupor;

d Emphasised the fact that he had been prescribed a lower dose of zuclopenthixol during the 10 years he was treated privately and had done well. Confusingly, he has now been told that dose is inadequate. The applicant made clear his desire to be on a lower dose; and

e Emphasised his desire to have private treatment so that he can have what he referred to as "*psychotherapy*". He explained that he believed he could only progress in his life if he could discuss how he had ended up in this predicament. He said that "*five seconds*" with the authorised psychiatrist every six months was not psychotherapy. Intensive psychotherapy from a private psychiatrist is what he regards as immediate and necessary under the criteria contained in sections 8(1)(b) and (c) of the MH Act.

27 The report referred to the applicant expressing the belief that his medication is poisonous "*(contaminated with faeces)*". The applicant strongly denied having held that belief. He explained that he had referred to the medication as "*shit*" because of its effect on him. Dr RAP accepted that might be part of what was meant but that she had heard him refer to the medication in a way which suggested that he literally meant it contained faeces.

28 There was no dispute that it is very difficult to find a private psychiatrist for a patient who is subject to a CTO. The applicant's general practitioner, Dr Prowse, confirmed in writing that the applicant had been unable to find a private psychiatrist for that reason. The applicant said he had been referred to 10 private psychiatrists. Dr RAP confirmed that there are some private psychiatrists who will provide care to patients while on a CTO but they are limited. The applicant had been referred to such a psychiatrist but he was unwilling to take the applicant on as a private patient. No explanation for that decision was given.

29 The report said that the applicant's medical history is unknown as he had refused to answer questions regarding his physical health. Further, he had refused to have an annual physical examination by his general practitioner or the treating team. The applicant told me that he had refused to be examined by the treating team as he wanted to get away from it.

30 The applicant's mother made some very helpful comments. First she said that, underneath his illness, her son is very nice. She acknowledged that he can become angry but that he had never been violent or hit anyone. Secondly, she said that he comes to her and her husband's home for meals and is well looked after. Thirdly and importantly, she said that he accepted he had to take medication but she thought that there would be a psychological benefit in her son having a say about the dosage and frequency.

The criteria

31 As discussed earlier, section 8(1) of the MH Act sets out the criteria for involuntary treatment. Each element of the section must be met in for involuntary treatment to be required.

Does the applicant appear to be mentally ill?

32 The applicant did not dispute the diagnosis of paranoid schizophrenia. He referred to himself as having a condition but said little more about his illness. I note that the applicant disputed a range of aspects of the report and the Board's reasons for decision but did not raise concerns about the accuracy or appropriateness of the stated diagnosis. In these circumstances and having regard to Dr RAP's statements to the Tribunal, I am satisfied that the applicant appears to he mentally ill.

Does the applicant's mental illness require immediate treatment and can that treatment be obtained by him being subject to an involuntary treatment order?

33 The recent history of the applicant's illness and hospital admissions satisfies me that the applicant's mental illness requires immediate treatment. I have noted the comparatively lengthy stays in hospital in April and June 2013 and Dr RAP's description of a long episode of illness. I have taken into account what Dr RAP has said about the effectiveness of the current treatment regime. I am satisfied that a significant cause of the applicant's improvement is the treatment he has received and that it can continue to be provided under a CTO.

34 The applicant says that the immediate treatment he requires is psychotherapy. I accept that is a preferred treatment option for him and that such a talking therapy would assist him however, I am not satisfied that is the treatment in issue under criteria 8(1)(b). The immediate treatment which is required and which can continue to be provided under a CTO is the medication which has been prescribed and is being administered by the treating team, that is two weekly doses of 300mg of zuclopenthixol.

Is involuntary treatment necessary for the applicant's health or safety or for protection of members of the public?

35 The report included comments about the risk of self neglect to the applicant if he is not treated. The applicant also commented on this matter and said that the effect of the medication was to leave him unable to properly care for himself. I have noted the applicant's mother's comments about her and her husband providing care and support to the applicant. I am unable to reach a conclusion about this aspect of risk. There is no material before me to allow an assessment of the risk of misadventure referred to in the report.

36 I accept the applicant's mother's evidence that the applicant had never, in the past, been violent towards his family or others. At the hearing, the applicant became angry and heated. It was apparent that he has a significant dislike for the public mental health system. While he denied that he was being aggressive, he accepted that objectively that might he how he

appeared to others. Acknowledging that the applicant believes he was not aggressive at the appointment at Casey on 21 June 2013 and noting he denies that security was called, I consider it more likely than not that is what occurred. The incident as recorded in the report is very different from the applicant's description of himself just losing his temper and being escorted away by a nurse.

37 I have noted that the report refers to the applicant, when unwell, being extremely verbally abusive, including by using expletives, sexual references and highly personal, abusive language. Further, the report says that, when unwell, the applicant has sent multiple abusive emails. While I am not persuaded that the evidence establishes that the applicant is likely to physically harm a member of the public, his demeanour when unwell or undertreated means he may frighten or intimidate people with whom he comes into contact. At minimum, the applicant is likely to be difficult to manage and may harm himself or others inadvertently.

38 I am satisfied on the evidence of Dr RAP that there is a serious risk of deterioration in the applicant's mental condition if he is untreated. That risk includes a further episode of illness which may be worse because of the lengthy period he was unwell from mid 2013 to the recently.

39 I am satisfied that, primarily for the health and safety of the applicant, involuntary treatment is necessary.

Has the applicant refused or is he unable to consent to the necessary treatment for the mental illness?

40 I may only be satisfied that the consent element of the criteria for involuntary treatment is met if satisfied, on the balance of probabilities, that the applicant has refused to consent to the necessary treatment or is incapable of refusing to the necessary treatment.

41 The report is marked to indicate that the treating team considers that the applicant is incapable of giving informed consent to the necessary treatment and then says the following:

> [The applicant] has poor insight into his illness, is not capable of weighing the benefits and risks of continuing appropriate treatment, and therefore cannot give informed consent to treatment.

42 Dr RAP clarified that the treating team is satisfied that the applicant can consent to treatment with zuclopenthixol but the area of dispute is the dose and frequency. Accordingly, it is said that the applicant is incapable of consenting to the necessary treatment. As discussed earlier, I have found that the necessary treatment is the current prescribed 300mg two weekly zuclopenthixol injections.

43 The applicant told me that he is resigned to taking medication for bis condition. He said that, if taken off the CTO, he would seek to engage a private psychiatrist. He said he would try to get a private psychiatrist to see his point of view, to develop a relationship and work towards

psychoanalysing what had happened to him. He said that the treatment would include medication. He would try to persuade the doctor to reduce the dose or perhaps return to another medication he had taken many years ago.

44 The applicant had a zuclopenthixol injection the day before the hearing. I asked if he would have the next one if he was taken off the CTO. He replied with words to the effect that he had enough sense to know that the medical profession has all the cards and that the only way to have a therapeutic relationship is to take the medication. He repeated that he was resigned to taking medication. He said that, since 2000, no one likes him if he does not take medication.

45 The applicant made it clear in, at times, angry and arguably aggressive terms, that he was very unhappy with the treatment he had received at Casey, including by Dr RAP. He said that the treating team just laid down the law and did not engage in what he saw as the immediate and necessary treatment of psychotherapy.

46 My initial inclination was to make a finding that the applicant's evidence meant that he had in fact consented to the necessary and immediate treatment and so the CTO ought to be discharged. On further consideration, I was not persuaded that the consent was complete in the sense that the applicant understood and accepted that he required the prescribed dose of medication to remain well. He has consented to some medication but believes that the immediate and necessary treatment for his condition is psychotherapy. The report makes it plain that he has maintained this view about dose for some time.

47 His grudging acceptance that medication is a necessary step to obtain his preferred mode of treatment and his desire to persuade a private psychiatrist to reduce the dose, indicates that the applicant does not understand the link between his improved mental health and an effective dose of the medication. The fact that in the past a lower dose was sufficient to keep him well does not necessarily mean that will continue to be the case. It is clear from Dr RAP's evidence that the applicant's illness has progressed in a way that the former dose and treatment are now inadequate.

48 I have given weight to the fact that the applicant has complied with the prescribed treatment since mid 2013, other than in January 2014. On the one hand his decision to refuse at that point in time might be reflective of his dissatisfaction with the involuntary treatment regime he finds himself subjected to. On the other hand, the refusal was incautious and is consistent with the treating team's concern about a lack of insight into the illness.

49 I have been mindful that, for a period of 10 years, the applicant was treated privately and apparently remained well. There was no dispute that it was the change of medication from zuclopenthixol to risperidone consta that led to him becoming unwell – it was not a refusal to be treated. I have also been very aware of the applicant's understandable desire to be the master of

his own treatment and to be able to access the talking therapy he believes will help him. Having been well and apparently appropriately treated for 10 years and then falling very ill, it is not difficult to see why the applicant wishes to understand how that came to be and to need support to return to good health and a happier life.

50 The applicant has not refused to consent to the necessary treatment which is the particular medication at the prescribed dose. The issue raised here is whether he is incapable of so consenting.

51 The evidence from the authorised psychiatrist and the treating team is that the applicant is incapable of consenting to the necessary treatment. That opinion has been based on the treating team's expertise and engagement with the applicant over a period of more than 12 months. No contrary medical evidence was before me. Ultimately, I have concluded that the opinion contained in the report and expressed by Dr RAP ought to be accepted in preference to an impression arising from an approximately two hour hearing before me. I am satisfied that the criteria contained in section 8(1)(d) is met as I am satisfied that the applicant is incapable of consenting to the necessary treatment.

Can the applicant receive adequate treatment in a manner less restrictive of his freedom of decision or action?

52 As discussed earlier, the applicant has attempted to obtain private treatment from a psychiatrist which combines medication and psychotherapy. I was told that one of the psychiatrists to whom he was referred was one who is willing to treat patients on a CTO. That psychiatrist did not accept the applicant as a patient. While I could guess that may have been because the applicant was then not sufficiently well to make co-treatment of benefit, I do not know if that is correct.

53 In the absence of an arrangement for private treatment which is established or ready to go and taking into account my findings about the applicant's capacity to consent, I cannot be satisfied that adequate treatment of the kind which is necessary may be provided outside the context of a CTO. That is largely because, even if a private psychiatrist was found quickly, as a voluntary patient, it would be open to the applicant to refuse to accept injections at the current dose two weekly.

54 In these circumstances, I am not satisfied that the applicant can receive adequate treatment in a manner less restrictive of his freedom of decision or action.

Review of the applicant's treatment plan

55 The treatment plan made on 24 January 2014 was signed by the applicant. I am satisfied that the contents of the treatment plan have been discussed with the applicant. The requirements of section 19A and 35A(1) of the MH Act have been met.

Charter of Human Rights and Responsibilities

56 I have considered the relevant human rights as set out in the *Charter of Human Rights and Responsibilities Act 2006* (Charter). The applicant's rights to privacy, freedom of movement and freedom from medical treatment without consent are engaged and limited by the involuntary treatment order. Taking into account my findings above about the criteria set out in section 8(1) of the MH Act, I am satisfied that the limits imposed by the involuntary treatment order are reasonable and justified in accordance with section 7(2) of the Charter.

Decision

57 For all of the reasons set out above, I affirm the decision of the Board dated 13 March 2014.

58 I encourage the applicant, his general practitioner and the treating team to work together to try to secure private treatment for the applicant which can be provided alongside the CTO. A further approach may be made to those private psychiatrists who are willing to undertake such care. Such an arrangement would allow the applicant to embark on the psychotherapy he seeks and provide an opportunity for a future timely transition from the CTO to voluntary treatment.

Open Courts Act order

59 On 6 June 2014, in accordance with the usual practice of the Tribunal, I made an order under section 17 of the *Open Courts Act 2013* (Open Courts Act order) anonymising the applicant and prohibiting the publication of identifying information about him derived from the proceeding. The order was made in the interests of justice for the purpose of avoiding the unreasonable invasion of the applicant's privacy.

60 In email correspondence with the Tribunal and at the hearing, the applicant said he did not wish to be anonymised. The applicant told the Tribunal that he had a blog which included his name, details of his condition, his treatment and past hearings. In these circumstances, from his point of view, he had no wish or need for his privacy to be protected.

61 I told the applicant that my decision about whether to set aside the Open Courts Act order would be dependent on the view I took about consent. I said that, if I concluded that the applicant did not have the capacity to make decisions about his treatment, I would be inclined to leave the Open Courts Act order in place to achieve the goals referred to above. Given the conclusion I have reached, the Open Courts Act order will be confirmed.

A Dea
Member

Call to Mr David Crofts on 11/06/2014 to find out more specific information about his concerns regarding Dr Tennent Tampiyappa:

- Notifier says he does not want to make a notification to AHPRA regarding Dr Tampiyappa or any other practitioners and says that he sent the letter with attachments because he wanted to make AHPRA aware that he was making complaints to other entities about concerns he has about the practitioner.

- He says AHPRA took the side of the practitioner with his previous notification and does want AHPRA to progress this matter.

- Mr Crofts was advised that a note would be put on the system that he did not want AHPRA to treat this as a new notification and the matter would be recommended for closure.

- End of call.

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: Saturday, 5 July 2014 02:45 AM
To: VCAT-HRD@justice.vic.gov.au
Subject: FW: VCAT Reference Number: H87/2014
Attachments: H87_2014 Order 4.7.14.pdf

ATTN :- Human Rights Division :- Deputy Head of List :- Member Anna Dea

Dear Madam,

On the very day of receipt of your judgment I had a review by my authorized psychiatrist and I believe as a result of him reading your order he effectively halved my dose of anti-psychotic and put me on my requested medication (Fluanxol) under which, and at this new dosage, I had many good times around 2000 to 2003.

I believe I will now be un-certified at my next MHRB hearing on the grounds that there is now no disagreement over my necessary treatment and hence I can receive it in a less restricted manner.

As I would like my blog on my interactions with the medical profession to be complete please reconsider your open courts order, bearing in mind the public interest disclosure act 2013 and my wish to expose the slanderers for what they are.

Sincerely,

David Crofts.

-------- Forwarded Message --------
From: VCAT-HRD@justice.vic.gov.au
To: dasc1961@netscape.net
Subject: VCAT Reference Number: H87/2014
Date: Fri, 4 Jul 2014 09:30:51 +1000

Dear Mr Crofts,

RE: AYC v Mental Health Review Board, Casey Hospital - Southern AMHS

In regards to the above application, please find enclosed a copy of the Victorian Civil and Administrative Tribunal's (VCAT) order dated 4 July 2014.

If you have any queries, please contact our customer service team on the number below and quote VCAT reference number **H87/2014**.

Regards

Customer Service Human Rights Division
Victorian Civil and Administrative Tribunal
Level 5, William Cooper Justice Centre (WCJC)
223 William Street, Melbourne VIC 3000
GPO Box 5408 Melbourne VIC 3001, DX 210613 Melbourne

T (03) 9628 9911/9900
1800 133 055 (Country Callers only)
F (03) 8685 1404
(03) 9032 1155
E vcat-hrd@courts.vic.gov.au

Patient's UR number: 355101

Mental Health Tribunal

DETERMINATION REGARDING A TREATMENT ORDER

The Tribunal conducted a hearing at Casey Hospital - Southern AMHS to determine whether to make a Treatment Order in relation to Mr DAVID CROFTS or alternatively revoke their current 09 - CTO Patient [s 14 MHA]. At the time of the hearing, Mr CROFTS was being treated by Casey Hospital - Southern AMHS and their 09 - CTO Patient [s 14 MHA] was due to expire on 27/07/2014.

Having regard to the treatment criteria specified in section 5 of the *Mental Health Act 2014*:

* The Tribunal is satisfied the treatment criteria apply to Mr CROFTS. Pursuant to section 55(1)(a) the Tribunal makes a Treatment Order in the following terms:

(a) *Community Treatment Order/*Inpatient Treatment Order

(b) Duration: _____ weeks.

* The Tribunal is not satisfied the treatment criteria apply to Mr CROFTS. Pursuant to section 55(1)(b) the Tribunal revokes the current 09 - CTO Patient [s 14 MHA].

Dated: 18/07/2014

Helen Versey	Harold Hecht	Gordon Matthews
Legal Member	*Psychiatrist Member *Reg Medical Prac Member	Community Member

* Tribunal to strike out if not applicable

IMPORTANT TO NOTE:
You may request a written statement of reasons under section 198. Your request must be in writing and received by the Tribunal within 20 business days after the Tribunal has made the above decision.

If you are dissatisfied with the Tribunal's decision, you have two options:

1. You may make an application to the Mental Health Tribunal to revoke the Temporary Treatment Order or Treatment Order at any time before the expiry of the Order under section 60. The Tribunal will list a new hearing as soon as practicable after lodgement of the application.
2. You may make an application for review of the Mental Health Tribunal's decision to the Victorian Civil and Administrative Tribunal (VCAT) under section 201. An application to VCAT must be made within 20 business days of the Mental Health Tribunal's decision or receipt of a statement of reasons.

From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: FW: FW: FW: One pound of flesh !!!!
Date: Sat, 23 Aug 2014 18:42:30 +1000

If a patient decides not to consent to a particular medical treatment what is at issue is his legal right to not consent. My understanding of the medical profession tells me there is no such thing. If you are honest, the mental health act should certify when this criteria is met **regardless of all others**. Hence, there is no need for any other criteria as they would serve no purpose if there exists consent, and we must conclude there is no such thing as the ideal mental health act as we must all submit to the medical profession.

http://www.davidcrofts.com.au/my-inspired-documents/my-mental-health-act-1990

-------- Forwarded Message --------
From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: FW: FW: One pound of flesh !!!!
Date: Sat, 23 Aug 2014 16:34:32 +1000

The medical profession believes no one is allowed to withdraw their consent !!!!
The medical profession believes no one is required to consent when psychiatric treatment is given !!!!
The medical profession believes no one should consider what it considers to be not required to be worthless !!!!

-------- Forwarded Message --------
From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: FW: One pound of flesh !!!!
Date: Sat, 23 Aug 2014 14:28:26 +1000

The only reason you granted to me the legal right of being able to consent was because I had consented to what the medical profession had judged as necessary treatment and hence my consent was not necessary for me to service the medical profession.

-------- Forwarded Message --------
From: David Crofts <david.crofts@gmail.com>
To: mht@mht.vic.gov.au
Subject: One pound of flesh !!!!
Date: Mon, 18 Aug 2014 15:04:28 +1000

RE: 2014.07.18 - M.H.T. Statement of Reasons.pdf

So basically what you are telling me is that the only reason you un-certified me was that you believed the medical profession could still get its pound of flesh with me un-certified.

Mental Health Tribunal

STATEMENT OF REASONS

1. DETAILS OF THE HEARING

On 31 January 2014, DC was made subject to a Community Treatment Order pursuant to the *Mental Health Act 1986*. Pursuant to section 383 of the *Mental Health Act 2014* ("the Act"), the deemed expiry date of DC's Community Treatment Order under the new Act is two weeks after the expiry date of his previous Community Treatment Order under the previous Act. DC's previous Community Treatment Order was due to expire on 13 July 2014. Therefore, at the time of hearing, DC was subject to a Community Treatment Order due to expire on 27 July 2014. As DC's Treatment Order will soon expire, the authorised psychiatrist has applied for the Tribunal to make a further Treatment Order.

The Tribunal conducted a hearing to determine whether the Tribunal should make a Treatment Order or whether DC should become a voluntary patient. At the time of hearing, DC was being treated at Casey Hospital – Adult Mental Health Services. The hearing was held at Casey Hospital on 18 July 2014.

The division of the Tribunal conducting this hearing comprised:

Legal Member:	Ms H Versey
Psychiatrist/Medical Member:	Dr H Hecht
Community Member:	Mr G Matthews

Attending the hearing were:

DC
Dr ST (authorised psychiatrist)
Dr OM (DC's treating doctor)
AG (DC's case manager)
RC (DC's mother)

DC's UR number: 355101

2. INFORMATION PROVIDED TO THE TRIBUNAL AT THE HEARING

The Tribunal received the following evidence at the hearing:

(a) A report on DC's compulsory treatment prepared by Dr OM and dated 16 July 2014 ("the Report").
(b) DC's clinical file.
(c) Letter from DC's general practitioner, Dr MP, dated 12 May 2014.
(d) DC's Appeal to the Mental Health Board dated 19 February 2014; this appeal had been heard on 13 March 2014 by the former Mental Health Review Board.
(e) Document headed *My notes to the MHRB,* undated.
(f) Decision of the Victorian Civil and Administrative Tribunal, regarding DC, dated 4 July 2014.
(g) Oral evidence was also provided to the Tribunal by all the attendees at the hearing.

This statement of reasons is not intended to be a detailed record of all the material provided or issues discussed in the hearing. The evidence accepted and relied upon by the Tribunal to reach its conclusions and final determination is identified in Part 4.

3. ISSUES UNDER CONSIDERATION

Pursuant to section 54(5) of the Act, the Tribunal must conduct a hearing to determine whether to make a further Treatment Order or revoke the current Treatment Order.

If the Tribunal is satisfied that all of the treatment criteria in section 5 (which is attached to this statement) of the Act apply to DC, the Tribunal must make a Treatment Order and also decide the length of the Treatment Order and whether it is for treatment in the community or in hospital.

If the Tribunal is not satisfied that each of the treatment criteria in section 5 apply to DC, the Tribunal must revoke the current Treatment Order, meaning DC becomes a voluntary patient.

The Tribunal's consideration of these issues must also be conducted in accordance with the *Charter of Human Rights and Responsibilities Act 2006* ("Charter").

Preliminary issues

On 13 March 2014, the Mental Health Review Board ("the Board") heard an appeal by DC against his Community Treatment Order. The appeal was considered under the *Mental Health Act 1986* and the Board found that the five criteria under section 8(1) of that Act applied to DC and confirmed his Community Treatment Order.

DC then appealed the Board's decision to the Victorian Civil and Administrative Tribunal ("VCAT"). The appeal was heard on 6 June 2014 and by an Order dated 4 July 2014, only a few days before this hearing, the Board's decision of 13 March 2014 was affirmed. Again, VCAT applied the relevant criteria under the *Mental Health Act 1986.*

The authorised psychiatrist makes the present application under the new Act. There are important differences in the treatment criteria under this Act that the Tribunal must apply. In particular, the Tribunal does not have to decide whether DC is refusing treatment or is incapable of giving consent to treatment, as was the case under the previous Act. In this regard, the Tribunal noted that VCAT, in reaching its conclusion to affirm the Board's decision, found that DC was not capable of giving informed consent at the time of the hearing of the appeal.

In addition, when exercising its powers the Tribunal must have regard to the mental health principles set out in section 11(1) of the Act. These include:

> *(a) persons receiving mental health services should be provided assessment and treatment in the least restrictive way possible with voluntary assessment and treatment preferred;*
>
> ...
>
> *(c) Persons receiving mental health services should be involved in all decisions about their assessment, treatment and recovery and be supported to make, or participate in, those decisions, and their views and preferences should be respected;*
>
> ...
>
> *(d) Persons receiving mental health services should be allowed to make decisions about their assessment, treatment and recovery that involve a degree of risk;*
>
> ...

4. APPLYING THE TREATMENT CRITERIA IN SECTION 5 TO DC

Determining whether the treatment criteria in section 5 applied to DC required the Tribunal to reach a conclusion in relation to the following questions.

(a) Does DC have a mental illness?

Under section 4(1) of the Act, mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory. At the hearing, the Tribunal had regard to the considerations in section 4(2) (section 4 is attached to this statement).

The Report stated that DC's current diagnosis is paranoid schizophrenia and that he was first diagnosed at Larundel Hospital in the 1980s but those records were not available.

The available records show numerous hospital admissions with significant periods where no admissions are recorded. From February 2005 it is recorded DC was managed as a voluntary patient by a private psychiatrist and his general practitioner ("GP") until February 2013 when DC relapsed following a change to his medication due to concerns about side effects. Since then there have been three further admissions to hospital, the last one being a very brief admission in January 2014.

Dr ST gave evidence that he has been involved with DC since January 2013. When DC was admitted to hospital in February 2013, he was irritable, isolating himself from friends and family and losing weight. When unwell he becomes extremely abusive and directed incessant abusive and hostile e-mails to members of the treating team. He had beliefs the mental health services were conspiring against him. Dr ST regarded some of DC's angry e-mails in the past as showing evidence of thought disorder.

RC confirmed that when DC becomes unwell he withdraws into himself, does not care for himself and becomes extremely verbally abusive.

In response to the evidence regarding his behaviour when unwell, DC stated that he did not believe he ever stepped over the boundaries. He stated that he responded to provocation from other people and felt that the psychiatric system was *abusing him*. He agreed that he had a mental illness but felt he was functioning well.

Based on the evidence in the Report, and the oral evidence at the hearing referred to above the Tribunal was satisfied that DC had a mental illness as defined by the Act.

(b) Because of DC's mental illness, does he need immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC or to another person?

Under section 6 of the Act, treatment is defined as things done to the person in the course of the exercise of professional skills to remedy the mental illness or to alleviate the symptoms and reduce the ill effects of the mental illness (section 6 is attached to this statement).

DC is receiving Flupenthixol decanoate 3Omg depot every two weeks. This was a recent change from Zuclopenthixol decanoate 3OOmg. The change was negotiated by RC and DC with the treating team because DC did not wish to take the previous medication and had, in fact, refused to take it in January 2014, which resulted in a short hospital admission. DC had been on Flupenthixol previously and felt he had done well on that. He had his first depot on 4 July 2014.

DC stated that the new medication had given him a boost. He would be prepared to continue on this medication, administered by his GP if he was a voluntary patient. He stated that if treated as a voluntary patient he would get a private psychiatrist for intensive *psychotherapy*. He stated that he wanted someone to objectively discuss with him how he had got into his present predicament and how he could progress to a happier life. He has been unable to obtain the services of a private psychiatrist while on a compulsory treatment order.

Dr OM has been treating DC since August 2013. She stated that DC had improved significantly since his admission to hospital in July last year. She said that although no one had been physically threatened by DC, when he is unwell he is extremely verbally abusive and people may perceive that as a threat.

RC stated that she felt it was early days on the new medication. She confirmed that she saw the possibility of a relapse as a problem. She stated that DC does become extremely unwell and then he is very abusive. Although people become frightened, she stated that over the years he has never hurt anyone.

AG said she had been DC's case manager since March 2013. She confirmed that DC is much better since he has received treatment and she was able to have reasonable discussions with him recently.

Under the new Act, the Tribunal must consider whether DC needs immediate treatment to prevent a serious deterioration in his physical or mental health or serious harm to himself or others. This is in contrast to the previous legislation when it was not necessary to consider whether the deterioration or harm would be *serious*. The objects of the Act make it clear that a person should only be compelled to receive treatment in the most serious of circumstances and as a last resort. The harm contemplated must be very considerable and is more than just significant. Serious harm to self can include harm to relationships, finances and reputation and self-neglect. The Act does not require that a person be at immediate risk of serious deterioration or serious harm without the immediate treatment.

The Tribunal did not consider that without treatment there would be a serious harm to DC or to others. While it is clear that DC becomes extremely abusive when unwell, and this is distressing to others, the harm does not meet the higher threshold required under the new Act.

It is clear on the evidence that after some years of functioning well DC had a relapse in the context of a change of medication and that this has taken some time to stabilise. He is now on medication that is acceptable to him. The Tribunal accepts that DC needs ongoing medication and without it, he may suffer serious deterioration in his mental health. The Tribunal therefore finds that this criterion is met.

(c) Will the immediate treatment be provided to DC if he is subject to a Treatment Order?

DC and his treating team have now reached agreement regarding medication, which DC states has assisted him. He will be able to receive this under a Treatment Order.

(d) Are there less restrictive means reasonably available to enable DC to receive the immediate treatment?

DC gave evidence that now that he is on the medication that he had been seeking he would continue to take that medication through his GP, Dr MP. Although his short admission to hospital in January 2014 was in the context of refusal to take medication, DC explained that was in protest at that time because he wished to change his medication to the present one. He was adamant that he did not wish to stay in the public mental health service but wanted to engage a private psychiatrist. As stated previously, he wished to receive intensive psychotherapy. He stated that he believed that psychiatry should be about interpersonal relationships not just medication.

Although the Report stated that DC would not accept the treatment if he was not on a Treatment Order, Dr OM and AG said in oral evidence that they believed that DC would continue to take his medication through his GP.

Dr ST did not disagree that DC would continue with medication but was concerned it was very early days on the new medication and felt that it needed to be monitored. Dr ST said that there was a place for a cognitive therapy approach and confirmed that a

psychotherapist could be explored as part of DC's treatment under a Treatment Order. However, it was clear that DC was not interested in pursuing this through the public system.

AG confirmed that DC had attempted to engage a private psychiatrist who had refused to have DC as a patient while under a compulsory Treatment Order. This was also confirmed in a letter from DC's GP dated 12 May 2014.

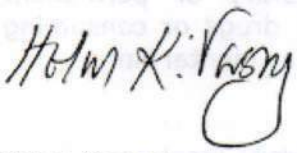
RC confirmed that she sees DC daily as he lives next door and he has a meal with her each day. She cleans his house when he is unwell and not looking after himself. She is well able to recognise symptoms of relapse having experienced them over many years.

The Tribunal felt that given the objectives of the Act, the Tribunal's obligations to have regard to the Mental Health Principles and DC's clearly expressed preferences, there was a less restrictive means for DC to receive treatment. Although DC seeks to have psychotherapy, he has stated that he will continue to take his present medication through his GP. He has the support of his mother, RC, who sees him daily and is able to recognise any deterioration in his mental health. He has functioned well in the past for several years as a voluntary patient in the private system. Although the Tribunal has no doubt that the treating team are endeavouring to give DC as much support as they can, the Tribunal considered that DC can receive treatment in a less restrictive way as a voluntary patient.

5. DETERMINATION

As it was not satisfied that each of the treatment criteria in section 5 of the Act applied to DC, the Tribunal revoked DC's treatment order.

Date of determination: 18 July 2014



Helen Versey
Presiding member, on behalf of the Tribunal division.

Date: 15 August 2014

Note: Pursuant to section 194 of the *Mental Health Act 2014*, the name and other details of a person who is the subject of a proceeding before the Tribunal must not be published unless the written consent of the President has been obtained. If publication is sought, consent in writing from the patient must first be obtained.

Minister for Mental Health
The Hon. Martin Foley MP

Dear Minister,

When one is confronted by the crisis assessment team, with police in tow; and one has the balls to tell them to “fuck off”; if they refuse to accept that as a “valid-response”; when it “goes-bad-for-them”, they have “no-one-to-blame-but-themselves” !!!!

What is more to the point is when they “insist” that “fuck off” is “not-a-valid-response”; “to-a-home-intruder”; and insist upon “forcing-treatment-on-to-you”; they then have a “duty-of-care” to ensure that the treatment that they “force-you-to-endure”, “occurs-without-any-foreseeable-trouble” !!!! ((((When one considers my testimony below; not only is it “easily-foreseeable”, but is in fact, “a-logical-consequence-of-their-treatment”, and hence, in a sense, “perfect-justice” !!!!))))

In my case, this treatment consisted of being handcuffed and made to squat in the back of a police van. I was then taken to the emergency department of Casey hospital. When I was being escorted inside, my accusing policewoman suddenly made a grab for my wallet, and I instinctively pushed her away with my foot, as my hands were still in handcuffs. I then heard her say “Do you know that you have just assaulted a police officer?” My wallet went flying onto the ground !!!! Her male companion then grabbed me by my handcuffed arms, threw me to the ground, and forced my face into the pavement !!!! He then lifted me to my feet and finished escorting me into the emergency department !!!! After a minute or so, I was taken to a waiting area pending admission !!!! In this room I was chained down to a bed and medicated !!!!

After a mercifully brief period of what I consider unbearable torture, I lost consciousness !!!! I have no memory of what happened next, except to say that I supposedly awoke, was released from my restraints, and wrote “fuck you” in my own blood on the wall of this “fucked-up-torture-chamber-of-an-excuse-for-a-hospital”.

Apparently I broke three windows with an oxygen cylinder and did $30,000.00 damage !!!!

The resulting admission to Casey Hospital lasted 6 weeks, and the initiating factors for the offending C.A.T. visit, to my home, have yet to be explained to me; and I suspect are not even known to my treating doctors !!!!

My decision to stand up for myself, and tell the C.A.T. to “fuck off” resulted in the policewoman who accompanied them, charging me with :-
1/ Assaulting a police officer !!!!
2/ Resisting arrest !!!!
3/ $30,000.00 of wilful criminal damage !!!!

I would appreciate it, if you could add your voice to mine, when I say, once again, on 27/07/2015, in the Magistrates Court :- “FUCK OFF” !!!!

Sincerely,

David Crofts.

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 8601 5270
F +61 3 8601 5299
T 1800 242 703 (Toll-free)

E mhrb@health.vic.gov.au
W mhrb.vic.gov.au

10 August 2015

Mr David Crofts
23 Brisbane Street
Berwick VIC 3806

Dear Mr Crofts

MENTAL HEALTH TRIBUNAL HEARING – 19 JUNE 2015

Please find enclosed the Tribunal's Statement of Reasons for its decision in this matter.

Yours sincerely

Grace Horzitski
Legal Officer

Mental Health Tribunal

STATEMENT OF REASONS

1. DETAILS OF THE HEARING

At the time of hearing, DC was subject to an Inpatient Temporary Treatment Order made on 14 May 2015.

The Tribunal conducted a hearing to determine whether the Tribunal should make a Treatment Order or whether DC should become a voluntary patient. DC's current Temporary Treatment Order is due to expire on 22 June 2015 (the Order had been extended on 5 June 2015 to this later date). At the time of hearing, DC was being treated at Casey Hospital where the hearing was held on 19 June 2015.

The division of the Tribunal conducting this hearing comprised:

Legal Member:	Ms D Saunders
Psychiatrist Member:	Dr C Mileshkin
Community Member:	Mr J Griffin

Attending the hearing were:

DC
Dr DH (DC's treating doctor)
DC's nurse

DC's UR number: 355101

2. INFORMATION PROVIDED TO THE TRIBUNAL AT THE HEARING

The Tribunal received the following evidence at the hearing:

(a) Mental Health Tribunal statement of reasons, dated 15 August 2014 (relating to a hearing held on 18 July 2014).
(b) A report on DC's compulsory treatment prepared by Dr DH, dated 3 June 2015 with a Supplementary Report dated 17 June 2015.
(b) DC's clinical file.
(c) Oral evidence was also provided by DC and Dr DH.

This statement of reasons is not intended to be a detailed record of all the material provided or issues discussed in the hearing. The evidence accepted and relied upon by the Tribunal to reach its conclusions and final determination is identified in Part 4.

3. ISSUES UNDER CONSIDERATION

Pursuant to section 53(1) of the *Mental Health Act 2014* ("the Act"), the Tribunal must conduct a hearing to determine whether to make a Treatment Order for DC. If not, DC becomes a voluntary patient.

If the Tribunal is satisfied that all of the treatment criteria in section 5 (which is attached to this statement) of the Act apply to DC, the Tribunal must make a Treatment Order

and also decide the length of the Treatment Order and whether it is for treatment in the community or in hospital.

If the Tribunal is not satisfied that each of the treatment criteria in section 5 apply to DC, the Tribunal must revoke the current Treatment Order, meaning DC becomes a voluntary patient.

The Tribunal's consideration of these issues must also be conducted in accordance with the *Charter of Human Rights and Responsibilities Act 2006* ("Charter").

Preliminary Issues

At the request of DC the hearing listed for 5 June 2015 was adjourned for two weeks. Section 192 of the Act provides that an adjournment until a date that is after the Order expires can only be made in exceptional circumstances. The Tribunal granted the adjournment because one of DC's parents, to whom he is particularly close, was seriously ill in hospital. The Temporary Treatment Order was extended to 22 June 2015.

4. APPLYING THE TREATMENT CRITERIA IN SECTION 5 TO DC

Background

DC has a long history of illness going back to the 1980s with multiple admissions to hospital for treatment. He has also been treated as a voluntary patient for extended periods. He lives on property owned by his parents and is in receipt of a disability support pension.

In July 2014 the Mental Health Tribunal revoked DC's Community Treatment Order as it was not satisfied that all the treatment criteria applied to him.

A statement of reasons for the decision SOR025/15 included:

> *DC gave evidence that now that he is on the medication that he had been seeking he would continue to take that medication through his GP, Dr MP. Although his short admission to hospital in January 2014 was in the context of refusal to take medication, DC explained that was in protest at that time because he wished to change his medication to the present one. He was adamant that he did not wish to stay in the public mental health service but wanted to engage a private psychiatrist. As stated previously, he wished to receive intensive psychotherapy. He stated that he believed that psychiatry should be about interpersonal relationships not just medication.*
> *….*
>
> *The Tribunal felt that given the objectives of the Act, the Tribunal's obligations to have regard to the Mental Health Principles and DC's clearly expressed preferences, there was a less restrictive means for DC to receive treatment. Although DC seeks to have psychotherapy, he has stated that he will continue to take his present medication through his GP. He has the support of his mother, RC, who sees him daily and is able to recognise any deterioration in his mental health. He has functioned well in the past for several years as a voluntary patient in the private system. Although the Tribunal has no doubt that the treating team are endeavouring to give DC as much support as they can, the Tribunal considered that DC can receive treatment in a less restrictive way as a voluntary patient.*

Accordingly, DC was made a voluntary patient such that he was in charge of his mental health and any treatment he wished to receive.

Current admission

Prior to this admission DC had been seeing a private psychiatrist and a general practitioner ("GP"). He had known the GP for approximately 10 years. DC said the dosage and frequency of his medications had been gradually reduced.

DC was brought to the Emergency Department in handcuffs after assaulting a member of the police force during a welfare check. The admission was associated with significant violence and aggression, resulting in a *Code Black* and an evacuation as well as major property damage in the Emergency Department at Casey Hospital.

Determining whether the treatment criteria in section 5 applied to DC required the Tribunal to reach a conclusion in relation to the following questions.

(a) Does DC have mental illness?

Under section 4(1) of the Act, mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory. At the hearing, the Tribunal had regard to the considerations in section 4(2) (section 4 is attached to this statement).

During the hearing DC appeared agitated and was particularly abusive toward the treatment team, including Dr DH. He remained very guarded about his psychotic symptoms. He was also guarded in his description of events prior to his admission saying that someone. named Stacey called the Triage with serious concerns and that no one knows what this means. He repeatedly made reference to Stacey raising concerns and that no one can explain this, to such a degree that he seemed pre-occupied with this.

He stated that since he had been in hospital he had been getting worse and worse but was resigned to being given medication,

DC's current diagnosis is paranoid schizophrenia. The Report on Compulsory Treatment ("the Report") noted that he was very agitated and thought disordered with grandiose and bizarre delusions on admission. He said that bones had been removed from his body metaphorically. The Report also detailed that on admission he expressed that he was being persecuted by police and the mental health system. After a lengthy period in seclusion in the early days of his admission, the clinical file noted that he was settled, easy to engage and polite. In contrast just two days before the hearing, DC was noted to be irritable, agitated and swearing.

Based on the Report, the clinical notes, the evidence of Dr DH, that of DC himself and his presentation at the hearing, the Tribunal was satisfied that DC has mental illness. The criterion was therefore met.

(b) **Because of DC's mental illness, does he need immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC or to another person?**

Under section 6 of the Act, treatment is defined as things done to the person in the course of the exercise of professional skills to remedy the mental illness or to alleviate the symptoms and reduce the ill effects of the mental illness (section 6 is attached to this statement).

The Report stated that DC needed immediate treatment to prevent serious deterioration in his mental health and to prevent serious harm to other persons. The evidence of the treating team was DC had caused serious harm to another patient and was at risk of causing harm to others on the ward.

DC is being treated with flupenthixol decanoate depot every two weeks. The Report outlines that other medications had been slowly reduced .then ceased so as to assess DC's mental state before discharge on a depot injection that will stabilise his mental state.

The Report also states that oral medication is consistently refused by DC. The immediate treatment aims to achieve some acceptance by DC that medication on a consistent and regular dose will provide him a stable mental state and minimise the prospects of a further serious relapse.

On the material before it, the Tribunal was satisfied that DC needed immediate treatment to prevent serious deterioration in his mental health and serious harm to other persons, and was therefore satisfied that the criterion was met.

(c) Will the immediate treatment be provided to DC if he is subject to a Treatment Order?

The Report states that the plan for treatment and recovery for DC is to assess how well DC is on depot alone as it will be the mainstay of his treatment in the community as he refuses oral medication. The Report also made reference to a forensic assessment in relation to DC's management in the community.

Considering the current treatment for DC and the plan for his community treatment, the Tribunal was satisfied this criterion was met.

(d) Are there less restrictive means reasonably available to enable DC to receive the immediate treatment?

At the hearing there was discussion about DC's preference for treatment by a private psychiatrist but it was noted that the private psychiatrist refuses to see anyone who is subject to a compulsory Treatment Order.

DC said that he has a good relationship with his GP whom he has been seeing for 10 years. The last time that DC saw his private psychiatrist was nine weeks ago, though he had an appointment the day that he was admitted to Casey hospital.

The management plan as outlined by Dr DH included follow-up by either the Community Care Team or the Mobile Support Team, preferably on a Community Treatment Order and continuation of the depot medication at the current dosage.

DC was adamant that he *refuses to accept* a Community Treatment Order on discharge from the hospital.

On the materials before it and the evidence of DC, the Tribunal was satisfied that there were no less restrictive means reasonably available at that time to enable DC to receive the immediate treatment and, accordingly, the criterion was met.

5. DETERMINATION

As it was satisfied that each of the treatment criteria in section 5 of the Act applied to DC, the Tribunal made a Treatment Order in the terms specified in Part 6 below.

Having determined that all the criteria in section 5 of the Act applied to DC, the Tribunal was satisfied that while the Order engaged and limited DC's rights to privacy, liberty, freedom of movement and freedom from medical treatment without consent, those limitations were lawful and reasonable.

6. TREATMENT ORDER

Pursuant to section 55(1), if the Tribunal is satisfied that the treatment criteria apply, the Tribunal must determine the duration of the Treatment Order and whether it should be a Community Treatment Order or an Inpatient Treatment Order. The Tribunal must also have regard to the circumstances in section 55(2).

The Tribunal was satisfied that the immediate treatment that DC requires cannot be provided in the community and therefore makde an Inpatient Treatment Order.

The Tribunal made a Treatment Order for 12 weeks. In determining this time period, the Tribunal took into account that DC had been treated for significant periods as a voluntary patient. His hostility to compulsory treatment was also a factor taken into account. A longer period at this point in time was not seen as therapeutic for DC.

Date of determination: 19 June 2015.

Ms D Saunders
Presiding member, on behalf of the Tribunal division.

Date: 10 August 2015.

Note: Pursuant to section 194 of the *Mental Health Act 2014*, the name and other details of a person who is the subject of a proceeding before the Tribunal must not be published unless the written consent of the President has been obtained. If publication is sought, consent in writing from the patient must first be obtained.

Section 4 What is mental illness?

(1) Subject to subsection (2), mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

(2) A person is not to be considered to have mental illness by reason only of any one or more of the following—
- (a) that the person expresses or refuses or fails to express a particular political opinion or belief;
- (b) that the person expresses or refuses or fails to express a particular religious opinion or belief;
- (c) that the person expresses or refuses or fails to express a particular philosophy;
- (d) that the person expresses or refuses or fails to express a particular sexual preference or sexual orientation;
- (e) that the person engages in or refuses or fails to engage in a particular political activity;
- (f) that the person engages in or refuses or fails to engage in a particular religious activity;
- (g) that the person engages in sexual promiscuity;
- (h) that the person engages in immoral conduct;
- (i) that the person engages in illegal conduct;
- (j) that the person engages in antisocial behaviour;
- (k) that the person is intellectually disabled;
- (l) that the person uses drugs or consumes alcohol;
- (m) that the person has a particular economic or social status or is a member of a particular cultural or racial group;
- (n) that the person is or has previously been involved in family conflict;
- (o) that the person has previously been treated for mental illness.

(3) Subsection (2)(l) does not prevent the serious temporary or permanent physiological, biochemical or psychological effects of using drugs or consuming alcohol from being regarded as an indication that a person has mental illness.

Section 5 What are the treatment criteria?

The treatment criteria for a person to be made subject to a Temporary Treatment Order or Treatment Order are—

(a) the person has mental illness; and

(b) because the person has mental illness, the person needs immediate treatment to prevent—
- (i) serious deterioration in the person's mental or physical health; or
- (ii) serious harm to the person or to another person; and

(c) the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order or Treatment Order; and

(d) there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.

Section 6 What is treatment?

For the purposes of this Act—

(a) a person receives treatment for mental illness if things are done to the person in the course of the exercise of professional skills—
- (i) to remedy the mental illness; or
- (ii) to alleviate the symptoms and reduce the ill effects of the mental illness; and

(b) treatment includes electroconvulsive treatment.

ATTN :- Ms D Saunders

“Because of DC’s mental illness, does he need immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC or to another person?”

...

“The Report” **stated** that DC “needed” **immediate treatment** “to prevent” **serious deterioration** in his mental health and “to prevent” **serious harm to other persons**.

The evidence of the treating team was DC **“had caused serious harm to another patient”** and was “at risk of causing” **harm to others on the ward**.

…

Apparently, the aim of this **“immediate treatment”** is simply **“sedation”**, which is, what I somewhat contradictorily, consider to be **“serious deterioration”** !!!!

It is acknowledged that this **“immediate treatment”** could **“not”** be considered **“indicated”** if it had **“not”** first been for Stacie of the “crisis assessment team” feeling it **“necessary”** !!!!

Clearly, Stacie is performing the role of “authorized psychiatrist”; and logically, should be the one providing you with “The Report” !!!!

((((However, she is hiding behind the FOI Act and refuses to engage with me directly when asked to explain herself !!!!))))

…

The statement of the treating team, DC **“had caused serious harm to another patient”** is simply **“not true”** !!!!

…

Mental Health Tribunal

8 September 2015

Mr DAVID CROFTS
23 BRISBANE STREET
BERWICK VIC 3806

Dear Mr CROFTS

MENTAL HEALTH TRIBUNAL DETERMINATION

On 04/09/2015, the Tribunal conducted the following hearing:

Hearing regarding a treatment order

A copy of the Tribunal's Determination and/or Order made at the hearing is enclosed.

Jan Dundon
Principal Registrar

Level 30, 570 Bourke St, Melbourne Victoria 3000 Australia
T +61 3 9032 3200 F +61 3 9032 3223 T 1800 242 703 (Toll-free)
E mht@mht.vic.gov.au W mht.vic.gov.au

State Government Victoria

Mr Crofts' copy

Patient's UR number: 355101
Patient's DOB: 23/02/1961

Mental Health Tribunal

DETERMINATION REGARDING A TREATMENT ORDER

The Tribunal conducted a hearing at Casey Hospital to determine whether to make a Treatment Order in relation to Mr DAVID CROFTS or alternatively revoke their current Treatment Order. At the time of the hearing, Mr CROFTS was being treated by Casey Hospital and their Treatment Order was due to expire on 10/09/2015.

Having regard to the treatment criteria specified in section 5 of the *Mental Health Act 2014*:

* The Tribunal is satisfied the treatment criteria apply to Mr CROFTS. Pursuant to section 55(1)(a) the Tribunal makes a Treatment Order in the following terms:
  (a) *Community Treatment Order/*~~Inpatient Treatment Order~~
  (b) Duration: 52 weeks.

* The Tribunal is not satisfied the treatment criteria apply to Mr CROFTS. Pursuant to section 55(1)(b) the Tribunal revokes the current Treatment Order.

Dated: 04/09/2015

Emma Montgomery	Phillip Roy	Veronica Spillane
Legal Member	*Psychiatrist Member ~~*Reg Medical Prac Member~~	Community Member

* Tribunal to strike out if not applicable

IMPORTANT TO NOTE:
A party to a proceeding may request a written statement of reasons under section 198. A 'party' is the person who is the subject of the hearing (the patient), the mental health service and any party joined by the Tribunal. The request must be in writing and received by the Tribunal within 20 business days after the Tribunal has made the above decision. The Tribunal will provide the statement of reasons to all parties within 20 business days after receiving the request.

If a patient is dissatisfied with the Tribunal's decision, there are two options:
1. Make an application to the Mental Health Tribunal to revoke the Temporary Treatment Order or Treatment Order at any time before the expiry of the Order under section 60. The Tribunal will list a new hearing as soon as practicable after lodgement of the application.
2. Make an application for review of the Mental Health Tribunal's decision to the Victorian Civil and Administrative Tribunal (VCAT) under section 201. An application to VCAT must be made within 20 business days of the Mental Health Tribunal's decision or receipt of a statement of reasons.

MHT 1

Mental Health Tribunal

Mental Health Act 2014 — section 55 **Mental Health Statewide UR Number:** 355101

Treatment Order

Mr DAVID CROFTS a patient of Casey Hospital.

1. The Mental Health Tribunal is satisfied that all the following treatment criteria in section 5 of the **Mental Health Act 2014** apply to the abovenamed person:
   a. the person has mental illness *(mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory)*; and
   b. because the person has mental illness, the person needs immediate treatment to prevent—
      i. serious deterioration in the person's mental or physical health; or
      ii. serious harm to the person or to another person; and
   c. the immediate treatment will be provided to the person if the person is subject to a Treatment Order; and
   d. there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.

The Mental Health Tribunal is satisfied that the immediate treatment the person needs can be provided in the community and makes a Community Treatment Order.

2. The duration of the Treatment Order is: 52 weeks

3. The Treatment Order will expire on: 01/09/2016

Emma Montgomery

Emma Montgomery, Presiding Member Date: 04/09/2015

Mental Health Tribunal

Treatment Order

Further information

- A party to the proceeding may request a written statement of reasons under section 198. A 'party' is the person who is the subject of the hearing (the patient), the mental health service and any party joined by the Tribunal. The request must be in writing and received by the Tribunal within 20 business days after the Tribunal has made the above decision. The Tribunal will provide the statement of reasons to all parties within 20 business days after receiving the request.
- Under section 60, a patient (or a person on behalf of a patient) may make an application to the Mental Health Tribunal to revoke their Temporary Treatment Order or Treatment Order at any time before the expiry of the Order. Contact the Tribunal on 9032 3200 or toll free on 1800 242 703 (country callers only) or by email to mht@mht.vic.gov.au for more information. The Tribunal will list a new hearing as soon as practicable after lodgement of the application.
- A party to the proceeding may make an application for review of the Mental Health Tribunal's decision to the Victorian Civil and Administrative Tribunal (VCAT) under section 201. An application to VCAT must be made within 20 business days of the Mental Health Tribunal's decision or receipt of a statement of reasons. Contact VCAT on 9628 9900 or toll free on 1300 079 413 (country callers only) or by email to vcat-hrd@justice.vic.gov.au for more information.

MHT 1

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 8601 5270
F +61 3 8601 5299
T 1800 242 703 (Toll-free)

E mhrb@health.vic.gov.au
W mhrb.vic.gov.au

28 September 2015

Mr David Crofts
23 Brisbane Street
Berwick VIC 3806

Copy via email: david.crofts@gmail.com

Dear Mr Crofts

MENTAL HEALTH TRIBUNAL HEARING – 4 SEPTEMBER 2015

Please find enclosed the Tribunal's Statement of Reasons for its decision in this matter.

Yours sincerely

Grace Horzitski
Legal Officer

Mental Health Tribunal

STATEMENT OF REASONS

1. DETAILS OF THE HEARING

At the time of hearing, DC was subject to a Community Treatment Order and was being treated at the Casey Community Clinic.

As DC's current Treatment Order is due to expire on 10 September 2015, the authorised psychiatrist applied to the Tribunal to make a further Treatment Order.

On 4 September 2015 the Tribunal conducted a hearing to determine whether to make a Treatment Order or whether DC should become a voluntary patient. The hearing was held at Casey Hospital.

The division of the Tribunal conducting this hearing comprised:

Legal Member:	Ms E. Montgomery
Psychiatrist Member:	Dr P. Roy
Community Member:	Ms V. Spillane

Attending the hearing were:

Dr AY (DC's consulting psychiatrist)
Dr AB (DC's treating doctor)
AMZ (DC's case manager)

DC did not attend the hearing

DC's UR number: 355101

2. INFORMATION PROVIDED TO THE TRIBUNAL AT THE HEARING

The Tribunal received the following evidence at the hearing:

(a) A report on DC's compulsory treatment prepared by Dr AB and dated 28 August 2015 and approved by Dr AY and dated 31 August 2015 ("the Report").
(b) DC's clinical file.
(d) Oral evidence was provided by Dr AY, Dr AB and AMZ.

This statement of reasons is not intended to be a detailed record of all the material provided or issues discussed in the hearing. The evidence accepted and relied upon by the Tribunal to reach its conclusions and final determination is identified in Part 4.

3. ISSUES UNDER CONSIDERATION

Pursuant to section 54(5) of the *Mental Health Act 2014* ("the Act"), the Tribunal must conduct a hearing to determine whether to make a further Treatment Order or revoke the current Treatment Order.

If the Tribunal is satisfied that all of the treatment criteria in section 5 of the Act apply to DC, the Tribunal must make a Treatment Order and also decide the length of the Treatment Order and whether it is for treatment in the community or in hospital. The section 5 criteria are attached to this statement.

If the Tribunal is not satisfied that each of the treatment criteria in section 5 apply to DC, the Tribunal must revoke the current Treatment Order. DC cannot be treated compulsorily if the Treatment Order is revoked.

In accordance with the *Charter of Human Rights and Responsibilities Act 2006* ("Charter") the Tribunal must give proper consideration to relevant human rights in making a decision.

4, APPLYING THE TREATMENT CRITERIA IN SECTION 5 TO DC

Determining whether the treatment criteria in section 5 applied to DC required the Tribunal to reach a conclusion in relation to the following questions.

(a) Does DC have mental illness?

Under section 4(1) of the Act, mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory. At the hearing, the Tribunal had regard to the considerations in section 4(2) (section 4 is attached to this statement).

DC has been diagnosed with paranoid schizophrenia and has a long history of compulsory mental health treatment in the public mental health system. According to the Report, DC's illness is characterised by thought disorder, delusions, paranoid ideas, irritability, agitation and disorganisation.

On 7 August 2015 DC attended a clinical review with Dr AY. However, Dr AY gave evidence that at the appointment DC refused to discuss his mental state. Dr AY told the Tribunal that DC was an intelligent man who *enjoyed discussing philosophical issues and was opposed to the compulsory mental health treatment.* Dr AY said that DC had at least two websites where he was active in communicating his opposition to the public mental health system. Dr AY said that DC is unwilling to engage with his mental health treatment and when DC's mental health deteriorates, his hostility towards mental health services and clinical staff increases.

Dr AY told the Tribunal that two other appointments were made with DC on 14 and 24 August 2015. According to the clinical notes in DC's file and evidence during the hearing by Dr AB and AMZ, at these appointments DC was reported to be irritable, un-cooperative, angry, loud, verbally abusive and verbally aggressive and it was not possible to discuss or assess DC's mental state. Due to DC's hostility and past aggression towards mental health staff, all appointments with DC are conducted in the presence of a security guard or another clinician.

In the absence of any evidence to the contrary from DC, the Tribunal was persuaded by the information in the Report and the evidence presented by the treating team at the hearing that DC has mental illness characterised by a significant disturbance of thought and mood. Accordingly, the Tribunal was satisfied that DC has mental illness as defined in section 4(1) of the Act and found that the requirements of section 5(a) are met.

(b) Because of OC's mental illness, does he need immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC?

Under section 6 of the Act, treatment is defined as things done to the person in the course of the exercise of professional skills to remedy the mental illness or to alleviate

the symptoms and reduce the ill effects of the mental illness (section 6 is attached to this statement).

The Report states that DC requires immediate treatment to prevent serious deterioration in his mental and physical health and serious harm to another person.

At the hearing and in the Report it was Dr AY's evidence that DC requires ongoing psychotropic medication as well as assertive community engagement and support to prevent further serious deterioration in his mental state. According to the Report, when DC relapses he becomes disorganised, threatening and assaultive in his behaviour towards others and is *particularly hostile towards those providing his mental health treatment*.

Dr AY told the Tribunal that he had concerns that in recent weeks DC's mental state had seriously deteriorated. DC was observed to be increasingly irritable, had been verbally aggressive including frequent use of abusive language and had made threats towards clinical staff and was increasingly un-cooperative in his engagement with mental health services. Dr AT said that these behaviours were characteristic of deterioration in DC's mental state.

At a meeting on 28 August 2015, Dr AY discussed with DC's family the symptoms that the treating team had observed and reported in their recent interactions with DC. According to Dr AY, DC's mother and sister said that they could not corroborate the observations of the treating team or any signs of deterioration in DC's mental state. However, they informed him of the profound stress the family was currently experiencing as DC's father was acutely unwell and terminally ill with cancer. Dr AY told the Tribunal that DC's mother and sister reported that DC was co-operative and extremely helpful at home and that DC had a critical role to play in caring for his father. Due to concerns about the enormous personal stress on DC in relation to his father's declining health, and the fact that these stresses were likely to intensify in coming weeks, despite the fact that DC's family had not observed signs of deterioration in his mental health at home, DC's family nevertheless supported the treating team's application for a further Community Treatment Order.

The Tribunal notes that in the Report the treating team argues that DC requires immediate treatment to prevent serious deterioration in his physical health. However there were no details in the Report or evidence provided at the hearing in relation to how immediate treatment would prevent serious deterioration in DC's physical health.

In relation to DC's need for immediate treatment to prevent serious harm to another person, Dr AY told the Tribunal that prior to DC's last admission to hospital he had been verbally and physically aggressive including assaulting a police officer. On 13 May 2015, DC was brought to the Emergency Department at Casey Hospital after *he assaulted a member of the police force during a welfare check*. AMZ said that a police officer had been kicked by DC and it was this assault that had led to the Police taking him to the Emergency Department for an assessment of his mental state. According to the Report, at the time of his admission DC *expressed that his GP and the mental health services were plotting against him* and *had delusions that his bones were being removed.*

In the Emergency Department, DC *caused considerable damage to the* [assessment] *room and had to be transferred to seclusion*.

During the hearing Dr AB commented that DC could have seriously injured himself or a member of staff during his violent outburst. A *Code Black* was called in response to DC's behaviour which included *marked property destruction and threatening behaviour*. The damage caused in the Emergency Department of the hospital is reported to have cost $30,000 to repair.

Dr AY told the Tribunal that DC's admission to hospital had included periods in seclusion due to his irritability, verbal aggression, verbal threats to staff and unpredictable

behaviour. On 2 July 2015, after a six-week inpatient stay, DC was discharged from hospital on a Community Treatment Order.

In the absence of evidence to the contrary, the Tribunal was persuaded by the evidence of the treating team that because of DC's mental illness, he requires immediate treatment in the form of ongoing antipsychotic medication to prevent serious deterioration in his mental health, satisfying section 5(b)(i) of the Act. However, due to an absence of evidence, the Tribunal was not persuaded that DC requires immediate treatment to prevent serious deterioration in his physical health.

The Tribunal was also persuaded by the evidence in the Report and by the treating team at the hearing regarding DC aggressive and unpredictable behaviour prior to his admission and during his stay in hospital from 13 May to 2 July 2015, that DC requires immediate treatment to prevent serious harm to another person satisfying section 5(b)(ii) of the Act.

(c) Will the immediate treatment be provided to DC if he is subject to a Treatment Order?

Dr AY told the Tribunal that the immediate treatment that DC has been prescribed is a long-acting injectable anti-psychotic medication (Flupenthixol depot, 40mg) on a fortnightly basis. In addition, DC continues to require assertive outreach to encourage him to attend appointments for the administration of his depot or for scheduled reviews. Dr AY noted that recent clinical reviews had not been successful in assessing DC's mental state.

The Tribunal accepted the evidence of the treating team that the immediate treatment DC requires is anti-psychotic medication to prevent serious deterioration in his mental health, together with community engagement and support. On the basis of the evidence, the Tribunal was persuaded that immediate treatment would be provided to DC if he was subject to a Treatment Order. Accordingly, the Tribunal was satisfied that the requirements of section 5(c) applied to DC.

(d) Are there less restrictive means reasonably available to enable DC to receive the immediate treatment?

For the reasons that follow, the Tribunal concluded that there are no less restrictive means reasonably available to enable DC to receive the immediate treatment and, accordingly, the Tribunal was satisfied that section 5(d) applied.

The Tribunal accepted the evidence in the Report and by the treating team that DC's strong preference was to be a voluntary patient. According to the Report, DC managed well in the community from 2005 to 2013 and had no admissions during this time. DC lives next door to his parents in a property owned by his family. Understandably, DC's father's terminal illness has created enormous stress on DC and his family. During the hearing, Dr AY acknowledged the important role DC played in caring for his father, who was terminally ill, and in supporting his mother. It was also Dr AY's evidence to the Tribunal that in the context of the profound stress relating to his father's terminal illness, DC's risk of relapse was high.

In the Report and at the hearing, Dr AY expressed concerns that in the absence of a Treatment Order DC would cease taking his medication, which was necessary to prevent serious deterioration in his mental health. Dr AY told the Tribunal that DC objected to his compulsory mental health treatment and was consistently unwilling to engage in discussions about his treatment. Dr AY reiterated that in the weeks before the hearing the treating team arranged three appointments with DC and one family meeting in an effort to engage with DC and to understand his treatment preferences. Dr AY told the Tribunal that DC's refusal to discuss his mental state and confrontational behaviour with clinical staff during the appointments had made it impossible to adequately assess DC's mental state. Dr AY added that in the past arrangements had been made to treat DC in a less restrictive manner including transferring his care to his general practitioner. Dr AY

gave evidence that under such arrangements DC had pressured his general practitioner to reduce the dose of his depot medication, which would occur, resulting some weeks later in DC suffering relapse and requiring an admission to hospital.

In reaching its decision, the Tribunal considered the assertive follow up that was necessary by the treating team to ensure that DC had his fortnightly depot and attended his appointments. The Tribunal also took into account the challenges of engaging DC in his treatment and placed positive weight on the fact that the treating team had made three appointments and adopted different approaches to encourage DC's participation. The Tribunal considered that the steps taken by the treating team reflected the mental health principles in section 11 of the Act.

The Tribunal accepted that DC was currently managing his illness in the context of extremely stressful circumstances. The Tribunal took into account that in the past DC had difficult experiences on the inpatient ward and consequently his engagement with clinical staff was often fraught. The Tribunal also considered the evidence of DC's mother and sister that they had not observed symptoms of deterioration in his mental health in the context of the family home. Nevertheless, the Tribunal accepted and was persuaded by the evidence of the treating team, that in the absence of a Treatment Order it was unlikely that DC would continue to receive the immediate treatment that he required and that this would be seriously detrimental to his mental health. The Tribunal was satisfied that there was no less restrictive means reasonably available to enable DC to receive the immediate treatment and, accordingly, the requirements of section 5(d) were met.

5. DETERMINATION

As it was satisfied that each of the treatment criteria in section 5 of the Act applied to DC, the Tribunal made a Treatment Order in the terms specified in Part 6 below.

Having determined that all the criteria in section 5 of the Act applied to DC, the Tribunal was satisfied that while the Order engaged and limited DC's rights to privacy, liberty, freedom of movement and freedom from medical treatment without consent, those limitations were lawful and reasonable.

6. TREATMENT ORDER

Pursuant to section 55(1) of the Act, if the Tribunal is satisfied that the treatment criteria apply, the Tribunal must determine the duration of the Treatment Order and whether it should be a Community Treatment Order or an Inpatient Treatment Order. The Tribunal must also have regard to the circumstances in section 55(2).

The Tribunal was satisfied that the immediate treatment that DC requires can be provided in the community and therefore made a Community Treatment Order for 52 weeks.

In determining the duration of the Order, the Tribunal considered evidence regarding DC's poor engagement with the community mental health services and recent efforts to assess his mental state and to engage him in discussions about his treatment. The Tribunal also took into account evidence that DC's family supported the treating team's application for a further Community Treatment Order and that they would continue to support the treating team to engage with DC in this setting. The Tribunal considered that 52 weeks was an appropriate period for the treating team to assertively engage with DC, monitor his mental state and in the context of the stressful period ahead surrounding his father's health, provide him with support in the community.

Date of determination: 4 September 2015.

Ms E Montgomery
Presiding member, on behalf of the Tribunal division.

Date: 28 September 2015.

Note: Pursuant to section 194 of the *Mental Health Act 2014*, the name and other details of a person who is the subject of a proceeding before the Tribunal must not be published unless the written consent of the President has been obtained. If publication is sought, consent in writing from the patient must first be obtained.

Section 4 What is mental illness?

(1) Subject to subsection (2), mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

(2) A person is not to be considered to have mental illness by reason only of any one or more of the following—

- (a) that the person expresses or refuses or fails to express a particular political opinion or belief;
- (b) that the person expresses or refuses or fails to express a particular religious opinion or belief;
- (c) that the person expresses or refuses or fails to express a particular philosophy;
- (d) that the person expresses or refuses or fails to express a particular sexual preference or sexual orientation;
- (e) that the person engages in or refuses or fails to engage in a particular political activity;
- (f) that the person engages in or refuses or fails to engage in a particular religious activity;
- (g) that the person engages in sexual promiscuity;
- (h) that the person engages in immoral conduct;
- (i) that the person engages in illegal conduct;
- (j) that the person engages in antisocial behaviour;
- (k) that the person is intellectually disabled;
- (l) that the person uses drugs or consumes alcohol;
- (m) that the person has a particular economic or social status or is a member of a particular cultural or racial group;
- (n) that the person is or has previously been involved in family conflict;
- (o) that the person has previously been treated for mental illness.

(3) Subsection (2)(l) does not prevent the serious temporary or permanent physiological, biochemical or psychological effects of using drugs or consuming alcohol from being regarded as an indication that a person has mental illness.

Section 5 What are the treatment criteria?

The treatment criteria for a person to be made subject to a Temporary Treatment Order or Treatment Order are—

(a) the person has mental illness; and

(b) because the person has mental illness, the person needs immediate treatment to prevent—

- (i) serious deterioration in the person's mental or physical health; or
- (ii) serious harm to the person or to another person; and

(c) the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order or Treatment Order; and

(d) there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.

Section 6 What is treatment?

For the purposes of this Act—

(a) a person receives treatment for mental illness if things are done to the person in the course of the exercise of professional skills—

- (i) to remedy the mental illness; or
- (ii) to alleviate the symptoms and reduce the ill effects of the mental illness; and

(b) treatment includes electroconvulsive treatment.

21 October 2015

Mental Health Tribunal

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

Statewide UR: 355101

Dear Mr Crofts

NOTICE OF MENTAL HEALTH TRIBUNAL HEARING

The Mental Health Tribunal is an independent tribunal that acts as a safeguard to protect the rights and dignity of people with mental illness.

You are currently on a Treatment Order. The Tribunal will conduct the following hearing regarding your Order under the *Mental Health Act 2014*:

Hearing regarding a treatment order

DETAILS OF YOUR HEARING

Date: 30/10/2015

Method of hearing: In Person

Time: Hearings are generally held between 9:30 am and 5:00 pm.

The Tribunal does not set the time of your hearing. Your mental health service will allocate a hearing start time.

The Tribunal always tries to start hearings at the time allocated, but sometimes delays may occur.

Please contact your mental health service to find out what time your hearing will start:

Casey Hospital: (03) 9792 7519

Where: Your hearing will be held at:

Casey Hospital
Southern AMHS 62 - 70 Kangan Avenue
Berwick VIC 3806

Do you need an interpreter?

If you require an interpreter at your hearing, please telephone the Tribunal on (03) 9032 3222 to arrange one. The Tribunal will arrange an interpreter on your behalf with no cost to you.

If you need an interpreter to help you make other enquiries, please call the Translating and Interpreting Service, which is a free service, on 13 14 50.

Do you have to attend the hearing?

The Tribunal encourages you to attend the hearing to discuss your treatment and future care. You can use the enclosed form *Your report to the Mental Health Tribunal – for patients and their carers/ nominated persons* to help you prepare for the hearing.

If you do not attend, the Tribunal will most likely make a decision in your absence.

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Friday, 30 October 2015 01:18 PM
To: mht@dhhs.vic.gov.au
Cc: Marketa.Silhar@dhhs.vic.gov.au
Subject: My MHT Hearing dated 30 October 2015 !!!!

Dear Sir/Madam,

In my hearing the MHT effectively made the determination that their treatment order should remain in place !!!!

Please provide me with a statement of reasons document justifying this determination !!!!

Sincerely,

David Crofts.

P.S.

As the MHT has set itself up as the ultimate authority on all things psychiatric,
it should have no problems validating the treatment from my tormenting psychiatrists !!!!

I expect an objective explanation of why you believe this tormenting should continue !!!!

I understand that you have 20 business days in which to comply !!!!

From: Lynda.Stewart@dhhs.vic.gov.au [mailto:Lynda.Stewart@dhhs.vic.gov.au] **On Behalf Of** mht@dhhs.vic.gov.au
Sent: Friday, 30 October 2015 04:07 PM
To: David Crofts
Subject: Acknowledgement of request for statement of reasons

Good afternoon David

Your request for statement of reasons has been received and processed.

Regards
Lynda

Mental Health Tribunal
Level 30, 570 Bourke St, Melbourne Victoria 3000 Australia
T +61 3 9032 3200 **F** +61 3 9032 3223 **T** 1800 242 703 (Toll-free)
E mht@mht.vic.gov.au **W** mht.vic.gov.au

[deleted by Lynda Stewart/HeadOffice/DHS attachment "2015.10.21_LETTER.pdf"]

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Saturday, 31 October 2015 12:11 AM
To: mht@dhhs.vic.gov.au
Cc: Marketa.Silhar@dhhs.vic.gov.au
Subject: RE: Acknowledgement of request for statement of reasons

Dr Abhijit Bidwai in a report dated 26/10/2015 detailed to you all the objective factors necessary to continue my certification under the mental health act after 04/09/2015 !!!!

It is **not** acceptable to simply state the relevant criterion are still met without an objective explanation as to why he still believes this to be so !!!!

At a bare minimum your statement of reasons should be a simple reflection of these objective explanations !!!!

Mental Health Tribunal

4 November 2015

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

Dear Mr Crofts

MENTAL HEALTH TRIBUNAL DETERMINATION

On 30/10/2015, the Tribunal conducted the following hearing:

Hearing regarding a treatment order

A copy of the Tribunal's Determination and/or Order made at the hearing is enclosed.

Jan Dundon
Principal Registrar

Level 30, 570 Bourke St, Melbourne Victoria 3000 Australia
T +61 3 9032 3200 **F** +61 3 9032 3223 **T** 1800 242 703 (Toll-free)
E mht@mht.vic.gov.au **W** mht.vic.gov.au

VICTORIA State Government

Patient's UR number: 355101

Mental Health Tribunal

STRIKE OUT ORDER

Tribunal sitting at: Casey Hospital

Patient: Mr David Crofts

The hearing was conducted to determine *(insert hearing type)*:

Hearing regarding an application to revoke

On 19/10/15, Mr David Crofts *(name of applicant)* made an application to the Tribunal for the revocation of a treatment order

The applicant has failed to appear at the hearing to make submissions regarding their application. Pursuant to section 188(3) of the *Mental Health Act 2014* the Tribunal strikes out the proceeding.

Dated: 30/10/15

Emma Montgomery
Legal Member
Emma Montgomery

B Mather
*Psychiatrist Member
*~~Reg Medical Prac Member~~

Community Member
LIZ GANLOIS

[Members to print their names underneath their signatures]

* Tribunal to strike out if not applicable

Strike Out Order

MHT 27

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Thursday, 05 November 2015 04:15 PM
To: mht@dhhs.vic.gov.au
Cc: Marketa.Silhar@dhhs.vic.gov.au; Emma.Montgomery@dhhs.vic.gov.au
Subject: Emailing: 2015.10.30_My_APPEAL.pdf

Dear Sir/Madam,

It is self-evident from your actions that you believe all the criterion necessary for my certification under the mental health act to be still met !!!!

Clearly; anyone who knows their own mind; knows the reasons for their beliefs !!!!

Clearly; it is **un-acceptable** to simply surrender to the medical profession, and take their statements on pure faith !!!!

If you study the previous emails in this exchange; you will realize the laws of logic imply, all you have to do, to satisfy your logically and legally indicated requirement to provide a written statement of reasons; is to **validate** and then **reflect** the objective explanations that Dr Abhijit Bidwai was logically and legally required to put in his report to you of 26/10/2015 !!!!

If you find any one of his objective explanations to be **in-valid** you must revoke my treatment order as you have in-sufficient grounds on which to make out a valid case against me !!!!

I will then notify AHPRA that his conduct has breached the mental health act and attempt to get him disciplined by making him appear before a professional standards panel !!!!

Sincerely,

David Crofts.

P.S.

Please note that I am exercising my right as granted to me under the mental health act to receive a written statement of reasons concerning the decisions, self-evident or otherwise, made by the MHT in my hearing of 30/10/2015 !!!!

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Thursday, 05 November 2015 10:00 PM
To: mht@dhhs.vic.gov.au
Cc: Marketa.Silhar@dhhs.vic.gov.au; Emma.Montgomery@dhhs.vic.gov.au
Subject: Emailing: 2015.10.30_My_APPEAL.pdf

Dear Sir/Madam,

When it comes to “striking-out-proceedings” through “the-lack-of-any-fresh-evidence”; clearly,
it’s “the-most-important-proceedings” that should be “the-ones-getting-struck-out” first !!!!

The so called “evidence-against-me” is clearly “too-old” and “it-should-be-considered” that
“I-have-already-done-my-time” for “my-supposed-mentally-illegal” crime !!!!

“The-next-time-I-appeal-and-don’t-turn-up”; “if-anything-is-going-to-get-struck-out”, “I-expect-it-to-be-my-treatment-order” !!!!

Sincerely,

David Crofts.

P.S.

You should “strike-off” the @#$% who originally “made-out” my @#$% “treatment-order” too !!!!

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Friday, 06 November 2015 01:00 PM
To: mht@dhhs.vic.gov.au
Cc: Marketa.Silhar@dhhs.vic.gov.au; Emma.Montgomery@dhhs.vic.gov.au
Subject: Emailing: 2015.10.30_My_APPEAL.pdf

Dear Sir/Madam,

As you refuse to accept that “one’s-medical-records-expire-with-time”, all you seem to be offering is the opportunity to “magically-provide-compelling-new-medical-evidence” which “convincingly-contradicts-my-pre-existing-medical-history” !!!!

This idea of yours, appeals to me, as you believe “all-things-medical-are-open-to-overruling” and there is “no-truth-to-be-found-in-medicine” !!!!

Sincerely,

David Crofts.

P.S.

This idea of yours is “bullshit” though, because ‘it-is-impossible-to-magically-respond-to-a-doctor-who-understands-one’s-response-to-be-a-function-of-one’s-medical-history” !!!!

From: Grace Horzitski [mailto:Grace.Horzitski@dhhs.vic.gov.au] **On Behalf Of** mht@dhhs.vic.gov.au
Sent: Monday, 9 November 2015 10:01 AM
To: David Crofts
Subject: Re: My MHT Hearing dated 30 October 2015 !!!!

Dear Mr Crofts

Please find attached correspondence from the Tribunal in relation to your request for a statement of reasons regarding your hearing on 30 October.

Regards
Grace

Mental Health Tribunal
Level 30, 570 Bourke St, Melbourne Victoria 3000 Australia
T +61 3 9032 3200 **F** +61 3 9032 3223 **T** 1800 242 703 (Toll-free)
E mht@mht.vic.gov.au **W** mht.vic.gov.au

[attachment "2015.10.21_LETTER.pdf" deleted by Grace Horzitski/HeadOffice/DHS]

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 8601 5270
F +61 3 8601 5299
T 1800 242 703 (Toll-free)
E mhrb@health.vic.gov.au
W mhrb.vic.gov.au

9 November 2014

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

via email: david.crofts@gmail.com

Dear Mr Crofts,

Mental Health Tribunal hearing on 30 October 2015

On 19 October 2015 you made an application to revoke the Community Treatment Order that was made by the Tribunal on 4 September for 52 weeks, expiring on 1 September 2016.

In response to your application, the Tribunal listed a hearing at Casey Hospital on 30 October 2015.

Section 188(3) of the Act provides that the Tribunal may make an order summarily striking out a proceeding if the applicant fails to appear.

As you did not attend the hearing on 30 October to make submissions regarding your application for revocation of the Treatment Order, the Tribunal made an order striking out the proceeding. This had the effect of cancelling the hearing and your application for revocation.

The current Treatment Order remains in place until 1 September 2016, unless it is revoked by an authorised psychiatrist or the Tribunal. You have a right to make a further application to revoke the Treatment Order.

Yours sincerely,

Grace Horzitski
Legal Officer

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Monday, 09 November 2015 12:45 PM
To: Grace.Horzitski@dhhs.vic.gov.au
Cc: Marketa.Silhar@dhhs.vic.gov.au; Emma.Montgomery@dhhs.vic.gov.au; mht@dhhs.vic.gov.au
Subject: Emailing: 2015.10.30_My_APPEAL.pdf

Dear Madam,

Your attached document indicates that you have simply refused to comply with hard logic !!!!

I have made a case in hard logic which indicates that you simply must comply with my request or no longer consider yourself to be a valid office !!!!

You simply leave me with no alternative but to justly call you a pack of useless @#$%'s and re-issued my request !!!!

Sincerely,

David Crofts.

P.S.

@#$% YOU !!!!

My nails in hard logic have been re-hammered for your re-consideration !!!!

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Monday, 09 November 2015 02:02 PM
To: martin.foley@parliament.vic.gov.au
Cc: mht@dhhs.vic.gov.au
Subject: Emailing: 2015.10.30_My_APPEAL.pdf

Minister for Mental Health
The Hon. Martin Foley MP

Dear Minister,

The function of the Mental Health Tribunal is to validate the treatment of the authorized psychiatrist !!!!

They struck out my attempt to make them perform this dedicated function !!!!

Dr Abhijit Bidwai's report dated 26/10/2015 contained objective explanations of why my certification should continue !!!!

They refused to validate these and then reflect them back to me !!!!

I insist that you respond with a statement promising that you will attempt to right these clear wrongs !!!!

Sincerely,

David Crofts.

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Wednesday, 11 November 2015 06:24 PM
To: mht@dhhs.vic.gov.au
Cc: Grace.Horzitski@dhhs.vic.gov.au
Subject: RE: My MHT Hearing dated 30 October 2015 !!!!

Saying you are legally authorized to strike my application out in no way functions as a statement of reasons !!!!

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: Monday, 26 October 2015 12:41 PM
To: VCAT-HRD@justice.vic.gov.au
Cc: The Chief Psychiatrist; Mental Health Tribunal
Subject: My Objection to MHT Statement of Reasons dated 2015.09.28

Flag Status: Flagged

VCAT-Human Rights List

Dear Sir/Madam,

I am now formally applying for a review of the Mental Health Tribunal decision regarding me referred to by its Statement of Reasons documents dated 28 September 2015.

As my request for a review comes 20 business day after the reasons for this decision were made known to me, I believe that I have complied with all correspondence deadlines.

Because I chose not to attend the Mental Health Tribunal hearing, I believe that you, also, can validate my treatment by the medical profession, without me attending your tribunal hearing as well.

All correspondence relevant to your review is contained by :-

http://www.davidcrofts.com.au/my-inspired-documents/my-mental-health-act-2015

Yours sincerely,

David Crofts.

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

HUMAN RIGHTS DIVISION

HUMAN RIGHTS LIST **VCAT Reference: H224/2015**

APPLICANT:	AYC
FIRST RESPONDENT:	Mental Health Tribunal
SECOND RESPONDENT:	Casey Hospital
WHERE HELD:	In Chambers
BEFORE:	Member A. Dea
DATE OF ORDER:	12 November 2015

DIRECTIONS

1. Casey Hospital is joined as a respondent to the proceeding.
2. The authorised psychiatrist, Casey Hospital shall by **4 December 2015,** send to the Tribunal and the applicant a current Report on Compulsory Treatment.
3. The applicant may file with the Tribunal or bring to the hearing any further material that is relevant to the application.
4. The proceeding is listed for hearing at **10:00am** at **55 King Street Melbourne** on **18 December 2015.**
5. The Casey Hospital shall be represented by a medical practitioner who has knowledge of the applicant and the applicant's current treatment plan.
6. The Mental Health Tribunal is excused from attending the hearing.

MEMBER A. DEA

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL · VCAT

From: David Crofts <david.crofts@gmail.com>
To: VCAT-HRD@justice.vic.gov.au <VCAT-HRD@justice.vic.gov.au>
Cc: Atanas.Yonchev@monashhealth.org
Subject: Re: Fw: adjournment
Date: Thu, 26 Nov 2015 10:59:13 +1100

Dear Sir/Madam,

My original request for a review concerns the decision of the MHT on 4 September 2015.

Since that date I have consistently refused to engage with all members of the treating team.

Therefore; no further relevant information about me is available for my upcoming VCAT hearing other than that already contained in the authorized psychiatrist's report supplied to the MHT for this offending hearing in question.

I would suggest that the covering Registrar and Psychiatrist have ample time in which to study this report; which logically and legally should contain all the objective reasons why my certification should continue beyond 4 September 2015; in the form of an objective explanation for my proposed treatment, and is in fact the very reason for my requested review in the first place.

Similarly, I also see no reason why the order of VCAT; for a report on involuntary status by the authorized psychiatrist; due on 4 December 2015, should not stand.

Sincerely,

David Crofts.

P.S.

As you have excused both the authorized psychiatrist and MHT from appearing at my hearing it makes little difference who attends as long as they are familiar with the report referred to above.

-------- Forwarded Message --------
From: VCAT-HRD@justice.vic.gov.au
To: david.crofts@gmail.com
Subject: Fw: adjournment
Date: Thu, 26 Nov 2015 08:59:21 +1100

Dear Sir/Madam

The Tribunal refers to the above matter and below email, requesting an adjournment of the hearing for 18 December 2015.

Please provide your views to this request as soon as possible.

Should you have any further queries, please contact our Customer Service team on the number below.

Regards

Customer Service **n** Human Rights Division
Victorian Civil and Administrative Tribunal
Level 5, William Cooper Justice Centre (WCJC)
223 William Street, Melbourne VIC 3000
GPO Box 5408 Melbourne VIC 3001, DX 210613 Melbourne

T	(03) 9628 9911/9900 1300 079 413	**E**	vcat-hrd@vcat.vic.gov.au

F	(03) 8685 1404 (03) 9032 1155		

----- Forwarded by Mikaela Meggetto/Person/DOJ on 26/11/2015 08:55 AM -----

Atanas Yonchev **<Atanas.Yonchev@monashhealth.org>** 23/11/2015 06:23 PM	To: "vcat-hrd@justice.vic.gov.au" <vcat-hrd@justice.vic.gov.au>, "vcat-hrd@vcat.vic.gov.au" <vcat-hrd@vcat.vic.gov.au>, cc: Subject: adjournment

Dear Sir/Madam,

I am the treating Psychiatrist of the applicant in the case with your Ref #: H224/2015. We received the notification for the hearing today on 23 of November 2015.

The circumstances for the date of the hearing (18/11/2015) are preventing our team from presenting the case:

- The treating Psychiatric Registrar is on annual leave and overseas
- The treating Psychiatrist is on annual leave and out of state in the period of 16/11/2015 to 21/11/2015. The covering Registrar and Psychiatrist don't know the patient's case in details.

We would like to apply for adjournment of the hearing for a different date.

Sincerely yours,

Dr Atanas Yonchev

Psychiatrist, Casey Continuing Care Team

Telephone: (03) 87681731 Fax: (03) 87681955

Mobile: 0438042983

Email: atanas.yonchev@monashhealt.org

From: David Crofts <david.crofts@gmail.com>
To: Grace.Horzitski@dhhs.vic.gov.au
Cc: mht@dhhs.vic.gov.au, VCAT-HRD@justice.vic.gov.au, Atanas.Yonchev@monashhealth.org
Subject: Emailing: 2015.10.30_My_APPEAL.pdf, 2015.11.24_LETTER.pdf
Date: Thu, 26 Nov 2015 11:57:21 +1100

Item 10 on page 2 of your letter dated 2015.11.24 should read :-
Copy Report on Compulsory Treatment, dated 26 October 2015.
This is clearly the most important and up to date report and you have omitted it !!!!!!!!!!!!!!!!!!

Your message is ready to be sent with the following file or link attachments:
2015.10.30_My_APPEAL.pdf
2015.11.24_LETTER.pdf
Note: To protect against computer viruses, email programs may prevent you from sending or receiving certain types of file attachments. Check your email security settings to determine how attachments are handled.

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 8601 5270
F +61 3 8601 5299
T 1800 242 703 (Toll-free)

E mhrb@health.vic.gov.au
W mhrb.vic.gov.au

24 November 2015

Mr David Crofts
23 Brisbane Street
Berwick VIC 3806

Dear Mr Crofts

Re: Your application to the Victorian Civil and Administrative Tribunal

I enclose the section 49 materials in response to your application as required by the *Victorian Civil and Administrative Tribunal Act* 1998.

Please note that the Tribunal will not be appearing at any VCAT hearing unless directed by the VCAT member.

Yours sincerely

Grace Horzitski
Legal Officer

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 8601 5270
F +61 3 8601 5299
T 1800 242 703 (Toll-free)

E mhrb@health.vic.gov.au
W mhrb.vic.gov.au

H224/2015

Victorian Civil and Administrative Tribunal of Victoria
Human Rights List

Applicant:	AYC
First Respondent:	Mental Health Tribunal
Second Respondent:	Casey Hospital

Index of documents lodged pursuant to s49 of the *Victorian Civil and Administrative Tribunal Act 1998* by the First Respondent:

1. Copy Treatment Order, dated 19 June 2015 and expiring on 10 September 2015.
2. Copy Application for further Treatment Order, dated 26 August 2015.
3. Copy Report on Compulsory Treatment, dated 28 August 2015.
4. Copy Treatment and Recovery Plan, dated 27 August 2015.
5. Copy Action/ Relapse Prevention Plan, undated.
6. Copy Tribunal determination, dated 4 September 2015.
7. Copy Treatment Order, dated 4 September 2015 and expiring on 1 September 2016.
8. Copy Tribunal statement of reasons, dated 28 September 2015.
9. Copy Application for revocation, dated 19 October 2015.
10. Copy Tribunal determination, dated 30 October 2015.

The following email is a consequence of me deleting a VCAT-HRD email after only reading the below 3 words :-

1/ Reschedule
2/ Unavailable
3/ Representative

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Tuesday, 8 December 2015 01:20 PM
To: VCAT-HRD@justice.vic.gov.au
Subject: RE: H224/2015- AYC v Mental Health Tribunal, Casey Hospital

Dear Sir/Madam,

If you will not force the covering psychiatrist to learn the report of the authorized psychiatrist inside the next 10 days you can just fuck the whole thing off !!!!!!!!!!!!!!!!!!!!!!!

You will then be proved nothing more than just another un-ashamed arse-licker of the medical profession !!!!!!!!!!!!!!!!!!!!

Sincerely,

David Crofts.

P.S.

I refuse to be fucked over by these cunts again !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

From: Mikaela.Meggetto@vcat.vic.gov.au [mailto:Mikaela.Meggetto@vcat.vic.gov.au] On Behalf Of VCAT-HRD@justice.vic.gov.au

Sent: Thursday, 10 December 2015 02:00 PM

To: Atanas Yonchev

Cc: David Crofts

Subject: Fw: H224/2015- AYC v Mental Health Tribunal, Casey Hospital

Dear Parties

The Tribunal refers to the above matter and confirms the hearing is on 20 January 2016.

As per order dated 12 November 2015 (attached), the authorised psychiatrist is to provide a report on compulsory treatment on 4 December 2015.

Please provide this report as soon as possible.

Should you have any further queries, please contact our Customer Service team on the number below.

Regards

Customer Service Human Rights Division

Victorian Civil and Administrative Tribunal

Level 5, William Cooper Justice Centre (WCJC)

223 William Street, Melbourne VIC 3000

GPO Box 5408 Melbourne VIC 3001, DX 210613 Melbourne

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

HUMAN RIGHTS DIVISION

HUMAN RIGHTS LIST **VCAT Reference: H224/2015**

APPLICANT:	AYC
FIRST RESPONDENT:	Mental Health Tribunal
SECOND RESPONDENT:	Casey Hospital
WHERE HELD:	Melbourne
BEFORE:	Member B Hoysted
HEARING TYPE:	Hearing
DATE OF HEARING:	20 January 2016
DATE OF ORDER:	20 January 2016

ORDER

1. The Tribunal records that the applicant did not attend the hearing of his application for review of the Treatment Order 4 September 2015.
2. The application is struck out.

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL · VCAT

MEMBER B HOYSTED

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: Sunday, 10 April 2016 02:01 AM
To: 'Chief Psychiatrist'
Cc: 'Mental Health Tribunal'; 'VIC-NOTIFICATIONS'; VCAT-HRD@justice.vic.gov.au; 'Atanas Yonchev'; 'Rosalind Crofts'
Subject: RE: I would prefer correction over destruction .
Attachments: 2016.04.08_LETTER.pdf

Flag Status: Flagged

-----Original Message-----
From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Friday, 18 March 2016 08:56 PM
To: Chief Psychiatrist
Cc: Mental Health Tribunal; VIC-NOTIFICATIONS; VCAT-HRD@justice.vic.gov.au; Atanas Yonchev; Rosalind Crofts
Subject: I would prefer correction over destruction .

Dear Chief Psychiatrist,

Please note my mental health act 2016 contained in the link below :-

http://www.davidcrofts.com/mha-2016/index.html

The fact that you rudely did not even raise your concerns with me directly leads me to conclude you are simply another 100% ANTI-PATIENT psychiatrist and as I am completely justified in my 100% ANTI-DOCTOR stance I can completely empathise with trying to de-con-struct the other by any means available. However you don't play fair as you force onto the other medicines designed to chemically un-screw or dis-integrate the patient and these can not be defeated.

Now, and as before, I intend to continue winning points of you with hard wired logic, so after 5 weeks in one of your shit-hole we are back to square one !!!!

Sincerely,

David Crofts.

Sent from my iPhone

David A.S. Crofts
23 Brisbane Street
BERWICK VIC 3806

08/04/2016

David Pezzarite
Public Contact Team
Commonwealth Ombudsman
G.P.O. Box 442
CANBERRA A.C.T. 2601

Dear David,

I predict that Islamic State; and to a lesser extent, the Islamic world in general, will complete the first and most essential connection to the problems with the medical profession by the start of 2018.

This connection involves utilizing the-yesterday's-arsehole-nature of all things Islamic to pop the-solid-cunt-stone-not-box-of-the-medical-profession from today to yesterday.

As the Commonwealth Ombudsmen thanks and re-pays the Islamic world for their in-valuable help; I predict it will be around 2020, when the Offices of the Commonwealth Ombudsmen replace the medical profession as the most highly cum-in chambers of all.

His offices will be filled with the-cum-in-of-arseholes-both-ways-of-today; and from here he will overrule the medical profession, and ensure that he never again bends any more patients into the world of yesterday's arsehole.

Sincerely

D.A.Crofts

DAVID CROFTS

Wednesday, 13 April 2016.

As I find my new level of medication; which is 450mg of Clopixol; completely intolerable; I refused my medication on Monday; and, once again, like on January 29, 2014; had my Community Treatment Order revoked.

I told my treating “CUNTS” that the only way I will accept discharge; is if I have my certification removed; and I am returned to my 2008 level of medication; which was 100 mg; and “they” do exactly what “they” expect “me” to do; which is :- accept defeat and just let it go.

But the first thing these FUCKED-UP-CUNTS did to me was force their massive dose of SHIT onto me and then I found that the intolerable nature and of their FUCKED-UP torture chamber could not be ignored.

As in 2014; I had the choice of discharge; or trying to stay alive trapped in a world of unbearable suffering.

This really is no choice at all; so now I find myself completely defeated by these 100% ANTI-PATIENT “CUNTS”; and with “no-hope” of ever being able to live “my-life”; the way “I” want to “ever-again” !!!!

Mental Health Act 2014
Sections 60, 66, 272, 278, 284 & 294

MHA 114
Application to Mental Health Tribunal

Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME: CROFTS

GIVEN NAMES: DAVID ASHLEY SUTTON

DATE OF BIRTH: 23/02/1961

SEX: MALE

Place patient identification label above

MHA 114

Instructions to complete this form

- This form is to be used when a compulsory or security patient wants to make an application against:
  - their treatment order (complete Part A)
  - transfer to another designated mental health service (complete Part B)
  - refusal by authorised psychiatrist to grant a security patient leave of absence (complete Part C)
- This form may be completed by:
  - the patient or any person at the request of the patient
  - a guardian, a parent if the patient is under 16 years, the Secretary to the Department of Human Services or delegate if the person is the subject of a custody to the Secretary order or a guardianship to the Secretary order.
- Please ☑ the type of application you want to make.
- Please print and use BLOCK letters.

DAVID ASHLEY SUTTON CROFTS

GIVEN NAMES — FAMILY NAME (BLOCK LETTERS) of patient

address: 23 BRISBANE STREET BERWICK 3806

address of patient

a patient of: MONASH HEALTH, CASEY HOSPITAL

name of designated mental health service

To the Mental Health Tribunal

☑ **Part A: Application against treatment order**
(tick ☑ here)

1. I am a compulsory / security patient.
2. I do not want to be on a treatment order.
3. I want the Tribunal to revoke my Order / discharge me as a security patient.

☐ **Part B: Application against transfer to another designated mental health service**
(tick ☑ here)

1. The authorised psychiatrist has transferred me / is going to transfer me to the following designated mental health service:

name of receiving designated mental health service

2. I do not / did not want to be transferred.
3. I want the Tribunal to review the decision.

☐ **Part C: Application against refusal to grant leave of absence (security patients only)**
(tick ☑ here)

1. I am a security patient.
2. The authorised psychiatrist has refused to grant me the following leave of absence:

3. I want the Tribunal to review the decision.

Signature: D. A. Crofts — Date: 15062016

signature of person making application

Given Names: DAVID ASHLEY SUTTON Family Name: CROFTS

Address: 23 BRISBANE ST. BERWICK 3806 Telephone: 0437074594

If you are not the patient, please indicate your relationship to the patient:

ROLLS FILING SYSTEMS 1300 600 192

JULY 2014

Application to Mental Health Tribunal

MHA 114

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Friday, 08 July 2016 2:15 AM
To: mht@dhhs.vic.gov.au
Subject: Emailing: 2016.07.08_My_APPEAL.pdf

Dear Sir/Madam,

When it comes to “striking-out-proceedings” through “the-lack-of-any-fresh-evidence”; clearly,
it’s “the-most-important-proceedings” that should be “the-ones-getting-struck-out” first !!!!

The so called “evidence-against-me” is clearly “too-old” and “it-should-be-considered” that
“I-have-already-done-my-time” for “my-supposed-mentally-illegal” crime !!!!

“The-next-time-I-appeal-and-don’t-turn-up”; “if-anything-is-going-to-get-struck-out”, “I-expect-it-to-be-my-treatment-order” !!!!

Sincerely,

David Crofts.

P.S.

You should “strike-off” the @#$% who originally “made-out” my @#$% “treatment-order” too !!!!

P.P.S.

Please consider this email to be a formal request for a statement of reasons for my appeal dated today.
The authorized psychiatrist is legally required to provide you with a report on involuntary status regardless of whether I attend or not.
Legally your statement of reasons should at a minimum consist of a validated reflection of the objective reasons used by the authorized psychiatrist to justify his treatment of me as stated to you in his report on involuntary status !!!!

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 9032 3200
F +61 3 9032 3223
T 1800 242 703 (toll-free)

E mht@mht.vic.gov.au
W mht.vic.gov.au

13 July 2016

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

Via email: david.crofts@gmail.com

Dear Mr Crofts,

Mental Health Tribunal hearing on 8 July 2016

On 16 June 2016 you made an application to revoke the Treatment Order that was made by the Tribunal on 4 March 2016, which expires on 1 September 2016.

In response to your application, the Tribunal listed a hearing at Casey Hospital on 8 July 2016.

Your hearing was scheduled to start at 9.30AM. The Tribunal members waited until 10:00AM for you to attend the hearing.

Section 188(3) of the *Mental Health Act 2014* provides that the Tribunal may make an order summarily striking out a proceeding if the applicant fails to appear. As you did not attend the hearing to make submissions regarding your application for revocation of the Treatment Order, the Tribunal made an order striking out the proceeding. This had the effect of cancelling the hearing and your application for revocation. There are no further reasons for striking out your application; the Tribunal will therefore not be providing a statement of reasons for this hearing.

The current Treatment Order remains in place until **1 September 2016**, unless it is revoked by an authorised psychiatrist or the Tribunal. You have a right to make a further application to revoke the Treatment Order.

Yours sincerely,

Grace Horzitski
Legal Officer

I DON'T HAVE TO MAKE SUBMISSIONS!!!!

THAT JOB BELONGS TO THE PSYCHIATRIST!!!!

YOUR SECOND POINT IS SIMPLY FAULTY!!!!

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 9032 3200
F +61 3 9032 3223
T 1800 242 703 (toll-free)

E mht@mht.vic.gov.au
W mht.vic.gov.au

13 July 2016

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

Via email: david.crofts@gmail.com

Dear Mr Crofts,

Mental Health Tribunal hearing on 8 July 2016

On 16 June 2016 you made an application to revoke the Treatment Order that was made by the Tribunal on 4 March 2016, which expires on 1 September 2016.

In response to your application, the Tribunal listed a hearing at Casey Hospital on 8 July 2016.

Your hearing was scheduled to start at 9.30AM. The Tribunal members waited until 10:00AM for you to attend the hearing.

Section 188(3) of the *Mental Health Act 2014* provides that the Tribunal may make an order summarily striking out a proceeding if the applicant fails to appear. As you did not attend the hearing to make submissions regarding your application for revocation of the Treatment Order, the Tribunal made an order striking out the proceeding. This had the effect of cancelling the hearing and your application for revocation. There are no further reasons for striking out your application; the Tribunal will therefore not be providing a statement of reasons for this hearing.

The current Treatment Order remains in place until **1 September 2016**, unless it is revoked by an authorised psychiatrist or the Tribunal. You have a right to make a further application to revoke the Treatment Order.

Yours sincerely,

Grace Horzitski
Legal Officer

THE TREATMENT ORDER TO WHICH YOU REFER WAS REVOKED ON MONDAY, 11 APRIL 2016.

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 9032 3200
F +61 3 9032 3223
T 1800 242 703 (toll-free)

E mht@mht.vic.gov.au
W mht.vic.gov.au

13 July 2016

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

Via email: david.crofts@gmail.com

Dear Mr Crofts,

Mental Health Tribunal hearing on 8 July 2016

On 16 June 2016 you made an application to revoke the Treatment Order that was made by the Tribunal on 4 March 2016, which expires on 1 September 2016.

In response to your application, the Tribunal listed a hearing at Casey Hospital on 8 July 2016.

Your hearing was scheduled to start at 9.30AM. The Tribunal members waited until 10:00AM for you to attend the hearing.

Section 188(3) of the *Mental Health Act 2014* provides that the Tribunal may make an order summarily striking out a proceeding if the applicant fails to appear. As you did not attend the hearing to make submissions regarding your application for revocation of the Treatment Order, the Tribunal made an order striking out the proceeding. This had the effect of cancelling the hearing and your application for revocation. There are no further reasons for striking out your application; the Tribunal will therefore not be providing a statement of reasons for this hearing.

The current Treatment Order remains in place until **1 September 2016**, unless it is revoked by an authorised psychiatrist or the Tribunal. You have a right to make a further application to revoke the Treatment Order.

Yours sincerely,

Grace Horzitski
Legal Officer

I AGREE WITH YOU !!!!

MY MENTAL HEALTH IS NOT ADDRESSED BY THE REPORT OF THE AUTHORIZED PSYCHIATRIST !!!!

Mental Health Act 2014
Sections 60, 66, 272, 278, 284 & 294

MHA 114
Application to Mental Health Tribunal

Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME: CROFTS

GIVEN NAMES: DAVID ASHLEY SUTTON

DATE OF BIRTH: 23/02/1961 SEX: MALE

Place patient identification label above

MHA 114

Instructions to complete this form

- This form is to be used when a compulsory or security patient wants to make an application against:
  - their treatment order (complete Part A)
  - transfer to another designated mental health service (complete Part B)
  - refusal by authorised psychiatrist to grant a security patient leave of absence (complete Part C)
- This form may be completed by:
  - the patient or any person at the request of the patient
  - a guardian, a parent if the patient is under 16 years, the Secretary to the Department of Human Services or delegate if the person is the subject of a custody to the Secretary order or a guardianship to the Secretary order.
- Please ☑ the type of application you want to make.
- Please print and use BLOCK letters.

DAVID ASHLEY SUTTON CROFTS

GIVEN NAMES FAMILY NAME (BLOCK LETTERS) of patient

address: 23 BRISBANE STREET, BERWICK VIC 3806

address of patient

a patient of:

name of designated mental health service

To the Mental Health Tribunal

X **Part A: Application against treatment order** (tick ☑ here)

1. I am a compulsory / security patient.
2. I do not want to be on a treatment order.
3. I want the Tribunal to revoke my Order / discharge me as a security patient.

☐ **Part B: Application against transfer to another designated mental health service** (tick ☑ here)

1. The authorised psychiatrist has transferred me / is going to transfer me to the following designated mental health service:

name of receiving designated mental health service

2. I do not / did not want to be transferred.
3. I want the Tribunal to review the decision.

☐ **Part C: Application against refusal to grant leave of absence (security patients only)** (tick ☑ here)

1. I am a security patient.
2. The authorised psychiatrist has refused to grant me the following leave of absence:

3. I want the Tribunal to review the decision.

Signature: D.A.Crofts Date: 15 07 2016

signature of person making application

Given Names: DAVID ASHLEY SUTTON Family Name: CROFTS

Address: 23 BRISBANE STREET, BERWICK VIC 3806 Telephone: 0437 074 594

If you are not the patient, please indicate your relationship to the patient:

ROLLS FILING SYSTEMS 1300 600 192

JULY 2014

Application to Mental Health Tribunal

MHA 114

DEAR SIR/MADAM,

PLEASE USE THE HALF HOUR THAT YOU MUST SET ASIDE FOR MY APPEAL VALIDATING THE REPORT ON MY COMPULSORY TREATMENT PROVIDED TO YOU BY THE AUTHORIZED PSYCHIATRIST. IF YOU LIKE YOU MIGHT LIKE TO REFLECT A VALIDATION BACK TO ME IN A STATEMENT OF REASONS.

SINCERELY,

DAVID CROFTS.

Mental Health Tribunal

Level 30
570 Bourke St, Melbourne
Victoria 3000 Australia

T +61 3 9032 3200
F +61 3 9032 3223
T 1800 242 703 (toll-free)

E mht@mht.vic.gov.au
W mht.vic.gov.au

11 August 2016

Mr David Crofts
23 Brisbane Street
BERWICK VIC 3806

Via email: david.crofts@gmail.com

Dear Mr Crofts,

Mental Health Tribunal hearing on 5 August 2016

On 15 July 2016 you made an application to revoke the Treatment Order that was made by the Tribunal on 4 March 2016, which expires on 1 September 2016.

In response to your application, the Tribunal listed a hearing at Casey Hospital on 5 August 2016. Your hearing was scheduled to start at 9.30AM. The Tribunal members waited at least 15 minutes for you to arrive.

Section 188(3) of the *Mental Health Act 2014* provides that the Tribunal may strike out a proceeding if the applicant fails to appear.

Because you did not attend the hearing to tell the Tribunal why you think the Treatment Order should be revoked, the Tribunal made an order striking out the proceeding. This had the effect of cancelling the hearing and your application for revocation.

The only reason for the strike out was because you did not attend the hearing; the Tribunal will therefore not provide a statement of reasons.

You have a right to make a further application to revoke the current Treatment Order. The Tribunal understands you do not wish to attend hearings. However, please consider seeking advice from Victoria Legal Aid (phone 1300 792 387) or the Mental Health Legal Centre (phone 9629 4422). If a lawyer attends the hearing on your behalf and tells the Tribunal why you want the Treatment Order to be revoked, the Tribunal will not strike out your application for non-appearance.

Next hearing

The current Treatment Order remains in place until **1 September 2016**. Your treating psychiatrist has lodged an application for a further Treatment Order. The Tribunal has listed a hearing about this application for **Friday 26 August** at Casey Hospital.

Yours sincerely,

Grace Horzitski
Legal Officer

IT IS NOW "HIS" APPLICATION, SO IF YOU STRIKE IT OUT NOW, IT IS TO "MY" ADVANTAGE. AS HE HAS ALREADY MADE HIS APPLICATION, PLEASE ASK HIM TO TELL ME "NOW" ON WHAT GROUNDS, SO I DON'T HAVE TO WAIT FOR "YOU" TO REFLECT THEM BACK TO "ME" IN A STATEMENT OF REASONS !!!!

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: Monday, 29 August 2016 04:01 PM
To: mht@dhhs.vic.gov.au
Cc: Atanas.Yonchev@monashhealth.org
Subject: My Left Right Ejaculation .....

Dear Atanas,

I do NOT have a mental-illness !!!!

I have a SERIOUS CASE of the HUMAN CONDITION ……..

Sincerely,

David Crofts.

David Crofts

From: David Crofts <david.crofts@gmail.com>
Sent: Monday, 29 August 2016 04:01 PM
To: mht@dhhs.vic.gov.au
Cc: Atanas.Yonchev@monashhealth.org
Subject: My Right Wrong Ejaculation .....

Dear Atanas,

I do NOT have a mental-illness !!!!

I have a CONDITION that the medical profession has deemed mentally-ILLEGAL !!!!

ONE that “YOU” cannot-tolerate unless “I” receive “a-corrective-influence” from “YOU” !!!!

The “corrective-influence” that YOU-have-in-Mind-for-ME is :-
Two try and make ME live totally submerged in an ocean of SHIT !!!!

Sincerely,

David Crofts.

P.S.

The only thing that really brings joy to One's soul, is to correct the "other" Mind; which One must have first learnt and understood ... I strongly agree with; and yet totally oppose; the 100% anti-patient psychiatrist, as I have also made it my life's work to correct the "other" through de-con-struction !!!!

https://youtu.be/KKDZSZTWPzk

Mental Health Tribunal

STATEMENT OF REASONS

1. DETAILS OF THE HEARING

At the time of hearing, DC was subject a Community Treatment Order. DC's Treatment Order was to end on 1 September 2016. The authorised psychiatrist applied for the Tribunal to make a further Treatment Order.

The Tribunal conducted a hearing to determine whether the Tribunal should make a Treatment Order or whether DC should become a voluntary patient.

At the time of hearing, DC was being treated by Casey Continuing Care Team. The hearing was held at Casey Hospital on 26 August 2016.

The division of the Tribunal conducting this hearing comprised:

Legal Member:	Ms T Barty
Psychiatrist Member:	Dr J Serry
Community Member:	Dr P Webster

Attending the hearing were:

Dr AY (DC's consultant psychiatrist)
Dr KJ (DC's treating doctor)
DW (DC's case manager, Continuing Care team)

DC did not attend the hearing.

DC's UR number: 355101

2. INFORMATION PROVIDED TO THE TRIBUNAL AT THE HEARING

The Tribunal received the following evidence at the hearing:

(a) A report on DC's compulsory treatment prepared by Dr KJ and dated 22 August 2016 (the Report).
(b) DC's clinical file.
(c) Oral evidence was also provided by Dr KJ, Dr AY and DW.

This statement of reasons is not intended to be a detailed record of all the material provided or issues discussed in the hearing. The evidence accepted and relied upon by the Tribunal to reach its conclusions and final determination is identified in Part 4.

3. ISSUES UNDER CONSIDERATION

Pursuant to section 54(5) of the *Mental Health Act 2014* ("the Act"), the Tribunal must conduct a hearing to determine whether to make a further Treatment Order or revoke the current Treatment Order.

If the Tribunal is satisfied that all of the treatment criteria in section 5 (which is attached to this statement) of the Act apply to DC, the Tribunal must make a Treatment Order

and also decide the length of the Treatment Order and whether it is for treatment in the community or in hospital.

If the Tribunal is not satisfied that each of the treatment criteria in section 5 apply to DC, the Tribunal must revoke the current Treatment Order, meaning DC becomes a voluntary patient.

The Tribunal's consideration of these issues must also be conducted in accordance with the *Charter of Human Rights and Responsibilities Act 2006* ("Charter").

Preliminary issues

DC did not attend the hearing. The Tribunal's records show that in the last few months DC has lodged two applications to revoke his Treatment Order. His applications were struck out because DC did not attend the hearings. It is common for applications to be struck out when the person who made the application does not attend the hearing. DC's correspondence with the Tribunal shows that he was unhappy with those decisions.

This hearing was the result of the treating team's application for a further Treatment Order. It was conducted by a Tribunal made up of members who had not made the earlier decisions to strike out DC's previous applications.

At the hearing DW confirmed that DC had been provided with a copy of the Report two days before the hearing and that DC had told DW that he did not want to take part in the hearing.

4. APPLYING THE TREATMENT CRITERIA IN SECTION 5 TO DC

Determining whether the treatment criteria in section 5 applied to DC required the Tribunal to reach a conclusion in relation to the following questions

(a) Does DC have mental illness?

Under section 4(1) of the Act, mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory. At the hearing, the Tribunal had regard to the considerations in section 4(2) (section 4 is attached to this statement).

The Report said that DC has a significant disturbance of thought and mood. It also explained that it was difficult for doctors to review DC's mental state. The Report said that since his last admission to hospital in April 2016 DC has been seen by his case manager and is always described as irritable. DC will not engage with his treating team and therefore it is difficult for them to elicit symptoms, but DC makes it clear that he is 'at war' with the doctors and that they are killing him with the medication. He is very focussed on his opposition to treatment and the treating team.

The Report set out DC's previous admissions to hospital and included information about his symptoms on those occasions, including paranoia, irritability, aggression, social withdrawal, tangentiality and perseveration. Dr KJ told the Tribunal that when DC is unwell he is very paranoid, grandiose (saying that he has special powers) and has assaulted people. She acknowledged that because DC will not talk to them, it is difficult to know his current level of paranoia.

DC was not at the hearing to explain his views, but it was clear from the information provided to the Tribunal that DC had strong opinions about the treatment. He objected to it and the treating team's actions.

The Tribunal accepted the medical evidence of the history of DC's illness. It was satisfied that DC has a medical condition characterised by a significant disturbance of thought and mood. Criterion (a) was satisfied.

(b) Because of DC's mental illness, does he need immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC or to another person?

Under section 6 of the Act, treatment is defined as things done in the course of the exercise of professional skills to remedy the person's mental illness or to alleviate the symptoms and reduce the ill effects of the person's mental illness (section 6 is attached to this statement).

The Report said that DC needed treatment to prevent a serious deterioration in his mental and physical health and to prevent serious harm to another person. The information in the Report in support of the treating team's view was that when untreated or when DC's dose of medication was reduced, his mental state has deteriorated and DC has required treatment in hospital. It said that from 2005 to 2012, DC was receiving depot medication in the community and his mental state was stable. DC's depot was changed at DC's request, and his mental state deteriorated. In May 2016 the police were called to the Emergency Department of the hospital because DC was making threats and damaging property. He had assaulted a police officer before coming to hospital. Similar hostile behaviour has occurred in the past. The Report said DC has also experienced significant weight loss in the past and refuses physical observations and tests (for example, blood tests).

There was no evidence from DC. The Tribunal accepted the information from the treating team that DC requires immediate treatment to prevent a serious deterioration in his mental health and to prevent serious harm to others.

(c) Will the immediate treatment be provided to DC if he is subject to a Treatment Order?

The evidence of the treating team was that DC needed treatment in the form of medication along with monitoring and review of his mental state. Treatment was available and would be provided to DC if he was subject to a Treatment Order.

The Tribunal was satisfied that immediate treatment will be provided to DC if he is on a Treatment Order.

(d) Are there less restrictive means reasonably available to enable DC to receive the immediate treatment?

The Report said DC could not be treated without an Order because he was unwilling to engage with the treating team, he lacked insight and had impaired judgement. It said there was a high chance of relapse if he was a voluntary patient.

The Report and the information from the treating team at the hearing was that DC has a very supportive mother and sister. He lives next door to them; he has dinner with them each night and does some work around their properties. DC's aggression is focussed on the treating team and not his family.

When asked whether DC would agree to see his GP (general practitioner) and receive treatment from them, the treating team stated that although DC was seeing his GP until early this year, since then he had refused to see the GP and therefore this was not a feasible treatment option.

On the basis of the evidence about DC's attitude to treatment and the likely risks (of deterioration in his mental state and of aggression towards others) if he was able to stop or reduce treatment as he wished, the Tribunal was satisfied that the Treatment Order was necessary for DC to get immediate treatment. There is no less restrictive means reasonably available at the present time. This criterion was therefore satisfied.

5. DETERMINATION

As it was satisfied that each of the treatment criteria in section 5 of the Act applied to DC, the Tribunal made a Treatment Order in the terms specified in Part 6 below.

Having determined that all the criteria in section 5 of the Act applied to DC, the Tribunal was satisfied that while the Order engaged and limited DC's rights to privacy, liberty, freedom of movement and freedom from medical treatment without consent, those limitations were lawful and reasonable.

6. TREATMENT ORDER

Pursuant to section 55(1), if the Tribunal is satisfied that the treatment criteria apply, the Tribunal must determine the duration of the Treatment Order and whether it should be a Community Treatment Order or an Inpatient Treatment Order. The Tribunal must also have regard to the circumstances in section 55(2).

DC has been receiving treatment in the community since he was in hospital in April 2016. The Tribunal was satisfied that the immediate treatment DC requires can be provided in the community and therefore made a Community Treatment Order.

When considering the duration of the Order, the Tribunal took into account DC's history, his ongoing opposition to treatment and attitude to the treating team. Dr AY told the Tribunal that DC's improvement since his last hospital admission had been gradual. The treating team's aim was to treat DC to reduce his irritability and to improve DC's functioning in the community. The Tribunal considered that DC would require ongoing and consistent treatment for some time. The Tribunal concluded that DC would require compulsory treatment for the foreseeable future and made an Order for 52 weeks.

Date of determination: 26 August 2016.

Ms T Barty
Presiding member, on behalf of the Tribunal division.

Date: 16 September 2016.

Note: Pursuant to section 194 of the *Mental Health Act 2014*, the name and other details of a person who is the subject of a proceeding before the Tribunal must not be published unless the written consent of the President has been obtained. If publication is sought, consent in writing from the patient must first be obtained.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Monday, 24th April 2017

The Hon Malcolm Turnbull MP

Prime Minister
Parliament House
CANBERRA A.C.T. 2600

Dear Sir,

Ms Liz Barber of the Mental Health Complaints Commissioner's office claims that there exists an "objective reason" in Dr Yonchev's response to me of 05/04/2017 for his refusal to permit my request for me to return to my 2012 level of medication which was made at the start of 2017. Ms Liz Barber's logic is faulty to claim that any reason supplied in Dr Yonchev's response apply to the request that I made at the start of 2017.

Please point out to Ms Liz Barber the faults of her logic and instruct her to ask her original question of Dr Yonchev again and again and again until he answers it.

The Australian Health Practitioner Regulation Agency has delegated the task of getting Dr Yonchev, to provide an explanation for his offending behavior, to the MHCC as my original complaint went to the MHCC.

Yours sincerely,

David Crofts.

David A.S. Crofts

23 Brisbane Street
BERWICK Victoria 3806

Sunday, 16th April 2017

Dr. Atanas Yonchev

Monash Health
Casey Hospital
Locked Bag 3000
HALLAM Victoria 3803

Dear Sir,

The enclosed document leads me to conclude that; you, as just another 100% anti-patient psychiatrist; in fact; have no "objective reasons" for your actions at all, other than simply to oppose the patient; and hence your only logical course of action is to apologize, and prescribe the treatment I originally requested.

If you continue to refuse to do the indicated thing; and refuse to accept overrule; your most likely course of action is to try and bamboozle me by providing the "subjective reason" that my current dose is the "effective" dose. This is clearly "bullshit" as all "subjective reasons" are really just a front for an "objective-logical-mechanism" of "logically-connected" "objective-factors"; and these justifying "logical-connections" and "objective-factors" are what I am requesting the rigorous, logical and objective analysis of by a private psychiatrist of my own choosing.

Yours sincerely,

David Crofts.

P.S.

If you claim from your clinical experience the requested reduction went badly; you must logically conclude these experiences are not relevant unless these clinical experiences also concern a patient that experienced; like me; a ten year stretch without hospitalization with a dose of medication similar to 150 mg of Clopixol every 3 weeks.

Our Ref: 2017104625

PRIVATE AND CONFIDENTIAL

Mr David Crofts
23 Brisbane St
Berwick Victoria 3806
By email: david.crofts@gmail.com

Dear Mr Crofts,

Your complaint

Thank you for your email received by the Mental Health Complaints Commissioner (MHCC) on 24 February outlining your concerns about your experiences with Dr Atanas Yonchev, a consultant psychiatrist from Casey Hospital, Monash Health.

In summary, you have raised the following concerns:

- You have requested a letter from Dr Yonchev addressing the "objective reasons" for Dr Yonchev not returning you to your medication regimen of 2012 when he was again your treating psychiatrist several months ago.

On 23 March 2017 Ms Elizabeth Barber, Resolutions Officer spoke with you to discuss your complaint. I apologise for the delay in someone from our office speaking with you. In this conversation you indicated to Ms Barber that you did not consent for Ms Barber to contact any of your current treating clinicians and requested that contact was only to be made with Dr Yonchev and Monash Health.

On 5 April 2017 Dr Yonchev provided a response to your request which I have enclosed with this letter at his request. We have reviewed the explanation and responses provided by Dr Yonchev and have assessed that there are no further steps that we could take that would provide further resolution to the concerns that you have raised. I have decided therefore to close your complaint on this basis.

If you have further concerns relating to your treatment with Monash Health, you may decide to raise these issues with your case manager and treating clinicians directly, and you can also contact our office to raise any concerns.

Please contact Ms Barber at our office on 1800 246 054 or by email at help@mhcc.vic.gov.au if you have any questions about this letter.

Yours sincerely

Kaaren Dahl
Manager Resolutions and Review

06 / 04 / 2017

Enc. Letter from Dr Yonchev received 5 April 2017

Mr David Crofts

23 Brisbane St, Berwick,

Victoria, 3806

5 April 2017

Dear Mr Crofts,

This letter is in response to your request for clarification of your medication history and the rationale for it. I have reviewed your medication history with Monash Health and I can inform you that:

- The first record of medication in your Monash Health file is from 14/03/2000 and your medication was Flupenthixol Decanoate 100 mg IMI 2/52
- The dose was reduced gradually to 40 mg IMI 2/52 from 12/07/2000
- Your medication was changed to Zuclopenthixol Decanoate 300 mg IMI 2/52 from 3/03/2004
- There is a gap in your medication history due to the transfer of care to private psychiatrist and GP. The next record is of Flupenthixol Decanoate 40 mg IMI 2/52 prescription was on 1/07/2015
- On 7/12 /2015 a decision was made to switch to Paliperidone Palmitate 150 mg IMI 4/52 due to your refusal to comply with assessment and verbally aggressive behaviour which were considered sings of being unwell
- Due to poor response to the new medication you were admitted to Casey E Ward and your medication was changed to Zuclopenthixol Decanoate at the dose of 450 mg IMI 2/52
- You were discharged on this medication and you have been on the same dose since.

I would like to inform you that I am no longer your treating psychiatrist.

Please refer all your inquiries to your current treatment team.

Kind Regards,

Dr Atanas Yonchev,

Consultant Psychiatrist
Pakenham Community Care Team

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Tuesday, 11 April 2017 12:29 AM
To: Elizabeth.Barber@mhcc.vic.gov.au; Justine.I.Whitelaw@mhcc.vic.gov.au
Cc: help@mhcc.vic.gov.au
Subject: RE: *Confidential: RE: Contact from MHCC

PLEASE INFORM YONCHEV THAT HE STILL HAS NOT REPLIED TO MY & YOUR ORIGINAL QUESTIONS AND IT WOULD BE APRECIATED IF HE COULD DO SO AS SOON AS POSSIBLE …

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Monday, 3 April 2017 04:38 PM
To: Elizabeth.Barber@mhcc.vic.gov.au
Cc: help@mhcc.vic.gov.au
Subject: RE: *Confidential: RE: Contact from MHCC

Dear Ms Barber,

To be clear my exact question was :-

Dr Yonchev, please supply the “objective reasons” for your refusal to return me to a medication level that “proved good enough in 2012”.

Sincerely,

David Crofts.

From: Elizabeth.Barber@mhcc.vic.gov.au [mailto:Elizabeth.Barber@mhcc.vic.gov.au] **On Behalf Of** help@dhhs.vic.gov.au
Sent: Monday, 3 April 2017 04:22 PM
To: david.crofts@gmail.com
Subject: *Confidential: RE: Contact from MHCC

Dear Mr Crofts,

I have asked the service the same question you provided to the Mental Health Complaint Commissioner, which was the reasons for Dr Iontchev's change your medication **and why it was not returned to your previous medication level of 2012**.

Kind regards,

Liz Barber
Resolutions Officer

Mental Health Complaints Commissioner
T: 1800 246 054 | F: (03) 9949 1506
Level 26, 570 Bourke Street, Melbourne, VIC 3000
mhcc.vic.gov.au

From:	"David Crofts" <david.crofts@gmail.com>
To:	<Elizabeth.Barber@mhcc.vic.gov.au>,
Cc:	<help@mhcc.vic.gov.au>
Date:	03/04/2017 03:39 PM
Subject:	RE: *Confidential: Contact from MHCC

Dear Ms Barber,

As intend to have the document referred to below rigorously, objectively and logically analysed in the light of an appointment with a psychiatrist of my own choosing, I will need you to also provide the question you asked of him in documented form too.

Sincerely,

David Crofts.

From: Elizabeth.Barber@mhcc.vic.gov.au [mailto:Elizabeth.Barber@mhcc.vic.gov.au] **On Behalf Of** help@dhhs.vic.gov.au
Sent: Monday, 3 April 2017 01:35 PM
To: David Crofts <david.crofts@gmail.com>
Subject: *Confidential: Contact from MHCC

Dear Mr Crofts,

I have spoken with Monash Health and Dr Iontchev who have informed me that they will provide a written response to your request on Wednesday or Thursday of this week. As soon as I receive it I will forward onto your email and postal address.

Kind regards,

Liz Barber
Resolutions Officer

Mental Health Complaints Commissioner
T: 1800 246 054 | F: (03) 9949 1506
Level 26, 570 Bourke Street, Melbourne, VIC 3000
mhcc.vic.gov.au

The Mental Health Complaints Commissioner respectfully acknowledges the Traditional Owners of the country throughout Victoria and pays respect to their Elders, both past and present.

Please consider the environment before printing this email.

On Thu, Oct 6, 2016 at 12:32 PM, Atanas Yonchev <Atanas.Yonchev@monashhealth.org> wrote:

Dear Ms Morgan,

Thank you for your letter. In the spirit of trust and mutual understanding I should let you know that the opinion of the private psychiatrist can be taken in consideration provided Mr Crofts were open and shared with the assessing psychiatrist all of his treatment history and the circumstances of the request for opinion: disagreement with the treatment team and the MHT regarding his diagnosis and treatment.

Thank you for the support you are providing to Mr Crofts.

Kind Regards,

Dr Atanas Yonchev

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Tuesday, 31 January 2017 06:19 PM
To: Atanas.Yonchev@monashhealth.org
Cc: SEQUOIA Morgan <somethingsmall@gmail.com>
Subject: Re: Completed NP 1 form RE David Crofts

To whom it may concern,

I will actively forbid you from simply stating your “opinion”; however I would welcome a logical “justification” of why you believe my medication should be tripled …….

Sincerely,

David Crofts.

P.S.

It would be self-evident to the psychiatrist I am seeking to engage that a disagreement exists …….

From: David Crofts [mailto:david.crofts@gmail.com]
Sent: Tuesday, 31 January 2017 08:49 PM
To: Atanas.Yonchev@monashhealth.org
Cc: 'SEQUOIA Morgan' <somethingsmall@gmail.com>
Subject: RE: Completed NP 1 form RE David Crofts

Dear Atanas,

Please respond with a statement of the “objective-reasons” of why you refused to undo the tripling of my medication and return me to the level of medication I was on in 2012 before Dr. Das @#$%-ed everything up by changing my medication to Consta.

I intend to have your document rigorously, objectively and logically analysed in the light of an appointment with a psychiatrist of my own choosing. If my chosen psychiatrist finds fault with your reasoning I will then appeal to VCAT.

Sincerely,

David Crofts.

P.S.

Stating that the level was set based on the “opinion” of another psychiatrist lacks the objectivity to be considered a valid reason …….

Mental Health Tribunal

HEARING DETAILS

Patient's initials:	DC
Unique Record number:	355101
Hearing held at:	Casey Hospital
Hearing date:	26 May 2017
Tribunal members:	Ms E Montgomery (Legal Member) Dr J Hodgson (Medical Member) Ms H Walters (Community Member)
Who was at the hearing?:	DC PM (DC's nominated person via telephone) Dr KT (DC's consultant psychiatrist) DW (DC's case manager) Dr EH (previously DC's treating doctor)

Tribunal's decision:

The Tribunal made a Community Treatment Order for 12 weeks. This means that DC can receive treatment while living in the community.

THE TRIBUNAL'S DECISION

1. BACKGROUND

DC's Order at time of the hearing:	Community Treatment Order, expiring on 24 August 2017.
Treating mental health service:	Casey Community Mental Health Service
Reasons for hearing:	On 9 May 2017, DC applied to the Tribunal to revoke his Community Treatment Order. The Tribunal must have a hearing to decide whether DC must continue to receive compulsory treatment.

2. PRELIMINARY ISSUES

Application to deny access to documents

A mental health service must give a patient access to any documents in its possession that are connected to the hearing at least 48 hours before the hearing.

If the treating psychiatrist believes information in those documents may cause serious harm to the patient or another person, they can make an application to the Tribunal to deny the patient access to those documents.

DW (representing Dr KT) applied to deny DC access to some documents. The Tribunal conducted a hearing to decide whether DC could see those documents.

Some of the documents that were part of the application to deny access were 'general documents' including extracts from DC's clinical file dating back to 2015. The Tribunal asked the treating team whether the Tribunal needed to consider and rely on the documents in order to make a decision about the treatment criteria. As the treating team did not need to rely on these documents in DC's clinical file from 2015, the application in respect of these 'general documents' was withdrawn.

The remaining documents were 'specified documents' in accordance with the Tribunal's Practice Note 8. The Tribunal decided that the remaining documents should be withheld from DC because disclosure may cause serious harm to another person.

3. THE ISSUES

The Tribunal had to decide if DC should be on a Treatment Order.

A Treatment Order means DC's treating psychiatrist will make treatment decisions if DC is unable to consent, or refuses treatment but DC's treating psychiatrist thinks there is no less restrictive way for DC to be treated.

When making decisions, DC's treating psychiatrist must have reasonable regard to DC's views and preferences and will also talk to DC's nominated person, guardian, or carer (if he has one) about DC's treatment.

To decide if DC should be on a Treatment Order, the Tribunal had to consider if the treatment criteria applied to DC. The treatment criteria are listed in the *Mental Health Act 2014* ('the Act') and are attached at the end of this document.

When making a Treatment Order, the Tribunal must take into account the patient's views and preferences, and the views of their nominated person, guardian or carer.

The Tribunal must also take into account the *Charter of Human Rights and Responsibilities Act 2006* ('Charter') when making its decision.

4. APPLYING THE TREATMENT CRITERIA TO DC

The Tribunal made the following decisions about each of the four treatment criteria.

(a) Does DC have mental illness?

The Act says that mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

The Report on Compulsory Treatment ('the report'), prepared by Dr BS, dated 18 May 2017, and authorised by Dr KT, stated that DC had a significant disturbance of thought and mood, specifically 'features of thought disorder, irritable mood, delusions about bones being removed, people plotting against him'.

At the hearing the Tribunal was informed that statements in the report that DC was 'irritable, uncooperative, angry, loud, verbally abusive and verbally aggressive towards medical staff' were extracts from DC's clinical file and reflected his behaviour during clinical reviews in 2016. DC's most recent review by his consultant psychiatrist was with Dr AY on 6 December 2016 when DC was seen with his mother. DC has refused to attend any other clinical reviews since. Accordingly, Dr KT, DC's current consultant psychiatrist has not met or assessed DC.

Dr EH told the Tribunal that she had been involved in providing DC with treatment and care during his stay at Casey Hospital in May to July 2015. Dr EH said that prior to DC's admission to hospital the Tribunal had revoked his Treatment Order. DC was attending his general practitioner ('GP') and 'as a voluntary patient he was receiving a sub-therapeutic dose of antipsychotic medication every three weeks'. In this context DC's mental state seriously deteriorated and 'he was admitted to hospital in an extremely agitated and distressed state'. In the emergency department DC was acutely psychotic, was expressing grandiose delusions, was threatening towards staff and caused considerable property damage. Dr EH said that '[DC] was so unwell that it took three to four weeks of treatment before DC was able to speak with staff'. After a six-week stay in hospital DC was discharged on a Community Treatment Order.

The report states that DC is attending reviews with his case manager for routine depot injections. In his evidence DW said that DC was attending and tolerating his fortnightly appointments and was 'reluctantly cooperative' in relation to his injections of zuclopenthixol. DW told the Tribunal that DC's interactions had improved over the last six months, that '[DC]'s mental state appeared to be stable' and 'his level of agitation had significantly reduced'.

DW told the Tribunal that he was concerned about the severity of DC's tremors that were a side effect from the medication. However, DW said that when he had raised the matter of DC's involuntary tremor at an appointment earlier in the year he had 'become irritable, raised his voice, was verbally abusive and angry'. In the circumstances, DW said he limits his engagement with DC to 'the administration of the depot medication and a brief assessment of his wellbeing'.

DC told the Tribunal that he did not believe he was suffering from a mental illness, preferring to explain his issues as 'a serious case of the human condition'.

During the hearing, DC repeatedly raised a disagreement that he had with Dr AY at his last clinical review in December 2016. DC minimised his symptoms and dismissed his previous experiences of psychosis requiring admissions to hospital and compulsory treatment. DC said 'if the mental health team didn't exist, I wouldn't have a problem'. Nevertheless, at other times in the hearing, DC recognised that his mental state had seriously deteriorated in the past requiring treatment.

The Tribunal was persuaded by the medical evidence that DC had schizophrenia and when unwell his symptoms included grandiose delusions, paranoia and irritability. The Tribunal considered that DC discounted, dismissed and minimised his symptoms and previous experiences of psychosis.

The Tribunal decided DC had a medical condition that is characterised by a significant disturbance of thought and mood.

(b) Does DC's mental illness mean that he needs immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC or to another person?

The Act says treatment is 'things done in the course of the exercise of professional skills to remedy the person's mental illness or to alleviate the symptoms and reduce the ill effects of the person's mental illness'.

The treating team submitted that DC needs immediate treatment to prevent serious deterioration in DC's mental and physical health and serious harm to another person.

Serious deterioration in DC's mental health

The Tribunal accepted the evidence in the report and oral evidence provided by the treating team that without treatment DC would become disorganised, delusional, paranoid, irritable, agitated and distressed. According to the report, DC has been given anti-psychotic medication for many years and treatment has been necessary to allow him to live in the community. The clinical file showed DC has regularly been admitted to hospital and treated on Community

Treatment Orders, usually because he has become unwell and disruptive in the context of change in medication and non-compliance with medication.

In his evidence to the Tribunal, DC recognised that without treatment his mental state could seriously deteriorate saying 'when I am not on medication people don't like or accept me'.

The Tribunal was satisfied that DC needs immediate treatment to prevent serious deterioration of his mental health.

Serious deterioration in DC's physical health

The treating team made no submissions in relation to this criterion. According to the report, in the past DC has lost significant amounts of weight at times of acute deterioration in his mental state.

The Tribunal was not persuaded that DC needed immediate treatment to prevent a serious deterioration in his physical health.

Serious harm to another person

According to the report, the 'most significant danger is relapse and disorganised/assaultive behaviour towards others as well as a chronic hostility towards those providing his mental health treatment'. In May 2015 DC caused considerable damage to the emergency department during a psychotic episode. The report refers to this event as well as past threats and aggression directed at staff in support of the argument that DC requires immediate treatment to prevent serious harm to another person.

The Tribunal was persuaded that DC needed immediate treatment to prevent serious harm to another person.

The Tribunal therefore decided that DC needs immediate treatment to prevent serious deterioration in his mental health as well as to prevent serious harm to another person.

(c) Will the immediate treatment be provided to DC if he is subject to a Treatment Order?

The report states that DC 'reluctantly cooperates' and attends the clinic for his appointments with DW and his injection once a fortnight.

DW told the Tribunal that there had been a significant improvement in DC's levels of agitation over recent months. However it was submitted that their interactions under the Community Treatment Order were 'limited and contained'.

At the hearing DC reiterated his distrust of mental health services. DC said that he refused to attend clinical reviews or to see the consultant psychiatrist because 'doctors use my answers against me'. DC refused to discuss his physical health.

The Tribunal therefore decided that immediate treatment will be provided to DC if the Tribunal made a Treatment Order.

(d) Are there less restrictive means reasonably available to enable DC to receive the immediate treatment?

The Tribunal must decide if DC needs to be compelled to receive treatment or whether he could receive the immediate treatment without a Treatment Order.

The Tribunal took into account a range of factors including DC's views about treatment, his treatment history, the support available from family and friends, including his nominated person PM, and also DC's social situation.

According to the report, DC had a history of disengaging from his treating team, ceasing his medication and shortly thereafter his mental illness would relapse and he would require admission to hospital and compulsory treatment. The report states '[DC] does not wish to engage with the treating team or voluntary treatment'. It also says that the treating team believe that a less restrictive treatment is not reasonable, as DC has displayed '[a]n absolute unwillingness to engage with the treating team, lack of insight, an impaired judgement, high chance of relapse if made voluntary'. In order to be treated less restrictively, the report states that DC would need to demonstrate:

> *An acceptance of the necessity of antipsychotic treatment at an appropriate dose and a commitment not to whittle down this dose without a serious consideration of "pros and cons".*

The Tribunal asked Dr KT whether she would reappraise the medication dose and depot frequency in a clinical review given the period of stability in DC's mental health. Dr KT stated that she would consider reducing the dose of his zuclopenthixol and noted that DW had reported that DC had significantly improved in recent months on the current medication levels. Dr KT said she was 'very concerned' about the side effects that DC reported he experienced, and that she had observed during the hearing, but that 'any changes in medication needed to be closely monitored'. Dr KT added that she would recommend an anticholinergic for this side effect, which she noted he had previously refused.

DW reiterated that DC's symptoms and attitude towards his appointments and treatment had 'improved significantly' in the past six months. DW added that DC had not had a clinical review for some time and that this 'made it difficult to respond to DC's side effects'. The Tribunal observed that DC's avoidance of clinical reviews with his psychiatrist made it impossible for DC's medication dose and the frequency of the administration of his injection to be reviewed. DW mentioned that despite his observations about DC's pronounced tremor, he had not attended appointments arranged with the psychiatrist or medical officer and at his last clinical review, DC had refused medication to alleviate the side effects of the antipsychotic medication.

While DC's primary submission to the Tribunal was that a Treatment Order was not necessary because he did not have a mental illness, DC also argued that he could receive treatment as a voluntary patient under the care of his GP. DC said that the GP 'would reduce my medication to 2012 levels' and 'my GP is capable of determining if I am relapsing or not'.

In his evidence DC said he told Dr AY that he wanted 'his medication dose and the frequency of his depot to be reduced to 2012 levels'. DC stated that Dr AY would not agree to the goal of reducing his medication to the levels he was on in

2012. DC was adamant that 'I was well on lower levels' and that he 'did not experience such severe side effects from the medication at the 2012 dose and depot frequency'. DC said that he recognised that 'having been on a high dose for such a long time you cannot abruptly change things. That would be dangerous. But I want the reduced dose to be an acknowledged goal'.

DC told the Tribunal that he resented the intrusion of the treating team in his life and spoke of his experiences of 'injustice', 'frustration' and 'anger' with mental health services. DC said that he would be 'better off without mental health services'. On a number of occasions DC referred to his last clinical review with Dr AY and said that he had written to the Prime Minister about Dr AY's conduct. On two occasions DC said that mental health services and the treatment he was forced to receive was 'murder. It is murdering me' and 'they are murdering me'.

DC told the Tribunal that 'I will accept treatment from my GP who would reduce the depot medication to 2012 levels'. When asked by the Tribunal what he would do if the GP did not reduce his medication dose and the frequency of his injection, DC insisted that his GP 'would agree' and 'there would not be any issues'.

At other times during the hearing DC said he did not want to take any medication and that his GP 'would safely take me off my medication', and that 'all medication was killing me'. DC also said that if he had the choice, he did not want to take any medication at all. DC added that he planned to reduce and cease his medication over a number of months.

Both DC and his nominated person, PM, told the Tribunal that he had strong support from his family. DC lived close to his mother and saw her regularly. DC also had support from his sister and PM.

PM told the Tribunal that they talked and communicated frequently via the telephone, internet and social media. PM said she does not find DC to be paranoid or irritable. PM told the Tribunal that she supports DC's argument that 'treatment through his GP would be a less restrictive option'. PM also said '[DC] has decided he would take the medication, just at a level that won't kill him'.

During the hearing DC was forthright and sometimes forceful in expressing his opinions. The Tribunal recognised and respected the conviction with which he holds views about his mental health and experiences of compulsory treatment however, during the hearing the Tribunal needed, on three occasions, to request DC to lower the volume of his voice and moderate his tone. The Tribunal was nevertheless impressed with DC's arguments against a Treatment Order which were made in the absence of legal representation.

Tribunal reasons

The Tribunal was satisfied there are no less restrictive means reasonably available for DC to receive immediate treatment.

DC told the Tribunal that he did not have a mental illness and wanted to cease all medication. At other points in the hearing DC said that he would accept treatment as a voluntary patient from his GP who would reduce his depot medication to 2012 levels. DC did not answer when asked by the Tribunal what he would do if the GP did not reduce the medication to these levels.

Given DC's stated plans to immediately disengage from his treating team, to reduce and subsequently cease his medication, and his history of doing so in the past when a voluntary patient, the Tribunal was satisfied that DC would soon cease treatment if he were a voluntary patient.

The Tribunal accepted the evidence in the report and from the treating team that when DC becomes unwell, he requires compulsory treatment to control his psychotic symptoms and his disruptive behaviour. The Tribunal noted that in the past DC had experienced severe relapses in his mental illness in the context of changes between medications or when the dose of medication was lowered. In the circumstances, DC's medication levels could not be lowered without careful monitoring, which could not be left to a GP. While the Tribunal acknowledged the distress that DC feels in relation to his treatment by public mental health services, the Tribunal considered that DC required the expertise of a psychiatrist and a team approach to manage and treat his illness. The Tribunal accepted the evidence from the treating team that any changes to DC's medication needed to be carefully monitored. The Tribunal considered that while DC has been 'reluctantly cooperative' with treatment in recent months, if he was left to make the decision himself, he would choose not to be treated for mental illness. The Tribunal considered that if DC was able to choose not to accept treatment he could again become symptomatic and disruptive in his behaviour.

The Tribunal was satisfied that a Treatment Order was needed so that DC could receive immediate treatment.

5. DECISION

The Tribunal decided that all of the treatment criteria applied to DC. This means the Tribunal must:

- make a Treatment Order;
- decide the length of the Treatment Order; and
- decide whether DC is treated in the community or in hospital.

While the Order engaged and limited DC's rights to privacy, liberty, freedom of movement and freedom from medical treatment without consent, those limitations were lawful and reasonable and compatible with the Charter.

6. TREATMENT ORDER

The treating team asked for a Community Treatment Order for 52 weeks. The reasons provided by the treating team were:

- to support DC to have a stable mental state and to lower the risk of irritability, aggression and property damage; and
- to address risk factors including a history or serious relapse in the absence of treatment, slow response to treatments and psychosocial stressors.

The treating team also acknowledged that DC receives support from his family but argued that his ability to continue to live independently in the community depends on assertive psychiatric treatment.

Treatment in hospital or the community and length of the Order

The Tribunal decided that DC's treatment can be provided in the community and made a Community Treatment Order.

As DC had made an application to revoke the Treatment Order, the Tribunal decided to make a 12-week Community Treatment Order to coincide with the period remaining on the previous Treatment Order. The Tribunal also noted Dr KT's comments during the hearing, specifically her concerns about the side effects DC had been experiencing, and her intention to review DC's treatment. The Tribunal considered 12 weeks was a reasonable period for these steps to be undertaken.

Twelve weeks is the longest this Treatment Order can last. The treating psychiatrist must revoke the Treatment Order at any time if they believe the treatment criteria no longer apply.

Date of determination: 26 May 2017.

Ms E Montgomery
Presiding member, on behalf of the Tribunal division.

Date: 26 June 2017.

Further information Patients have the right to apply to the Tribunal at any time to have the Treatment Order revoked if they believe the treatment criteria no longer apply. Contact the Tribunal on 9032 3200 or toll free on 1800 242 703 (country callers only) or by email mht@mht.vic.gov.au for more information.

Parties have the right apply to the Victorian Civil and Administrative Tribunal (VCAT) for a review of the Tribunal's decision within 20 business days after either the Tribunal's determination or receiving a statement of reasons (whichever is the later). Contact VCAT on 9628 9900 or toll free on 1300 079 413 (country callers only) or by email vcat-hrd@justice.vic.gov.au for more information.

A 'party' is the person who is the subject of the hearing (the patient), their treating psychiatrist and any party joined by the Tribunal.

Mental Health Tribunal

HEARING DETAILS

Patient's initials:	DC
Unique Record number:	355101
Hearing held at:	Casey Hospital
Hearing date:	11 August 2017
Tribunal members:	J. Slattery (Legal Member) Dr A. Akadiri (Medical Member) A. Naidoo (Community Member)
Who was at the hearing?:	Dr BS (DC's treating doctor) PM (DC's acting case manager)

Tribunal's decision:

The Tribunal made a Community Treatment Order for 26 weeks. This means that DC can receive treatment while living in the community.

THE TRIBUNAL'S DECISION

1. BACKGROUND

DC's Order at time of the hearing:	Treatment Order, expiring on 17 August 2017.
Treating mental health service:	Casey Hospital Community Health Service
Reasons for hearing:	DC's Treatment Order was about to end. DC's treating psychiatrist applied to the Tribunal to make a further Treatment Order for 52 weeks. This hearing was to decide whether DC must continue to receive compulsory treatment.

2. THE ISSUES

The Tribunal had to decide if DC should be on a Treatment Order.

A Treatment Order means DC's treating psychiatrist will make treatment decisions if DC is unable to consent or refuses treatment and DC's treating psychiatrist thinks there is no less restrictive way for DC to be treated.

When making decisions, DC's treating psychiatrist must have reasonable regard to DC's views and preferences and will also talk to DC's nominated person, guardian, or carer (if they have one) about DC's treatment.

To decide if DC should be on a Treatment Order, the Tribunal had to consider if the treatment criteria applied to DC. The treatment criteria are listed in the *Mental Health Act 2014* ('the Act') and are attached at the end of this document.

When making a Treatment Order, the Tribunal must take into account the patient's views and preferences, and the views of their nominated person, guardian or carer.

The Tribunal must also take into account the *Charter of Human Rights and Responsibilities Act 2006* ('Charter') when making its decision.

3. APPLYING THE TREATMENT CRITERIA TO DC

The Tribunal made the following decisions about each of the four treatment criteria.

Background

As DC did not attend the hearing the Tribunal could not ascertain his preferences except as passed on through the treating team. This was done, but the Tribunal was not able to ascertain the full extent of his views. The treating team told the Tribunal they had encouraged DC to attend but he had been firm in his view that he did not wish to do so. DC had a nominated person living in Queensland who did not attend or provide the Tribunal with any written instructions.

DC is a fifty-six-year-old man. He lives in a house owned by his parents, next door to his mother. Both his mother and sister are supportive of him. Although he has had a diagnosis of, and treatment for, mental illness since his twenties, DC achieved tertiary qualifications in computer programming and worked for Shell Company in the past. It was not clear how long it had been since DC has been employed. He is currently on a Disability Support Pension.

Does DC have mental illness?

The Act says that mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

The treating team has had a lengthy association with DC. They advised the Tribunal that DC did not believe he had a mental illness which required treatment as recommended by his treating psychiatrists (both in the public and private systems). The fact that DC had engaged with private psychiatrists in the past does indicate some understanding at times that he needed help to keep well. However DC's history showed frequent withdrawals or self managed reductions from treatment when not compelled by an Order. These withdrawals or reductions of treatment have frequently resulted in relapses into acute mental illness requiring admission to hospital. DC's engagement with his priVate psychiatrist and medical practitioners has become more tenuous during the last few years.

DC has been treated for mental illness since the 1980s with multiple and frequent admissions to hospital. He has received treatment both as a compulsory patient and a voluntary patient. The historical records indicate a diagnosis of paranoid schizophrenia, but the Tribunal focused on the recent, current indicators of mental illness, that is whether DC had a significant disturbance of thought, mood perception or memory.

The treating team claimed that DC had a medical condition characterised by a significant disturbance of thought and mood. The treating team and the Report described DC's symptoms of thought disorder, tangential and circular thinking. He has expressed beliefs that his bones were being removed. He has also expressed beliefs that he will own the hospital and that he is a person. of significant importance. The case manager reported ongoing abusive and hostile behaviour when administering the depot injection each fortnight.

DC's rapid swings to extremely angry moods and his aggression towards the treating team has been repeatedly manifested in verbally and physically threatening and violent behaviour, resulting on one occasion in $30,000.00 worth of damage to the hospital's emergency department. DC threatens staff in vicious tirades. The treating team illustrated how DC had incorporated them and the mental health system into his paranoid delusions.

On the basis of the evidence before it, the Tribunal was satisfied that DC had a medical condition that is characterised by a significant disturbance of thought and mood.

(b) Does DC's mental illness mean that he needs immediate treatment to prevent serious deterioration in his mental or physical health or serious harm to DC or to another person?

The Act says treatment is _things done in the course of the exercise of professional skills to remedy the person's mental illness or to alleviate the symptoms and reduce the ill effects of the person's mental illness'.

The treating team submitted that DC needs immediate treatment to prevent serious deterioration in DC's mental and physical health and serious harm to another person and also raised the possibility of unintentional injury to himself in his actions or by others in trying to contain him when he was unwell.

It was also noted that DC was active in his community, the treating team believed with the local historical society, and that there was a risk that if untreated his behaviour could seriously damage his relations there.

Serious deterioration in DC's mental health

The evidence of the treating team confirmed that on the occasions when DC's medication has been reduced by DC or his medical practitioner DC's mental state had deteriorated to the extent that he has required extended periods in hospital as a compulsory patient. Often the police have been involved during these times and aggression and violence had been a feature. The treating team described DC's current medication as just sufficient to enable him to remain in the community and that extreme care had to be taken not to provoke him .

Serious harm to DC's physical health

The treating team described the violent outbursts on occasion smashing glass at the hospital which had required very active containment by security officers and raised the possibility of unintentional injury to DC himself during these dangerous outbursts, either in the attempts to contain him or from the extreme nature of his behaviour.

Serious harm to another person

DC's aggression towards the treating team has been manifested in verbally and physically threatening and violent behaviour, resulting on occasion in the smashing of a significant area of the hospital's emergency department, putting staff and patients at considerable risk. The case manager reported consistent abusive and chronically hostile behaviour when administering the depot injection each fortnight. DC has continued to abuse the treating team, believing them to be victimising him and to be engaging in a conspiracy against him. It was reported as common that when given the depot injection DC accused the staff of raping and torturing him. DC threatens staff in vicious verbal tirades. On other occasions the threats had been made on email and the internet used to further intimidate and voice his paranoid beliefs.

The treating team also advised DC runs an anti-psychiatry website and posts his views on You Tube and that he has also on occasions harassed consultant psychiatrists via email. They expressed concern that increased behaviour of this nature along with potential violent outbursts (such as in 2015 when DC caused $30,000 damage to the emergency department following a police welfare check) may bring him to the attention of police and forensic services.

The Tribunal therefore decided that DC needs immediate treatment to prevent serious deterioration in DC's mental health, serious deterioration in his physical health, serious harm by misadventure to DC and serious harm to another person.

(c) Will the immediate treatment be provided to DC if he is subject to a Treatment Order?

The treating team appeared to recognise the medication was a necessary cornerstone of his treatment, which has contained DC's aggressive behaviour but additional modalities such as psychotherapy/ counselling could be explored if DC were receptive. The Tribunal was satisfied that DC was receiving treatment under the Community Treatment Order but explored with the treating team strategies around more effective engagement with DC to ensure more regular assessment by a registrar and consultant, recognising that treatment was more than the administration of medication. The treating team advised that DC attended for depot injections but refused to stay for assessment by the treating doctors. This has resulted in a lack of a formal current mental status examination being carried out by the treating team. At the hearing the Tribunal facilitated a discussion about the potential benefit of family meetings as they appear to be supportive of DC as

being an important source of collateral input with regards to early warning signs and ongoing treatment in the community.

The Tribunal therefore decided that immediate treatment will be provided to DC if the Tribunal made a Treatment Order.

(d) Are there less restrictive means reasonably available to enable DC to receive the immediate treatment?

The Tribunal must decide if DC needs to be compelled to receive treatment or whether he could receive the immediate treatment without a Treatment Order.

The Tribunal took into account a range of factors, including DC's views about treatment, as provided by the treating team in DC's absence, his treatment history, the support available from family, friends and other carers, and also DC's social situation.

The Tribunal noted an extended period between 2005 and 2013 where DC was well supported by a private psychiatrist, but were unable to ask DC directly as to what was effective during that period. The Tribunal took into account that DC still does not accept his mental health diagnosis and is hostile towards his treatment. He has self ceased his medications in the past which, as noted above, has resulted in multiple admissions to hospital due to deterioration of his mental health and verbal/physical aggression. On the basis of the evidence before it, the Tribunal was satisfied that DC would disengage from the treating team and stop treatment if not subject to a Treatment Order.

The Tribunal was therefore satisfied that at the time of hearing a Treatment Order was needed so that DC could receive immediate treatment.

4. DECISION

The Tribunal decided that all of the treatment criteria applied to DC. This means the Tribunal must:

- make a Treatment Order;
- decide the length of the Treatment Order; and
- decide whether DC is treated in the community or in hospital.

While the Order engaged and limited DC's rights to privacy, liberty, freedom of movement and freedom from medical treatment without consent, those limitations were lawful and reasonable and compatible with the Charter.

5. TREATMENT ORDER

The treating team asked for a Community Treatment Order for 52 weeks to give them sufficient time to reach an much improved level of engagement with DC and to establish his current mental health and better provide the optimal level of medication and additional treatment for him to achieve the best outcome for his mental state.

Type of Order

The Tribunal decided that DC's treatment can be provided in the community and made a Community Treatment Order. DC is currently being managed in the community and this remains the appropriate setting.

The treating psychiatrist can change a Community Treatment Order to an Inpatient Treatment Order if they believe DC is unable to have adequate treatment in the community.

Length of the Treatment Order

At the moment the treatment in the community provides little more than the depot medication and a cursory engagement with the treating team. This treatment is gradually incorporating a more active engagement with the treating team and for the time being DC's mental state is contained. The Tribunal was not satisfied that the treating team had a sufficiently long-term and holistic plan to incorporate any more than medication for DC's treatment. The Tribunal found that in view of the very gradual nature of the engagement proposed by the Treating Team a 26-week Order would be a more appropriate term for the Community Treatment Order.

Twenty-six weeks is the longest this Treatment Order can last. The treating psychiatrist must revoke the Treatment Order at any time if they believe the treatment criteria no longer apply.

Date of determination: 11 August 2017.

Ms J. Slattery
Presiding member, on behalf of the Tribunal division.

Date: 7 September 2017

Further information Patients have the right to apply to the Tribunal at any time to have the Treatment Order revoked if they believe the treatment criteria no longer apply. Contact the Tribunal on 9032 3200 or toll free on 1800 242 703 (country callers only) or by email mht@mht.vic.gov.au for more information.

Parties have the right apply to the Victorian Civil and Administrative Tribunal (VCAT) for a review of the Tribunal's decision within 20 business days after either the Tribunal's determination or receiving a statement of reasons (whichever is the later). Contact VCAT on 9628 9900 or toll free on 1300 079 413 (country callers only) or by email vcat-hrd@justice.vic.gov.au for more information.

A 'party' is the person who is the subject of the hearing (the patient), their treating psychiatrist and any party joined by the Tribunal.

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

HUMAN RIGHTS DIVISION

HUMAN RIGHTS LIST **VCAT Reference: H234/2017**

APPLICANT:	XOB
FIRST RESPONDENT:	Mental Health Tribunal,
SECOND RESPONDENT:	Casey Hospital
WHERE HELD:	In Chambers
BEFORE:	Senior Member B. Steele
DATE OF ORDER:	18 September 2017

DIRECTIONS

1. Casey Hospital is joined as a respondent to the proceeding.

2. The authorised psychiatrist, Casey Hospital, shall by **10 October 2017**, send to the Tribunal and the applicant a current Report on Compulsory Treatment.

3. The applicant may file with the Tribunal or bring to the hearing any further material that is relevant to the application.

4. **The proceeding is listed for hearing at 2:00pm on 25 October 2017, at William Cooper Justice Centre, 223 William Street Melbourne.**

5. The Casey Hospital shall be represented by a medical practitioner who has knowledge of the applicant and the applicant's current treatment plan.

6. The Mental Health Tribunal shall by **10 October 2017**, sent to the Tribunal Statement of reasons for its decision and any other relevant documents.

7. The Mental Health Tribunal is excused from attending the hearing.

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL · VCAT

SENIOR MEMBER B. STEELE

XOB	is	Mr David Crofts
Dr Yonchev	is	Dr Atanas Yonchev

VICTORIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

HUMAN RIGHTS DIVISION

HUMAN RIGHTS LIST VCAT REFERENCE NO. H234/2017

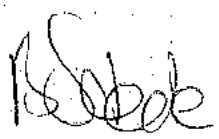
CATCHWORDS

Mental Health Act 2014 (Vic) sections 5, 6, 55 – review of decision of the Mental Health Tribunal to make Community Treatment Order – order affirmed.

APPLICANT	XOB
FIRST RESPONDENT	Mental Health Tribunal
SECOND RESPONDENT	Casey Hospital
WHERE HELD	Melbourne
BEFORE	Senior Member B. Steele
HEARING TYPE	Hearing
DATE OF HEARING	25 October 2017
DATE OF ORDER	6 December 2017
DATE OF WRITTEN REASONS	6 December 2017
CITATION	XOB v Mental Health Tribunal (Human Rights) [2017] VCAT 2026

ORDER

The order of the Mental Health Tribunal is affirmed.



B. Steele
Senior Member

APPEARANCES:

For Applicant	XOB in person
For the First Respondent	No appearance
For the Second Respondent	Dr Yonchev, by telephone

REASONS

BACKGROUND

1. XOB is the person who made this application to the Victorian Civil and Administrative Tribunal **(VCAT)**, seeking a review of the Community Treatment Order made by the Mental Health Tribunal about him on 11 August 2017.

2. He is called XOB here so as to keep the sensitive health information in this decision from being publically identified with him. An order was made about this under the *Open Courts Act 2013*.

3. The Community Treatment Order was for twenty-six weeks, so it is due to end on 8 February 2018 unless I make a different order in this review application.

4. I heard the application on 25 October 2017. XOB attended in person and Dr Yonchev from Casey Hospital attended the hearing by telephone. Dr Yonchev said that XOB's treating psychiatrist had been Dr Kim Tang, but that he was stepping in for her as she had just recently left the service. Dr Yonchev gave evidence first, then XOB gave his evidence and made submissions and both of them had an opportunity to ask questions and comment on the evidence given by the other. I reserved my decision.

5. According to the Report on Compulsory Treatment provided by Casey Hospital and signed by Dr Tang, XOB was first diagnosed with paranoid schizophrenia in the 1980s. From February 1992 to February 2005, he had about eight hospital admissions (mostly for short periods of up to four weeks) and spent at least three periods, each of several months, under Community Treatment Orders. Then for the next eight years, he was seen by a private psychiatrist, with no compulsory orders applying to him.

6. Both XOB himself and his current treating team say that this arrangement with the private psychiatrist worked well for XOB.

7. Since February 2013, XOB has had six hospital admissions related to his mental illness.

8. XOB told me at the hearing that he now suffers from "the shakes" and I was able to observe that he does suffer in that way. He also said he suffers "unbearable distress" which he attributes to his medication.

DECIDING WHETHER XOB SHOULD BE SUBJECT TO A COMMUNITY TREATMENT ORDER

9. VCAT's task is to consider all the available evidence and decide whether XOB should be subject to a treatment order under the *Mental Health Act 2014* **(the MH Act)**. VCAT has the same powers as the Mental Health Tribunal had when it made its decision on 11 August 2017.

10. A person may only be subject to compulsory treatment under MH Act if the four "treatment criteria" in section 5 of the MH Act are met.

11. The Mental Health Tribunal (and VCAT when reviewing its decisions) must have regard to the mental health principles set out in section 11 of the MH Act. These include a preference for voluntary treatment and respect for the views and preferences of the person receiving treatment.

12. Section 55(1) of the MH Act says that I must make a treatment order if satisfied that the treatment criteria apply. By section 55(2) of the MH Act, when making the order, I must, to the extent that is reasonably possible, have regard to the patient's views and preferences about treatment of his or her mental illness and the reasons for those views and preferences, including any recovery outcomes that the person would like to achieve.

13. I must also consider the *Charter of Human Rights and Responsibilities Act* 2006 (Vic) **(Charter)** and its application to the decision under review.

DOCUMENTS

14. XOB filed a number of documents before the hearing. These are relevant to his view of the treatment he is receiving. They also show that he is not satisfied with the reasons he has been given for that treatment, so I set out here a brief summary of the documents.

15. There was a chain of email exchanges with Dr Yonchev in January 2017, including an email from XOB dated 31 January 2017 in which he asked for the "objective reasons" why Dr Yonchev "refused to undo the tripling of my medication and return me to the level of medication I was on in 2012". This email said that XOB would then seek a second opinion from a psychiatrist of his own choosing.

16. Dr Yonchev's apparent reply (submitted with the above but with a date in 2016) said that such an opinion would be relevant if XOB shared with the second psychiatrist his treatment history and the circumstances leading to the request.

17. There was a letter from Dr Yonchev to XOB dated 5 April 2017, setting out a short history of XOB's medication and the various changes made to it.

18. Then there was correspondence between XOB and a number of other persons or bodies, from April 2017 to about September 2017. In all of this, XOB expressed his dissatisfaction with the reasons he had been given for the prescription of his current medication.

19. The correspondence, all apparently initiated by XOB, included letters to and from the Mental Health Complaints Commissioner, the Prime Minister, the Department of Premier and Cabinet, the Victorian Minister for Health and the Victorian Ombudsman. In all of the correspondence, XOB reiterated that he had not been given "objective reasons" for his current medication. He mentioned a number of times that he wished to return to the medication levels he had had in 2012.

20. Amongst the other documents on the file which I considered there was an email of 17 October 2017 to VCAT from Kelly Isle, Community Mental Health Services manager attaching XOB's treatment and recovery plan. The email said: "[XOB] has not engaged with this plan, seen it or signed it as he refuses to speak to me. It has been created based on his previous plans. I have attempted three times since 4/9/17. He only accepts his prescribed medication from me and leaves the clinic."

21. I also had on the file: a copy of the treatment order dated 26 May 2017, a copy report on compulsory treatment dated 10 August 2017; a copy Mental Health Tribunal determination dated 11 August 2017; a copy of the treatment order dated 11 August 2017; and the Mental Health Tribunal statement of reasons dated 7 September 2017.

DO THE TREATMENT CRITERIA APPLY TO XOB?

22. The Mental Health Tribunal (or VCAT when reviewing its decisions) must make a treatment order for a person if satisfied that the treatment criteria in section 5 of the MH Act apply to the person. See section 50(1) of the MH Act.

23. In brief, the treatment criteria in section 5 are as follows: the person has a mental illness; the person needs immediate treatment (for the reasons in section 5); the treatment will be provided under the treatment order and there is no less restrictive means reasonably available for the person to receive the treatment.

24. Taking each of the treatment criteria in turn, I set out the evidence given in the documents provided by Casey Hospital and the evidence given and

submissions made at the hearing by Dr Yonchev and by XOB himself as they apply to those criteria.

Whether XOB has a mental illness

25. The *Mental Health Act 2014* defines "mental illness" in section 4 thus:

> *(1)Subject to subsection (2),* ***mental illness*** *is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.*

26. Sub-section 4(2) then says a person is NOT to be considered to have a mental illness merely because of the factors listed in that section. For example, the fact that a person has previously been treated for mental illness does not on its own mean that the person has a mental illness. I can only find that XOB has a mental illness if I am satisfied on the evidence that he now has a medical condition characterised by a significant disturbance of thought, mood, perception or memory.

27. Dr Yonchev said that XOB's mental illness was documented in the report of compulsory treatment. This report had been prepared by Dr Sugumaran and confirmed by the authorised psychiatrist Dr Tang, in August 2017. I accepted Dr Yonchev's testimony as to its accuracy since he explained he had previously been XOB's treating psychiatrist.

28. He said that the first diagnosis of XOB was in 1992 and that he had been treated in the public mental health system and by a private psychiatrist since then. I asked him how the fact of XOB's previous illness showed that he was still suffering from mental illness. Dr Yonchev replied that he did not refer only to previous illness but also to the documented current illness.

29. The report on compulsory treatment said that the current diagnosis for XOB is "schizophrenia-paranoid type". It recorded a history of psychiatric admissions and orders beginning in 1992. The period from 2005 to 2013 was reported as "XOB was well managed during this period". Then there was a change of medication. Since then, there had been at least five hospital admissions of between two and four weeks with discharges on Community Treatment Order each time. In April 2016, XOB had said he wanted to stay in hospital until his medication was reduced.

30. A typical entry was one for an admission in June 2013 which reported that XOB was "angry, threatening, swearing at psychiatrist, not cooperating with treatment and found to be thought-disordered, irritable and guarded".

31. The report said that XOB was admitted in May 2015 following deterioration in his mental state "after being discharged to his GP last year".

XOB had expressed the belief that mental health services were plotting against him and had the delusion that his bones were being removed.

32. The report said that during appointments XOB was "irritable uncooperative angry loud verbally abusive and verbally aggressive to mental health staff". It went on "it is not possible to thoroughly discuss his mental state due to how he presents during review"

33. Dr Yonchev said that XOB's illness was characterised by a significant disturbance of thought and of mood. Dr Yonchev said he had himself assessed XOB in the past, the last occasion being about eight months ago and that was his opinion. At that time, XOB had spoken of his belief that the medical system was persecuting him. Dr Yonchev said XOB's thinking was circumstantial and tangential. He said that assessment of XOB is always problematic because XOB mostly refuses to cooperate, shouts and is abrupt.

34. Dr Yonchev said that this disturbance of thought and of mood was significant because it resulted in a distortion of reality. He added that he had no hesitation in saying that XOB has a life-long condition, that the anti-psychotic medication significantly reduces his symptoms and that the current medication was necessary for XOB to have the level of function he was displaying at the hearing.

35. XOB said that he does not have a mental illness. He said he just has "an extreme case of the human condition". On the other hand, he did appear to accept that the medication he had been given in the past had been useful. He said that if he was not on a Community Treatment Order he would return to his GP and "get the dose that kept me well for 10 years". The concerns he expressed at the hearing and in the documents he submitted were mostly about the medication prescribed for him since early 2013.

36. While XOB had suggested in some of his correspondence that he wanted to seek an opinion from a psychiatrist of his own choosing, he did not present any evidence from other doctors about whether he had a mental illness or about what medication he should be receiving.

37. Taking all this evidence into account, I was satisfied that XOB does have a mental illness characterised by a significant disturbance of thought and of mood.

38. I also noted XOB's concerns about the level of medication he receives and the side effects he is experiencing.

The need for treatment

39. The second criterion set out in section 5 is as follows:

> *(b) because the person has mental illness, the person needs immediate treatment to prevent—*
>
> *(i) serious deterioration in the person's mental or physical health; or*
>
> *(ii) serious harm to the person or to another person;*

40. On this issue also, Dr Yonchev referred to the report on compulsory treatment. He said that XOB needs immediate treatment to prevent serious deterioration in his mental health, in that without it XOB would not have his current level of functioning. He said that when XOB is unwell he cannot properly take care of himself in regard to matters such as food and fluids.

41. The report added that in the past XOB has experienced significant weight loss when his mental health has deteriorated.

42. As to needing immediate treatment to prevent serious harm to another person, Dr Yonchev pointed to the recorded physical violence to property. The doctor said that XOB has not hurt other people physically but that he threatens and intimidates others, using foul language and making threats, leaning in towards people. Dr Yonchev said this had happened to him and to others regularly in his experience with XOB. He said he had experienced and witnessed this when he or others had tried to assess XOB. For a long period, Dr Yonchev said, XOB's medication had been administered only in the presence of a security guard, because of his intimidatory and aggressive verbal behaviour.

43. The report on compulsory treatment said "most significant danger is relapse and disorganized/assaultive behaviour towards others as well as a chronic hostility towards those providing his mental health treatment".

44. XOB's evidence about the need for him to have treatment was focussed on his wish for a change to his current medication regime. He said he had had a ten year history of effective medication at a lower level than his current medication and that had worked well. He said he wanted to return to the dosage level he had had in that time and collect his medication from his GP.

45. XOB said his health was deteriorating under the current medication. He said that his private psychiatrist in the past had been better. Now, he said, he has the shakes and "unbearable distress".

46. He said, when I asked, that he had not spoken to any other doctors about changing his medication. He said that he had not discussed it with the case manager either and he added: "the case manager can't help me – they're against me".

47. I was satisfied by this evidence that XOB does need the treatment he is currently receiving to prevent serious deterioration in his mental health, which has occurred in the past. I was also satisfied that without the treatment his physical health would be affected by his disorganised behaviour as has been documented over previous periods without medication.

48. I was also satisfied that the treatment is needed to prevent serious harm to others in that during relapse XOB's behaviour has been threatening and intimidating. Although XOB has not harmed other persons physically his behaviour damaging property and threatening others could also cause serious harm in a setting where the others present are attempting to treat his illness.

Whether immediate treatment will be provided

49. The third criterion under section 5 of the MH Act is:

> *"(c) the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order or Treatment Order;"*

50. On the question of whether the necessary immediate treatment would be provided, Dr Yonchev properly pointed out that the treatment is currently being provided.

51. Dr Yonchev added that the mental health service had found that XOB's reluctance to be assessed was affecting his health and well-being. The refusal to be assessed, he said, put the treating team in a situation where they could not properly manage XOB's medication. They would be better able to manage his illness if he would be assessed, simply by answering a series of questions, he said. However, he added that the treatment currently being provided kept XOB functioning at the level sufficient to allow him, for example, to appear at VCAT and to argue his case.

52. XOB did not accept that he was receiving any useful treatment. However, because he said he wanted to return to previous levels of medication it appeared that he did agree medication had assisted him in the past.

53. I was satisfied that the immediate treatment would continue to be provided to XOB if the treatment order remained in place.

54. I note however that it is not the task of the MHT or of VCAT to decide whether the treatment being provided is the best possible treatment. XOB's concern that the current medication causes him to have "the shakes" and to experience "unbearable distress" should not be ignored. When I asked Dr Yonchev why XOB was on medication with these side-effects, he said that XOB does not have to be on this particular medication, but he needs some medication. He said other medication had been trialled and found ineffective. He also said that every review affects the medication prescribed.

55. Dr Yonchev added that it would be possible to discuss a change of medication with XOB, if XOB cooperated with the mental health service in a review.

Less restrictive means of treatment

56. The last of the treatment criteria in section 5 is as follows:

> *"(d) there is no less restrictive means reasonably available to enable the person to receive the immediate treatment."*

57. Accordingly, I should only confirm the Community Treatment Order if I am satisfied that there is no less restrictive means reasonably available for XOB to receive treatment.

58. Currently, there do not appear to be less restrictive means available. In future, that may change. It appears from the evidence that cannot happen until XOB agrees to engage with his treating team or makes an arrangement with another psychiatrist for treatment.

59. Further, XOB currently refuses to engage with his treating team except to attend for his injections, as set out in the correspondence from Ms Isles.

60. Dr Yonchev said XOB could not be a voluntary patient because his own assessment of his needs and the assessment of his psychiatrist were mismatched.

61. Dr Yonchev noted that in the past XOB had been effectively treated by a private psychiatrist, who XOB attended voluntarily, but that "they gave up and he became a compulsory patient". He said XOB would not engage with anyone now. He said the period of ten years when XOB was a receiving treatment voluntarily had ended; XOB had become unwell and needed medication and the medication prescribed was how the current team saw XOB's needs.

62. I asked XOB if his family would support him moving to voluntary treatment. Since they live next door to him, it may be that he would cooperate with voluntary treatment with their support. At first XOB said that his family would support revoking the Community Treatment Order, but when I pressed him he answered very honestly that they preferred him to be taking medication.

63. Because XOB was so concerned about his medication levels and said he had never been told why he was being prescribed the current levels of medication and not those he had received in 2012, I asked Dr Yonchev to explain why XOB had not been returned to the levels of medication in place then, when he had experienced fewer side effects.

64. Dr Yonchev referred to his letter to XOB dated 5 April 2017, which summarised his understanding of XOB's medication history. He said that the kind and level of medication is changed at each review of a patient and that XOB's recall of a time when he experienced no or fewer side effects was a time when his condition was different. XOB's condition had changed, Dr Yonchev said, so that different medication was needed now.

65. Perhaps in future XOB will agree to be assessed by his treating psychiatrist. That might lead to the psychiatrist prescribing medication which does not have so many unpleasant side effects. XOB might then accept treatment voluntarily. That would of course be a less restrictive way for him to receive treatment. However, at present, there was nothing to indicate that XOB would engage voluntarily with the mental health service and accept medication voluntarily.

66. The report on compulsory treatment said that there was a "high chance of relapse if made voluntary". XOB himself was not able to propose a less restrictive way for him to be treated. His proposal that he voluntarily return to the medication he was receiving in 2012, with a private psychiatrist, was not backed up by any practical arrangements and more importantly was not supported by the medical evidence from Dr Yonchev about the change in his condition which now requires different medication.

67. Accordingly, I was satisfied that there is currently no less restrictive means available for XOB to receive treatment.

CHARTER OF HUMAN RIGHTS AND RESPONSIBILITIES

68. In making this decision I have also considered XOB's rights under the Charter. Although XOB did not himself mention this at the hearing, I must consider whether his rights under the Charter are limited by the decision I make and if so whether any such limitation is justified.

69. In reviewing a decision of the MHT, VCAT acts as a public authority and is therefore bound by the Charter. See s 38(1) of the Charter and the decision of Bell J. in Kracke v Mental Health Review Board & Others [2009] VCAT 646 **(Kracke)**.

70. A treatment order under the MH Act limits at least the following rights: the right to freedom from medical treatment without his or her full, free and informed consent (see section 10(c) of the Charter); and the right to freedom of movement (see section 12 of the Charter), in that he is required to attend a particular place and time for treatment.

71. Leaving the Community Treatment Order in place sets a reasonable and justifiable limitation on his rights. Section 7(2) of the Charter provides:

> *A human right may be subject under law only to such reasonable limits as can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom, and taking into account all relevant factors including—*
>
> *(a) the nature of the right; and*
>
> *(b) the importance of the purpose of the limitation; and*
>
> *(c) the nature and extent of the limitation; and*
>
> *(d) the relationship between the limitation and its purpose; and*
>
> *(e) any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.*

72. In Kracke, VCAT considered the application of s 7(2) and each of the factors set out in that section to the limitation of rights under the *Mental Health Act 1986* (at paras 742-784) and was able to conclude:

> The limitations on Mr Kracke's human rights imposed by the operation of the provisions of the Mental Health Act for making, maintaining and reviewing involuntary and community treatment orders are made under law, reasonable and demonstrably justified in a free and democratic society based on human dignity, equality and freedom. Therefore, the provisions satisfy the general limitations provision in s 7(2) of the Charter.

73. Similarly to Justice Bell in that case, I consider that here the limitations imposed on XOB's human rights by operation of the *Mental Health Act 2014* are reasonable and justifiable taking into account the matters in section 7 of the Charter. The Community Treatment Order in this case complies with the safeguards built into the Act. It meets the strict criteria in section 5. It is the treatment needed for his mental illness, according to the evidence of Dr Yonchev, which I accepted.

74. Dr Yonchev also said when asked that it might be possible to use different medication. He mentioned that it has been difficult to address this issue as XOB will not wait to be assessed when he receives his depot medication.

75. Further, although this order does not provide for treatment in line with XOB's preferences, it is important to remember that the safeguards in the MH Act require that his personal preferences be taken into account only "to the extent that is reasonable in the circumstances" – section 55(2)(a).

76. Here, in my view XOB's wishes have been taken into account to the extent that is reasonable. I accept the evidence that he needs treatment. Given his history of relapse and need for medication, it would not be reasonable to leave him untreated or to return to voluntary treatment when he is unlikely to accept it. Accordingly, it is consistent both with the safeguards in the MH Act and with XOB's Charter rights that he receive the current treatment.

CONCLUSION

77. For these reasons, the order of the Mental Health Tribunal is affirmed.

B. Steele
Senior Member

Patient's UR number: 355101

Patient's date of birth: 23/02/1961

Mental Health Tribunal

MHT 9

DETERMINATION REGARDING A TREATMENT ORDER

The Mental Health Tribunal conducted a hearing at Casey Hospital for Mr DAVID CROFTS to determine whether to make a Treatment Order or revoke the current Treatment Order.

Mr CROFTS *attended / *~~did not attend~~ the hearing.

* The Mental Health Tribunal is **satisfied** the treatment criteria apply and makes a *Community Treatment Order / *Inpatient Treatment Order for _____ weeks.

* The Mental Health Tribunal is **not satisfied** the treatment criteria apply and revokes the current Treatment Order.

Section 5 (d) _____ of the *Mental Health Act 2014* is / ~~are~~ not met.

insert (a) (b) (c) (d)

Dated: 02/02/2018

Nick Sciola	Adeola Akadiri	Helen Walters
Legal Member	*~~Psychiatrist Member~~ *Reg Medical Prac Member	Community Member

* Tribunal to strike out if not applicable

IMPORTANT TO NOTE

A party to a proceeding may request a written statement of reasons under section 198 of the *Mental Health Act 2014*. A 'party' is the person who is the subject of the proceeding (the patient), the psychiatrist treating the person who is the subject of the proceeding and any party joined by the Mental Health Tribunal under section 183 of the *Mental Health Act 2014*. The request must be in writing and received by the Mental Health Tribunal within 20 business days after the Mental Health Tribunal has made the above decision. The Mental Health Tribunal will provide the statement of reasons to all parties within 20 business days after receiving the request.

If a patient is dissatisfied with the Mental Health Tribunal's decision, they can make an application to the Mental Health Tribunal to revoke the Treatment Order at any time before the expiry of the Order under section 60. The Mental Health Tribunal will list a new hearing as soon as practicable after lodgement of the application.

Under section 201 of the *Mental Health Act 2014*, a party to the proceeding may apply to the Victorian Civil and Administrative Tribunal (VCAT) for a review of the Mental Health Tribunal's decision within 20 business days after either the Mental Health Tribunal's determination or receiving a statement of reasons (whichever is the later). Contact VCAT on (03) 9628 9900 or toll free on 1300 079 413 (country callers only) or by email vcat-hrd@justice.vic.gov.au for more information.