

16 August 1994

Mr David A.S. Crofts
25 Brisbane St
BERWICK VIC 3806

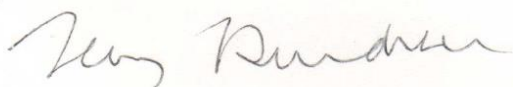
Dear David

Thank you for your letter of 9th August in which you own up to attempting to obtain Chlorpromazine under false pretences.

I remember doing the psychiatric work necessary to diagnose you on 14.7.1994 and deciding to agree with your request for Chlorpromazine and the details of my argument are pointed out in my note in your file, but I refuse to concede that my note should be the centre point of your review as I assert my right under the Mental Health Act to insist that Dr Hokin and Dr Fitzgerald be considered the parties most responsible for your treatment and therefore have my note swamped by their reports.

I am asking you to believe that you admitting to lying your argument for Chlorpromazine has not invalidated the details of my argument for Chlorpromazine as pointed out in my note in your file.

Yours sincerely



T.M.HARDIKER F.R.A.N.Z.C.P.
CONSULTANT PSYCHIATRIST



Dandenong Hospital
Department of Psychiatry

134 Cleeland Street, Dandenong
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P O Box 478, DANDENONG, VICTORIA 3175

16 August 1994

Mr David A.S. Crofts
25 Brisbane St
BERWICK VIC 3806

Dear David

Thank you for your letter of 9th August explaining the circumstances of your recent admission.

I remember interviewing you on 14.7.1994 when you agreed to re-commence your Chlorpromazine medication and my note is in the file, which is available to the Review Board.

Dr Hokin and Dr Fitzgerald have the responsibility for your treatment under the Mental Health Act, so that there would be no point in my attendance at the Hearing on August 25th, as I would have nothing to contribute beyond the note of the 14th July, as mentioned.

Yours sincerely

T.M.HARDIKER F.R.A.N.Z.C.P.
CONSULTANT PSYCHIATRIST

David A.S.Crofts,

25 Brisbane Street,
BERWICK. 3806.

9/8/94

Dr. T.Hardiker,

Dandenong Hospital,
Department of Psychiatry,
134 Cleeland Street,
DANDENONG. 3175.

Dear Sir,

I have just received my Notice of Hearing from the Mental Health Review Board and I feel your presence at this hearing is essential because you are the only doctor to have seen me since concern was raised about my mental health by Dr. C.Rodrigues and the nurse G.Howlett and the administration of psychotropic medication.

The following are the basic details of how I became a compulsorily medicated involuntary patient.

About 10 months ago I managed to convince my doctor that further medication was overly cautious and my medication was stopped. It was stopped on the condition that the community nurse Dory O'Connor see me fortnightly to ensure I had not become ill. After about 7 months Dory suggested it might be good mental exercise if I attend a group at The Day Hospital called "You and Your Issues." This group is run every Wednesday by Dr. C.Rodrigues and the nurse G.Howlett. It usually consists of stating how you are feeling and what you did that week.

It was during the group on 13/7/94 that I encountered a strange phenomenon. Stephen, one of the group mates, appeared to have developed the curious habit of fantasizing what the therapist wants to hear and saying it to him. Stephen was talking with G.Howlett about an interview he had with a representative from the D.S.S. concerning rental assistance. I listened for about 15 minutes until I thought I had detected a contradiction in what he had said. When I pointed it out to him he said that it did not matter because they were all a lot of "social wankers". When G.Howlett asked him to repeat what he said, he said it didn't matter and when he was pressed he said it was too hard to explain.

Armed with my contradiction I then accused Stephen of trying to appear more in control than he was in reality. This was a mistake because it resulted in my sanity becoming the centre of attention when really Stephen's little game was all I was trying to expose. The first thing Dr. C.Rodrigues said was "Perhaps the reason YOU ARE MISTAKEN is ...". I interrupted her and told her "DON'T say Perhaps the reason YOU ARE MISTAKEN is, make a polite proposition." She said she would not tolerate being spoken to in such a manner and left the group. G.Howlett then proceeded to ask what arrangements I had with Dory O'Connor should it be felt that I am becoming ill. I told him that should Dory O'Connor feel I am becoming ill she will arrange to have the A.C.T. team visit me daily for a week. If at the end of the week they feel I require medication, I will take a depot shot and avoid hospital altogether. G.Howlett said this

contract can be broken if it is felt necessary. After merely trying to point out to Stephen the error of his ways, it had become obvious the situation had gotten out of control. I got up and left the group telling G.Howlett, "I think I'll follow Dr. Rodrigues lead!"

That afternoon my father received a telephone call stating that certain people in The Day Hospital were concerned about my mental health. They then asked to speak to me. When the telephone was passed to me I was also told a similar message and my mothers work telephone number was requested. When my mother returned from work she informed me that the community nurses that called had arranged to come to my house the next day and interview me (a strange thing to do since none of them are doctors capable of forming a diagnosis).

As I have had experience of the medical profession I know there are just some circumstances when it will not be satisfied unless medication is applied. During my 5 years of employment there were a few occasions when I did not feel well. I felt overwhelmed and in need of a rest. I was still a voluntary patient in the private hospital system and I requested a brief stay in hospital. While I was in hospital I was put on a short course of Largactil. Typically I was back at work within a week and never stayed on Largactil for more than a month. When the community nurses arrived on the morning of 14/7/94 I arranged to see you in hope of getting a similarly short course of Largactil and getting the community nurses off my back at the same time.

So when you saw me on the morning of 14/7/94 the request for Largactil was really an attempt to minimize my time spent medicated and avoid an indefinite stay on depot tranquilizer. I hope that now you actually know what transpired in The Day Hospital you can discount the concerns of the nurses and testify at my hearing that I was still interacting well and was a threat to no one.

For completeness reasons I feel it necessary you know how I became an involuntary patient doomed to an indefinite period of depot tranquilizer.

On the morning of 15/7/94 the community nurses telephoned again and made another appointment to see me, again without a doctor capable of forming a diagnosis. They asked me if I would be prepared to see The Admitting Officer at the Hospital. I agreed since in my opinion the task of The Admitting Officer is to diagnose me and decide upon the appropriateness of hospitalization or the continuation of the Largactil medication at home. When I arrived at The Admitting Officers room I sat down expecting to have to explain my behavior in "You and Your Issues" which was what after all had lead to the concern about my mental health in the first place. I was mistaken. The first question was "How are you David?" I replied I was O.K. She then got up and left the room. When she came back she had another question. "How are you getting on with your parents?" I replied that we get on well together. She then got up and left the room for the second time. When she returned she had another slightly better question. She asked, "How do you feel?" I replied I felt well. She then got up and left the room for the third time. At this point as no effort had been made to discuss the concerns of The Day Hospital staff, I too thought I should leave. Clearly those few questions were enough to confirm that I was mentally ill because as I was leaving four nurses grabbed me from

behind, physically carried me to seclusion, stripped me, placed me in parjarmas and violently medicated me. I was never given the opportunity to voluntarily accept hospitalization or medication, I was just physically set upon. The right to an explanation as to the function of the medication (which I believe even involuntary patients have) was illegally not respected.

I spent my first two weeks of hospitalization in a Haliperodol induced state of debilitation, and my third and last week of hospitalization, slowly being weaned on to the depot tranquilizer Haldol which I find equally debilitating. They intend to continue the Haldol indefinitely and the only explanation as to why they need to do this is that there exists a belief that I am mentally ill. No one has even tried to offer a justification.

I hope your evidence will show that continued application of Haldol is unnecessary as I believe when I saw you in an un-medicated state I was interacting well and a threat to no one.

I am also sending letters to Dr. C.Rodrigues and the nurse G.Howlett requesting they attend my hearing as if there exists a justification as to why it is believed medication is required it can only come from them. I would appreciate it if you could speak with them and impress upon them the vital nature of their attendance.

According to my Notice of Hearing the details are as follows:-

Hearing No. 250894:Z22:355101

Place: DANDENONG HOSPITAL, DEPT OF PSYCHIATRY

Date: August 25, 1994

Time: 10:00 am

Yours sincerely,

D.A.Crofts.

David A.S.Crofts.

25 Brisbane Street.
BERWICK. 3806.

10/8/94

Dr. C.Rodrigues.

Dandenong Hospital,
Department of Psychiatry,
134 Cleeland Street,
DANDENONG. 3175.

Dear Madam,

I have just received my Notice of Hearing from the Mental Health Review Board and I feel your presence at this hearing is essential because you and the nurse G.Howlett are the only two people who can give the details of the mental illness I was supposed to have demonstrated during the group "You and Your Issues" held on the 13/7/94 and hence justify the medication I am now forced to take.

This supposed mental illness you and G.Howlett reported to the community nurses after this group is the sole and only reason I am now a compulsorily medicated involuntary patient.

I wish to stress to you the vital nature of your attendance at this hearing because otherwise almost nothing can be ascertained about my supposed illness and my un-medicated state of mind.

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Yours sincerely,

D.A.Crofts.

David A.S.Crofts.

25 Brisbane Street.
BERWICK. 3806.

10/8/94

G.Howlett.

Dandenong Hospital,
Department of Psychiatry,
134 Cleeland Street,
DANDENONG. 3175.

Dear Sir,

I have just received my Notice of Hearing from the Mental Health Review Board and I feel your presence at this hearing is essential because you and Dr. C.Rodrigues are the only two people who can give the details of the mental illness I was supposed to have demonstrated during the group "You and Your Issues" held on the 13/7/94 and hence justify the medication I am now forced to take.

This supposed mental illness you and Dr. C.Rodrigues reported to the community nurses after this group is the sole and only reason I am now a compulsorily medicated involuntary patient.

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Date: August 25, 1994

Time: 10:00 am

Yours sincerely,

D.A.Crofts.

Before we get started I would like to say a few words.

I would like my medication stopped and my original agreement with Dory O'Connor reinstated as I believe that my medication was a mistake.

I appreciate that your task of assessing my sanity has now almost been impossibly complicated by the fact I am now receiving medication I believe I don't require.

In my experience the positive effect of major tranquilizer is to suppresses all drives interests and enthusiasms and give the patient a peaceful environment in which to reflect upon the delusions and paranoid thoughts that may have been causing distress. I wish to state that after 8 weeks of medication, in contrast to past admissions, I have not come to realize one delusion or paranoid thought which from past experience seems to indicate there were not any.

I also realize that I present like a patient recovering from an acute mental illness but there is a simple explanation. Drives interests and enthusiasms cause a mental strain because they must be held in check until a healthy outlet can be found. When these drives interests and enthusiasms are chemically removed the associated mental strain is released in an unstructured way and for patients with a fragile mental framework, like myself, it can even precipitate mental break down. I believe that explains why I now can not concentrate enough to read a book and why watching television is a chore not a pleasure.

I wish to assure you that now medication has been applied in my case there is no need to keep it there like a plaster cast trying to ensure the entrenchment of a health if unmotivated mind set. This is because there existed no unhealthy thoughts to try and freeze out in the first place.

If this was the private hospital system medication would only be applied till the patient came till his senses. Then the phycotherapy would commence. The medication would be reduced and the therapist would then try to channel the returning drives interests and enthusiasms into getting the patient to understand importance of learning the mechanisms of his phycosis. This method means that the patient is truly cured and able to experience a better quality of life as his drives interests and enthusiasms have been allowed to return.

Unfortunately this the public hospital system and here no one expresses any interest in the contents of the mind of their patients. They just look at their patient and if they get the gut feeling that are mentally ill they are screwed into the public hospital system. First medication is applied in the hope of making them appear well. If they suceed they are pushed into the community with their tranquilizers and without their drives interests and enthusiasms.

As I do not believe myself to have been ill when Dr. C.Rodrigues and the nurse G.Howlett decided I was even the option of applying insight oriented phycotherapy is inappropriate. (In the past I have had phycotherapy twice weekly for 3 and a half years and even though it probably saved my life I feel that I have exhausted that avenue.) One thing I am sure of though is that the medication is also inappropriate. I do not want to go back in to the community in a medication plaster cast for an indefinite period without my drives interests and enthusiasms because of an incorrect diagnosis.

I will now attempt to give a possible reason for the incorrect diagnosis of Dr. C.Rodrigues and the nurse G.Howlett.

Before my medication was stopped 12 months ago I endured a 6 month period of depot tranquilizer. When my medication was stopped I told myself I had finally got free of the public hospital system and was determined to stay well. I told myself to always be centrally aware of how I was feeling and not let any thought go by without its origin being centrally understood. I also decided to wait until my medication suppressed drives interests and enthusiasms had returned for 6 months before attempting to gain employment as a computer operator.

As I have explained long periods on tranquilizer result in a solidly set mental frame work and it was not until 7 months had past did I begin to feel the return of the old drives interests and enthusiasms I felt while employed. I was particularly conscious that this was a critical time because I did not want to become concerned with the pursuit of ideas that were unreasonable and hence avoid the trap of following what my old phycotherapist called the tug of madness.

I was reading and enjoying 3 books a fortnight from the public library. I even read one book in two days because I found it so exciting. I was borrowing and enjoying 5 old weekly videos a week from the local video library. To hone up my computer skills I had just completed a 1500 line checkers program on my personal computer. I was even planning to write a noughts and crosses program with a random opening book. Just the kind of small easily uploadable program that the bulletin boards find so popular.

This was all before the session of "You and Your Issues" on 13/7/94. I made the mistake of considering the group as an ideal setting to do some real group therapy. Apparently when I spoke up after months of relative silence and didn't just say I feel well and had a very enjoyable week they figured something must be up. If they did real phycotherapy instead of just attempting to fill in the patients day they might have understood what I was trying to say. All I was trying to do was point out to Stephen that pleasing the therapist is not going to give him insight into his problems and hence free him from the medication he dislikes so much.

As I have already described in my letter to Dr. T.Hardiker the behavior of Dr. C.Rodrigues can only be described as unprofessional. Rudely accusing me of being mistaken when I had Stephens game pretty well nailed with a contradiction can only mean she was not paying attention. However by far her most unprofessional piece of behavior is racing out of the group after I told her not to say I'm mistaken but make to a polite proposition. She was unable to sit still long enough to objectively diagnose me and yet she had the hide to report me mentally ill to the community nurses. She also left four other patients who were relying on her for phycological guidance.

I suspect that they noticed the return of my drives interests and enthusiasms and assumed that this change would go hand in hand with a reoccurrence mental illness. Unfortunately in public hospital system this would usually be the case as no work is done to give the patient insight into his mental illness and the phycotic mechanisms just lie dormant waiting to express themselves should the patients drives interests and enthusiasms return.

As the return of my drives interests and enthusiasms is exactly what I was hoping for it makes my current sentence of indefinite medication particularly hard to take, especially as I had realized the return of my drives interests and enthusiasms to be a critical time and had made plans to express them in a healthy normal way.

If Dr. C.Rodrigues and the nurse G.Howlett do accept my invitation to attend this hearing I believe they will not have done the psychiatric work to objectively identify one symptom that would have prevented me from leading a normal healthy life. All you will get is desperate subjective psychiatric junk. They will probably say I was insightful and thought disordered. These are the last resorts of people who can't isolate any real objective debilitating symptom

I now wish to describe on the circumstances of my admission to hospital. I think it is clear that Dr. C.Rodrigues's diagnosis was just being reflected via the community nurses into the ear of The Admitting Officer and no diagnosis was attempted. I know now that when I tried to leave and was violently medicated in seclusion my chances of remaining well and emerging from the hospital system with my drives interests and enthusiasms intact had gone.

I would like to warn you against believing the document prepared by the treating doctors describing me because it is just the writings of partially informed doctors documenting the medication induced disintegration of an otherwise well patient. The diagnosis is ancient history and I find it hard to accept the term paranoid when no one even asked me any questions concerning what I was thinking.

I think Dr. C.Rodrigues and the nurse G.Howlett have a lot to answer for because if it was not for their hasty ill conceived and erroneous diagnosis I would be enjoying life now instead of being in a medicated misery. If only they had decided to let Dory O'Connor to do her job as agreed and not sent two intimidating community nurses who introduce themselves with the statement there exists a belief in The Day Hospital that you are mentally ill none of these unfortunate and needless events need have happend.

MENTAL HEALTH REVIEW BOARD

Section 30
Review

Mental Health Act 1986

HEARING NO. 250894:Z22:355101

Division DANDENONG HOSPITAL, DEPT OF PSYCHIATRY

In the review of Mr. DAVID ASHLEY CROFTS an involuntary patient at DANDENONG HOSPITAL, DEPT OF PSYCHIATRY.

DETERMINATION

UPON CONDUCTING the review of Mr. DAVID ASHLEY CROFTS and after having regard to the criteria specified in section 8(1) of the Mental Health Act 1986:

*1. The Board is satisfied that the continued detention of Mr. DAVID ASHLEY CROFTS as an involuntary patient is necessary. **SUTTON**

~~*2. The Board is not satisfied that the continued detention of Mr. DAVID ASHLEY CROFTS as an involuntary patient is necessary and THE BOARD ORDERS THAT Mr. DAVID ASHLEY CROFTS be discharged as an involuntary patient.~~

DATED this 25th day of August 19 94


Chairperson


Member


Member

*Strike out if not applicable.




You may appeal against this decision to the Administrative Appeals Tribunal. You may lodge a new appeal with the Mental Health Review Board.

Between the time co-ordinate
of certification document
signing and the application
of treatment; E a requirement
to explain the F() applied
to the patient. ie:-
what is the design of the
treatment. Dr M.E. Meldrum
St. Kilda 33 Queens Rd. St. Kilda. 3004.

FROM CONDUCTING the review of Mr. DAVID ASHLEY CROFTS and after having
regard to the criteria specified in section 8(1) of the Mental Health Act 1986.

The Board is not satisfied that the continued detention of Mr. DAVID ASHLEY
CROFTS as an involuntary patient is necessary and the BOARD ORDERS THAT Mr.
DAVID ASHLEY CROFTS be discharged as an involuntary patient.

DATED this 22nd day of August 1994

 Chairperson	 Member	 Member
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You may appeal against this decision to the Administrative Appeal Tribunal. You
may also make a new appeal with the Mental Health Review Board.