In order to be as brief and succinct as possible, I've written my opening remarks.

First, we'd like to thank you for this inquiry and for the opportunity to appear before you today.

You will see from our submission that human rights is the core issue for mental health consumers around the world – and impacts on all terms of reference of this inquiry. At a recent conference in Italy, Benedetto Saraceno, the Director of Mental Health and Substance Abuse at the World Health Organisation, made the following remarks:

- "The violation of human rights of [mental health consumers] and the recognition of their role and rights as citizens are a main concern for WHO"
- "There is a global emergency for the human rights of people suffering from mental health problems"
- "Human rights violations have nothing to do with poverty or limited resources … we can see this kind of violation in rich and poor countries."
- "WHO does not believe in science and medicine if they are against human rights of people. WHO believes in a holistic model of care where the medical model is just one among many."
- "People with mental health problems are first of all citizens and therefore the full enjoyment of their citizenship should be kept as a vital framework for any medical intervention"
- "WHO would like to stress that involuntary ECT or ECT without anaesthesia should be considered unacceptable."

I would like to table the full text of his address as an addendum to our submission.

Next, the UN is currently preparing a Convention on the rights of people with disabilities, which includes psychosocial or mental health disabilities. The international voice of mental health consumers, and the accredited NGO representing us at the UN Convention, is the World Network of Users and Survivors of Psychiatry (WNUSP). WNUSP is alarmed that the current draft of the Convention discriminates against mental health consumers as somehow having different basic human rights to people with other disabilities. This discrimination against us is currently endorsed by the Australian delegation to the Convention, which includes representatives from HREOC and some Australian disability organizations – but not mental health consumer organizations, nor has there been adequate consultation with us, yet they dare to speak on our behalf. This is institutionalized discrimination by the Australian government against the fundamental human rights of mental health consumers.

I would like to submit another addendum to our submission that includes a statement from WNUSP, and two WNUSP position papers on, first, the vital question of legal capacity that underpins this discrimination, and another showing that forced psychiatric treatment meets internationally recognised definitions of torture.

Closer to home, the Victorian government has consumer participation as one of its six key directions in mental health. The recent state budget had increases for mental health of about $180 million over four years. But not a cent for consumer participation. This is discrimination. This is political public relations deceiving the people of Victoria and a cruel, stigmatising slap in the face for consumers who know only too well the truth about consumer participation in this state. As a consumer representative on the Ministerial Advisory Committee, I have advised the minister to shut down the subcommittee that I chair on consumer and carer participation because of this blatant discrimination against consumers.

On the national level, we similarly have *beyondblue* boasting of its consumer participation while actually discriminating against us. I have looked at their BlueVoices submission to this inquiry and am again offended by their claim to represent us at all. My own experience of *beyondblue* over several years is that the so-called moderator of the BlueVoices network (who does not, by the way, identify as a consumer) is not a moderator at all but a censor. *Beyondblue* only welcomes – and carefully selects – consumers that go along with their public relations message. It equally carefully excludes – or censors – dissenting voices such as mine that question their message, such as the need to debate the growing evidence that antidepressant drugs can induce suicidal behaviour. I can give many other examples of how *beyondblue* manipulates the public debate on depression, including misrepresenting its own data. With $100 million of public funding, this is institutionalized discrimination.

Finally, *beyondblue* is a good example of how discrimination against consumers, and the inevitable human rights abuses that arise as a consequence, arise directly from an excessive emphasis on the medical model of mental health, as detailed in our submission. There is a medical colonisation of mental health that some are calling the Sickness Industry or disease-mongering. *Beyondblue* is a part of this. The medicalisation of mental health, supported by legislation that denies us our citizenship, is used to justify the most serious human rights violations of forced psychiatric treatment, claiming that it is "for their own good" – please remember the Stolen Generation, when you hear this phrase. Forced treatment and the threat of force, more than anything else, are the foundation of the culture of fear and intimidation that poisons our psychiatric wards. Human rights abuses are not accidents but inevitable in such a culture. Forced treatment is killing more people than it saves.

In conclusion then, mental health consumers have less rights, with fewer protections of our rights, than exists in the criminal justice system …but all without us ever committing any crime … with the inevitable consequence of serious human rights violations … and all in the name of a fundamentally flawed medical model that this is "for our own good".

I'll now hand over to Cath to talk a little about …