

Ms Sherry Watson

27 July 2005

Associate Professor Amgad Tanaghow  
Office of the Chief Psychiatrist  
Floor 2, 555 Collins Street,  
Melbourne Vic 3000

Dear Sir,

I wish to make a formal complaint of serious mistreatment and abuse I have been recently subjected to within the mental health system.

Due to depression resulting from chronic pain I have been treated as an in patient and out patient of Pine Lodge Psychiatric Clinic, 1480 Heatherton Road, Dandenong since some time around late 2001 until 28 June this year.

During that time I have been variously diagnosed with Borderline Personality Disorder, Bi Polar Disorder and Major Depressive Disorder, though prior to being struck down by pain I had managed to live a reasonably normal, successful life, reaching the academic achievement of my Masters Degree.

By the time I first attended Pine Lodge I had been enduring severe pain from work injuries for almost twelve months and had become suicidal. I was first under the care of a Dr Ratnayake who I saw for twelve months. Although I remained chronically suicidal for that entire period, Dr Ratnayake saw fit to see me for a total of four hours in twelve months.

She finally admitted me to Pine Lodge Hospital after my mental strain had become extreme and only after considerable pressure from a psychologist, because she didn't want to deal with the inconvenience of making application through the Work Cover system. After two weeks as an inpatient, Dr Ratnayake told me I had to leave because I was Borderline, though she was aware I remained as suicidal as the day I was admitted.

I discharged her as my psychiatrist and the Psychiatric Registrar at the time, Dr Lindsay Martin, arranged for a Dr Hogan to see me. His first words to me, before even introducing himself, were "don't think you're going to be in here much longer". I got up and walked out. The next few psychiatrists Dr Martin arranged for me to see had various reasons for not taking me on – I was too sick, I wasn't sick enough, etc. I was starting to learn about our mental health system.

I remained an in patient under Dr Martin's care until she finally persuaded a psychiatrist to take me on. This was Dr Matt Gelman whose first words to me (though he did introduce himself first) were "I should tell you I have absolutely no interest in your illness whatsoever". By now I knew I had little choice but to be grateful, even whilst Dr Gelman spent the next three or so years demonstrating the truth of that statement.

I could count on one hand the number of times any consultation lasted more than ten minutes – about as long as it took to write the next script and herd me out of his office which he would do with the words "Is there anything else you wanted to talk about today" as he physically rose from his desk and opened his door – his invitation for me to leave. This only varied on a very few occasions when I dared to insist on talking, and no matter what I said his response was invariably, "I'm sorry you're feeling that way, is there anything else you wanted to discuss today" and off to the door he would go again. He never asked me about my background, my past, my life, he never recommended any treatment or therapy, he never advocated for me – any admission during this time followed persuasion by my psychologist. The only thing he ever did was prescribe drugs, basically any I asked for. He never monitored quantities – over those three years I could have easily accumulated sufficient surplus drugs to kill myself several times over.

Twice during this time he went to Israel for a two month holiday, leaving me without a locum or alternative psychiatric care. On the most recent occasion I was undergoing electro convulsive therapy. After 26 or thereabout bilateral treatments, and with no doctor to recommend continuation or cessation, and after experiencing massive short term and long term memory loss, I discontinued treatment myself. Within several weeks of ceasing treatment I experienced two grand mal seizures over a two week period for the first time in my life.

On 10 June 05 I was again admitted as an inpatient at Pine Lodge Clinic for a two week period. Again, my psychologist had to talk Dr Gelman into this. I was very fragile emotionally at the time and becoming suicidal and I simply wanted the opportunity to work through some issues in a safe environment, instead of continuing to bury everything under a panacea of drugs.

One of the issues I was dealing with was that whilst I felt outpatient therapy groups at Pine Lodge were helping me, having a psychiatrist who consistently demonstrated complete indifference was harming me, but by now I knew access to therapy was dependent on having a psychiatrist and how hard it was to find a psychiatrist who would see me.

As my admission was to be for two weeks, at this stage I was due for discharge on 24 June. I felt I was making a lot of progress and just wanted one extra week to stabilize. I spoke to the Unit Manager, Julie Vine, about this and on the 21 June entered into a treatment plan (attached) and signed by myself, Julie, and Dr Gelman; so at this stage there was obviously no intent to discharge me three

days later. After this I spoke to Julie about my concerns regarding Dr Gelman and finding a new psychiatrist. She promised to set up a meeting between herself, the Psychiatric Registrar, Dr Kumar, and a psychiatrist who worked also at Dandenong Hospital, a Dr Kathari. After this, when I saw Dr Gelman I said something about the extra week and he replied, "No, you're Borderline, you're going home Friday". It seemed obvious Julie had related my concerns to him and he decided to be spiteful.

When the meeting Julie was arranging was due, I was told to wait in one of the offices. They left me there so long I fell asleep. When I woke I found Julie to ask her when the meeting was happening and she responded "I'm tired, I'm going home". No mention of an alternative date. Feeling I had very little left to lose, the next time I saw Dr Gelman I told him I didn't want him to be my psychiatrist anymore as I had lost all faith in his professional competence. I asked him "when did psychiatrists stop practicing psycho therapy and just become legalized drug dealers?" He laughed at this but I wasn't joking; it's a serious question. From where I sit they do nothing but prescribe drugs, then more drugs to deal with side effects, then more and more and more. I also told him that I felt if I remained under his indifferent care for another six months I felt I would be dead. He walked away at this but a short time later returned and said "as you no longer have a psychiatrist at this hospital, you must leave the hospital immediately. It was 9.30pm; there was no discharge plan, no referral, no medication, just pack up your stuff and get out, and he knew I was still experiencing a degree of suicidal ideation.

A very kind nurse begged him to at least allow me to stay the night and he agreed, adding I wasn't to be given any sleeping meds which, since I had been taking them, seemed nothing short of malicious. I was required to leave the hospital the next morning immediately – no meeting with the Psychiatric Registrar to help me find alternative care, no discharge plan, my medications were not returned to me – I was simply turned out on the street.

By this stage, apart from the two seizures I had (which staff knew of and had now deprived me of drugs controlling them – Valium and Neurontin) I was experiencing more widespread and severe neurological symptoms. I lost balance, falling over and barely able to stand unassisted, I was disoriented, confused, suffering blurred vision, flickering eyesight, extreme weakness in all limbs and hands and feet, slurring of speech and stumbling over words, etc. I doubt any of this would appear in Dr Gelman's file as I very rarely saw him make any file note about me – most times I saw him he couldn't find my file.

My mother picked me up from Pine Lodge and took me to my GP Dr Charles Castle. Even in the carpark on the way in I fell over and she had great difficulty getting me upright. Dr Castle consulted with my psychologist, Sally Walker, and because of the severe neurological symptoms I was showing, together they thought the best option would be for me to enter Dandenong Hospital via

Emergency where the physical symptoms could be checked and my psychiatric needs then dealt with.

I arrived at Dandenong Emergency in the evening where a battery of tests were conducted but which revealed nothing. Although I am still due to have an EEG, I have noticed that since being off Seroquel completely, most of the neurological symptoms have disappeared. Whilst at Pine Lodge I was on a nightly dose of 800mg of Seroquel plus Stillnox just to sleep. I had previously told Dr Gelman I would often need to take 1000mg of Seroquel to sleep. He never suggested this was too high or any alternative.

All of the above is just a precursor complaint of general neglect to the nightmare that was about to begin. Whilst in the Emergency Dept at Dandenong Hospital, and in a disoriented state, I lit up a cigarette inside. I was told off and put it out immediately, but the nurse told me once I had been admitted they would take me out for a cigarette.

I was subsequently admitted to Ward West 3 as a neurological patient with psychiatric problems. Again, disoriented, I lit a cigarette. Again I was told off and immediately put it out, but this time I was determined I was going to find the outside smoking area. The nurses wouldn't allow this because I was so unsteady on my feet and neither were prepared to take me and we argued.

I ignored them and proceeded to take myself off for a cigarette, making my way by leaning against the walls. I was later told that one of the nurses said I was shouting and threw something at a wall so they called security so other patients would not be upset. I recall shouting but I have no memory of throwing anything. Certainly the nurses knew what a weakened state I was in; that's what the argument was about in the first place, so weak a child could have restrained me. Certainly, two 6ft male security guards could have restrained me by simply placing a hand on either of my arms.

Instead the two security guards who arrived jumped me, threw me to the ground and proceeded to beat the living daylights out of me. I was repeatedly punched to the left eyebrow and as I wear an eyebrow ring, punching the metal onto bone was exceedingly painful. I was repeatedly punched to the right cheek bone. One of the guards twisted my elbow as far as it could be and then brought his fist down onto my elbow with maximum force. This was done several times. Both guards also bent my hands back at the wrist as far backwards as they would go. I thought they were going to break them. I was kicked in the base of the spine several times, where I had just had a lumbar puncture and this caused a flare up, still continuing, of a pre existing prolapsed disc. I was kicked in the legs repeatedly. I was punched in the chest and stomach repeatedly. One of the guards grabbed my hair and drove my face forward into the ground, hurting my nose. He then pulled my hair back the other way and repeatedly smashed the back of my head into the hard, vinyl floor.

Throughout the attack I continued to scream and struggle, but this was because I was in extreme agony. One of the guards put his hand around my throat and squeezed to the point no air could enter or leave for at least a minute. I was sure at that moment he was going to kill me. I could barely speak for days afterwards.

The actual nursing and medical care I received at Dandenong was outstanding so I have no idea why these nurses let the attack go on so long, although one of the guards did lean over me at one point and whispered into my ear, “the nurse can’t see what I’m doing from here and you’re fucking dead meat”. He also laughed and smiled throughout the attack – he was clearly enjoying himself.

I was then restrained to a bed at the hands and feet by velcro strips but over these they tied this pink plastic around them which made them much tighter and exceptionally painful. Regardless of whether the use of mechanical restraints was reasonable in the circumstances (and I would argue it most certainly wasn’t – basically I tried to have a cigarette and got beaten up for it) the law says a registered nurse must review my physical and mental condition at least every 15 minutes and if restrained I must be monitored continuously. I know I wasn’t checked on once because the restraints were so painful, I continued to struggle to free myself all night. By about 6.00am in the morning I managed to break the pink plastic on my left wrist which then enabled me to get the velcro undone. So, in fact, the restraints were never removed, I was not checked on all night, I ultimately freed myself. And after I did, the only thing I did was make my way out to the smoking area to do the only thing I had been trying to do in the first place – have a cigarette. I continued to do this for the remainder of my stay, using the walls as support and, strangely, no one else found it necessary to have me beaten up for it or even try and stop me.

In any event, the law relates to involuntary patients and I was not then an involuntary patient; nor was any doctor called to attend me after the beating that night. I have enclosed photos of the injuries sustained, although, having to use a cheap camera in a hospital bathroom, they do not fully reflect the severity of the bruising.

Needless to say, the recent events at Pine Lodge and the beating left me feeling pretty traumatized and two days later I broke a light globe and made a suicide attempt. The glass was too fragile and kept breaking so I slashed myself repeatedly instead – a part of my illness, I don’t hurt other people, I turn external rage in on myself.

Next day I was told I was being transferred to Casey Psychiatric Hospital as an involuntary patient. Little did I know the real horror was just about to begin. The first day I saw the Psychiatric Registrar, a female doctor. She was compassionate and probably the only medical staff member there who qualifies for the term “human”. The nurse with her, Viv, also seemed nice, until the doctor

was gone. I noticed very quickly that the nursing staff would act like angels of mercy whenever a doctor was within sight or hearing and turn into Atilla the Hun the moment they weren't. There is a culture of fear and oppression which permeates the entire facility. Inmates, and that is how they are treated, not as patients, are for the most part in a constant state of terror, and for good reason.

Apart from going out of their way to be deliberately mean, most of the nursing staff are completely incompetent. Never once did a contact nurse approach me to see how I was doing, to explain any of the rules or routines, or for any reason other than to give me prescribed medication. For the first two days they managed to make mistakes with my medication repeatedly, so I asked a night nurse to write out for me all the medications I was on, dosages and times, which she did.

Next day a nurse approached me at 12.00pm to give me two paracetamol, except according to my list I was due for Endone, not paracetamol. I was in crippling pain, not just because of the recent beating I had taken but also because I had to be withdrawn from Neurontin, which I use for chronic severe nerve pain, in preparation for an EEG – another thing the medical staff got wrong for two days. Anyway, I argued briefly with the nurse who offered to show me the drug chart. I said, "fine, if it is a mistake on my list I have in any event a PRN of 10mg of Endone which I'll have instead of the paracetamol". Simply because she was annoyed I had dared to argue with her and for no sound or discernible medical reason, she replied "you're not getting anything but paracetamol". I asked her if she knew what PRN meant and she responded, "I'm not discussing this with you and walked off". She later refused to even tell me her first name but it was whoever was my contact nurse on 7 July at 12.00pm.

At this stage I was annoyed but my voice would've been no more than slightly raised. I wasn't making any kind of threatening or intimidating gesture. A more senior nurse, I think the charge nurse, asked me to come around the back "quiet area" to discuss it. The night before I saw a woman bashed and thrown into the seclusion room in this same area so I can assure you, I went immediately, quietly and without protest. I sat on a couch surrounded by four to five nurses and a uniformed security guard. A nurse then offered to give me my Endone if I agreed to take Olanzapine. I refused. I didn't need an anti psychotic, said so and demanded the Endone. The charge nurse repeated the only way I was getting any Endone was if I took the Olanzapine. So I took the Olanzapine, held it under my tongue, took the Endone, then spat out the Olanzapine. At Casey you don't disobey a nurse and get away with it; retribution is swift and severe and I already knew it so, I guess I knew where I was going and in a final act of defiance made out to light up a cigarette. This didn't happen; the lighter was wrestled from me very quickly by a very large nurse. The rest then joined in in throwing me to the ground. The security guard applied the elbow twisting maneuver I was by now familiar with, the rest joined together to drag me by the hair and arms into the seclusion room where I was thrown on to the bed. I was not resisting at any

stage; I knew I would just get hurt more so the brutality of it was manifestly unnecessary. They removed everything from me except for a pair of cotton pants and thin long sleeve t-shirt, and then jabbed me with an injection which knocked me out for a couple of hours.

I have attached a copy of the drug list the nurse wrote out for me. Note, Olanzapine is a PRN. No nurse had a right to force it on me as the only means of me obtaining legitimately prescribed drugs I was entitled to. Nor did I then, or at any time, show any signs of psychosis or violence – I was released from the facility the following day.

The law allows seclusion only "...if it is necessary to protect the person or others from an immediate or imminent risk to their health or safety or to prevent the person from absconding. It is only used when other ways of ensuring safety have failed". There was nothing close to any such risk and any video surveillance of the area would prove me right. Nowhere do I read seclusion may be used punitively when a patient refuses to take a drug that no doctor has said must be taken.

The law says, "If you are put in seclusion... staff must give you appropriate bedding, clothing, food and drink when you want them. They must also provide you with adequate toilet arrangements, including the opportunity to wash." I was forced into seclusion at around 12.30 pm and not let out until 5.30pm. I had not had lunch so had not eaten since breakfast so I was starving. The only toilet facility was a cardboard bowl with no toilet paper. When I came to I had diarrhea as well as my period and so was ultimately forced to use the bowl. I then had the choice of sitting on the sheet in my own faeces or using the sheet as toilet paper and throwing it in the corner. I chose the latter as the only slightly less degrading and humiliating option. This meant that I was also now freezing with no bedding, thin clothing and evening approaching.

The next day in an attempt at damage control, a senior nurse tried to explain to me that I wasn't let out because I kept shouting. The only things I shouted for were my basic human rights – for a toilet, for food, that I was freezing, and I kept begging "let me out and I'll do anything you want". I could hear staff walking by from time to time for hours and what I was saying was perfectly audible to them, yet not once did anyone speak to me, open the door to check on me or look in the window to check.

All the while this was going on my mother was calling the hospital getting more and more frantic because staff refused to tell her where I was; all they would say was that I was "unavailable". Finally, she rang the public phone and a patient told her where I was. My mother described that patient as being absolutely terrified and begging her to not say who had told her. Shortly after this, a message was left on my mother's phone saying I was now available if she wanted to call me.

I was then placed in a room identical to the seclusion room, nothing but a bed, the only difference was that I could physically walk out of it, but there was nothing to walk to – all my possessions were kept from me. My mother was told if I stayed calm I could return to my own room the next day. I woke at 2.30am with nightmares and couldn't sleep, so I sat on a chair as still as a Buddha until 8.00am the next morning, just so I could get back to my room.

About this time a nurse, introducing herself as Amanda told me she was my contact nurse and would come and see me at 9.00am. I may as well have still been in seclusion as far as sensory deprivation goes. 9.00am came and went, so did 10.00am. I approached her and was rebuked for daring to do so. "I'm too busy to see you now, you'll have to wait...oh, and by the way you're not going back to your room, we've decided to keep you where you are. Later on Milko (another nurse) and I will decide which of your possessions you can have and which we'll take and add to the lock up.

Notwithstanding the great threat these people obviously perceived me to be, one hour later I was released unconditionally from the facility. This house of horror could not even be compared to a prison camp; more like a Nazi concentration camp. What I have documented does not include every instance of deliberate cruelty. If I were to attempt to do so I would be writing for ever.

The point I wish to make, as we enter the Senate Committee Inquiry into the Mental Health System and approach Mental Health Week, is that whilst one side of the debate continues to deny any real systemic problem and the other continues to cry out for greater funding, the abuse and punitive mistreatment of one of the most vulnerable sections of our community will continue unchecked until the issue of the suitability of those entrusted with their care is addressed. There is a small number of dedicated, compassionate people attracted to psychiatric nursing because they care. The majority do it because they are lazy; it simply involves far less hard work than regular nursing. Nurses at Pine Lodge sit around for the greater part of their shifts reading papers and playing scrabble. etc. They don't deliver meds, they normally don't do regular obs, they don't make beds, they don't lift patients, etc. Then there is the small number of sadistic, meglomaniacs, attracted to the work because it allows them to exercise power over people and hurt them in virtually unaccountable settings. An extra two billion dollars a year could be thrown at the system and the regular abuse and mistreatment of the mentally ill will not stop until mandatory personality profiling, psychological testing and background checking is introduced for *all* mental health workers.

I have lodged formal complaints with the institutions involved and made a complaint to the police regarding the beating at Dandenong Hospital. However, you are ultimately responsible for these practices and my experience tells me they are regular and systemic. In short, you are not doing your job and if my



complaints are not thoroughly investigated and those openly flouting the law not brought to account, then I will bring my own legal action, if for no other reason than to continue to shine the light on this appalling and disgraceful state of affairs.

In closing, you should be aware that I can no longer sleep, have constant nightmares, feel utterly traumatized, beyond what words could express, and am terrified of the entire system now. I would die before I would ever go near another psychiatrist or psychiatric hospital.

Yours faithfully,

Sherry Watson