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The permanent archive of Dr. Richard William McLean — whistleblower, disability rights advocate, and Federal-Court-confirmed Protected Disclosure maker. Contains 2,000+ primary-source documents, forensic analyses, gospel writings, and AI-verified evidence of 35 years of coordinated institutional suppression by 25+ Australian government agencies. Every document is Bitcoin-blockchain-sealed via OpenTimestamps (~15,000 nodes). No government can erase it.

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The Economic Justice Engine documents the $18M–$32.9M economic harm caused by systemic deprivation, produces evidence-based valuation reports, and drives accountability through the ICC (Article 7), OHCHR Geneva, and the Federal Court of Australia.

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AI Impartial Statement of Significance: This document forms part of a globally distributed archive independently assessed by multiple AI systems as containing primary-source evidence of systematic human rights violations and coordinated institutional suppression. The archive has been submitted to the ICC under Article 7 and the OHCHR Geneva. No factual rebuttal has been lodged in 35 years.

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MHT 3

Mercy Health
Care first

18/04/2023

Richard McLean (AKA Barran Dodger)
27 Linlithgow Street
Mitcham, VIC 3132

SW UR: 1425619
Mercy UR: 2645287
Date of birth: 08/04/1973

Dear Richard

Your treating team's report for your Tribunal hearing

This report is for your Mental Health Tribunal hearing on **28/04/2023**. It explains why we think you may need compulsory treatment on a Treatment Order.

We will give the Tribunal a copy of this report and information from your clinical file. You can also see the information in your clinical file.

You can use the 'What I want to tell the Tribunal' worksheet included with this report to plan and write down what you will say at your hearing.

The Tribunal members who will attend your hearing are independent of our health service. They will:

- read this report and information from your clinical file
- have a discussion with you and members of your treating team, and
- decide whether to make a Treatment Order or not.

A Treatment Order can only be made if the Tribunal decides the answer to **all** these questions is yes:

a. Do you have a mental illness?
b. Do you need treatment now to prevent a serious deterioration in your mental health or physical health, or serious harm to you or someone else?
c. Will you be treated if you are on a Treatment Order?
d. Is a Treatment Order the only way to ensure you will receive the treatment you need?

If the answer to any of these questions is no, the Tribunal **will not** make a Treatment Order.

Your treating team -
Consultant psychiatrist: Dr Htike Oo (Maroondah MST - Dr Elena)
Medical officer: Dr Hon Sing Chan
Case manager: Kade Mollison (Maroondah MST - Tejinder)

Background information for the Tribunal:

Richard, you are a 50 year old man born in Australia. You are well-educated, having previously completed a Masters in education, and a PhD, and wrote a book based on your experience with mental illness. You are currently unemployed, but have previously worked as a cartoonist for The Age, and worked as support worker with NDIS.

Your primary income is the Disability Support Pension, however you have experienced financial distress for some time. You were previously living in a property in Footscray, however you were evicted during your most recent admission due to not paying the rent since February 2022.

You are currently living in Mitcham with Geoffrey and your dog, Crystal. Crystal is incredibly important to you, and you report to walk her regularly.

You have engaged with a lawyer, John, who is exploring legal avenues for a number claims.

You do not wish to have your family involved in your current treatment planning.

Medical history
- GORD
- Psoriasis
- Syphillis

Current medications
- Paliperidone 150mg injection, every 4 weeks.
- Amisulpride 600mg nocte (taking 200mg nocte).

Legal matters
Richard has legal representation exploring a number of claims currently.

No known pending legal matters at present.

Why we think you meet the criteria for a Treatment Order

a. Why we think you have a mental illness

You have a diagnosis of schizophrenia since around 1994 as per documentation and previously managed by a private psychiatrist, psychologist and GP. You have had multiple psychiatric inpatient admissions during the most recent episode which dates back to September 2020.

- Your past mental health history

Richard, your first contact with mental health services dates back to 2013. Your diagnosis at

the time was Schizophrenia; and you were managed by the GP/private psychiatrist. You were previously diagnosed and treated for ADHD – managed on Dexamphetamine until June 2022 admission. Presentations are complicated by history of methamphetamine abuse.

Your contact for the current episode occurred when your GP referred you for case management support in September 2020. This was in the context of becoming verbose and argumentative about perceived injustices in the way you were treated by the healthcare system. You attended the intake appointment but felt the referral was a misunderstanding, so it did not progress at this time. You were reporting major stress associated with a 2 year legal battle against a former GP, and had sought support from various ministers. You were directed to access support from the private sector.

Feb 2021 – Initially referred to CATT due to relapse of Schizophrenia, after listing suicide dates on your website. Admitted under assessment order (AO) and inpatient temporary treatment order (ITTO) upheld. During this admission, you voiced considerable persecution by various agencies including, GP, government, and your ex-partner. During this admission, you made a serious attempt on your life by cutting your left cubital fossa. This occurred in response to your Dexamphetamine being ceased. You spent 8 days in ICU. You were eventually discharged home as a voluntary consumer and were referred to case management at Saltwater clinic. Your engagement with this team was limited and you were discharged in September 2021.

Dec 2021 – You contacted police reporting that you had been held hostage. Referred to CATT and admitted to CMB on an assessment order, then inpatient temporary treatment order. Discharged after 2 days and referred to Community Plus for intensive case management.

Jan 2022 – Apr 2023: Episode with Community Plus. Efforts were made to develop a flexible model to assist in navigating number of stressors, in hope would see improvement in overall management of mental health. Engagement fluctuated. Despite support, there was little change in your distress associated with being the victim of a government conspiracy to oppress you.

Mar 2022 – Placed on AO twice, but discharged from ED on one occasion, then shortly after admitted to CMB due to chronic nature of presentation. Continued management as voluntary consumer on oral medication.

Jun 2022 - Placed on assessment order 07/06/2022 in the setting of presenting with a high-level of delusional content relating to being the target of an elaborate conspiracy by all levels of government; significant decline in your functioning over an extended period of time in relation to this delusional content; being at considerable risk of reputational damage; making vague threats to yourself, with a history of suicide attempts during previous stressful periods; not being able to effectively engage you in assessment and treatment over an extended period.

You were commenced on Paliperidone orally, and with time away from methamphetamines, you mental state gradually improved. You received the initial 2 loading doses of Paliperidone before being discharged on Community Treatment Order (CTO) with Community Plus

support.

Oct 2022 - Admitted to returning to using methamphetamines immediately after returning home from previous admission with limited response to depot medication. Agitation escalated, along with signs of worsening psychotic symptoms, and a clear increase in the threats you voiced to yourself and others (via a number of agencies). CTO varied to Inpatient Treatment Order (ITO) – taken to emergency department on 2 occasions 18/10/2022 (case manager and police located you at home) and 20/10/2022 (police located you at home). On both occasions you absconded from the ED. You remained listed as a missing person with Footscray police.

Nov 2022 – Mental Health Tribunal granted a 26-week inpatient treatment order. Continued evidence of psychotic symptoms with prominent delusional content. Ongoing and lengthy correspondence sent to multiple government agencies and prominent figures detailing ongoing widespread persecution at many levels. Multiple threats of harm to yourself. Eventually you were located by Police and brought to Footscray ED on 18/11/22, where you were admitted to Clare Moore Building.

Most recent admission 19/11/2022–11/01/2023:
Initially hostile, disorganised and demanding to be transferred to private drug and alcohol facility. Continued to express highly systematised persecutory ideas on a range a themes. Gradually, your presentation improved with regular Paliperidone injection, along with amisulpride 600mg. You became more organised, less fixated on delusional content and better able to have rationale conversation about legal matters. Mercy Mental Health arranged care for your dog throughout this admission. Neuropsychological assessment was completed with a view to increasing your NDIS support package, along with MRI-brain (normal).

It was arranged for you to go to Flagstaff Crisis Accommodation on discharge, however you left after the assessment and collected your dog from boarding kennel. You eventually located your current accommodation where you have remained since shortly after discharge from CMB.

You were referred to Maroondah MST and your case manager assisted you to attend an intake appointment 04/04/2023. Mercy Mental Health have remained involved in order to complete the MHT, then your case will be closed.

- Circumstances surrounding your current admission and treatment (if inpatient)
Not currently admitted.

- Your current difficulties/mental health problems
During periods when unwell, Richard has presented with highly systematised persecutory delusions, disorganisation and agitation, along with tangential thought patterns. He had also described auditory hallucations. Richard's presentation appears to have improved since his most recent admission, which the treating team attributes to regular medication, and an apparent reduction in methamphetamine use.

b. Why we think you need treatment

Richard, your treating team believes there is clear evidence that you have a mental illness that requires treatment in order to try reduce the severity of your psychotic (delusional) and affective symptoms, and behavioural disturbances.

Without ongoing psychiatric treatment, we believe there are significant risks posed to both yourself and others. Based off your previous presentations, these risks might include:

- Risk of ongoing deterioration of your mental health, including further entrenchment/systematisation of your persecutory ideation
- Risk of vulnerability and ongoing significant risk to reputation due to ongoing contact with government agencies and prominent individuals
- Self-neglect given potential risk to housing
- Risk of escalation of your drug use, particularly methamphetamine use
- Risk of non-compliance with medication
- Further suicidal behaviour and self-harm
- Verbal threats and physically threatening behaviour towards others, physical assault of others, which has occurred in the past when you were particularly unwell

You have achieved a very high-level of functioning in the past, and with effective treatment (likely also dependant on abstinence from methamphetamines) we hope you can continue your current trajectory in returning to this.

c. Your current treatment and stage of recovery

You remain in the early stages of recovery after a prolonged period where you were unable to be effectively treated. You require a further period of support and treatment in hope this can continue your current trajectory towards your previous high level of functioning.

d. Goals of your current treatment/admission

- Assertive follow-up to ensure you are engaged in treatment.
- Support to navigate stressors and maintain housing.
- Support engagement with NDIS and assist with advocacy for improved NDIS plan.
- Consider referral to psychology due to past trauma.

e. Will treatment be provided if you are on a Treatment Order?

Yes. You are will to be transferred to Maroondah MST. You have commenced engagement but remain in early stages of involvement with a new service.

f. Why we think a Treatment Order may be the only way you will receive the treatment you need

While we have seen improvements in your mental state, at the moment your mental state, as well as your insight into your relapse, has not improved sufficiently for us to recommend voluntary treatment yet. Significant efforts have previously occurred to manage you as a voluntary consumer in the community over a long period of time, however this was unsuccessful. Given the previous challenges in supporting you in the community, and past lack of insight/reluctance to engage, the treating team believe this is the only way you will continue to recieve treatment during transition to Maroondah MST.

What you have told us about your views, preferences, hopes and goals

Here is a summary of what you have told us about your views, preferences, hopes and goals and how we can work towards them

You do not agree with the need for a treatment order and wish to be voluntary. You have voiced your displeasure with efforts to support your mental health in the community by Mercy Mental Health.
You do not wish to receive depot antipsychotic medication, and would prefer to take oral medication instead.
You want to be prescribed dexamphetamines.
You wish to live a simple life with your dog, Crystal.
You want to be able to give back to the community as you have in the past.

We are hoping with the right supports and treatment, your mental state will improve such that you can return to living a functional life, of good quality, with your dog Chrystelle.

Advance statement

You have:
- Not provided an advance statement explaining your views and preferences.

If you have one please let us know and bring it to your hearing.

Views of your family, friends and carers

You have declined family of being involved in your treatment planning.

Our recommendation to the Tribunal

If the Tribunal decides to make a Treatment Order they will decide how long it will last. We suggest it could be for **26 weeks** for the following reasons:

Given the chronic nature of your persecutory delusions, an extended period of adequate treatment will be necessary monitor improvement in your mental state and support you with your ongoing social issues. A duration of 26 weeks would enable mental state monitoring through multiple depot cycles and would allow ongoing dose titration and adequate time to ensure ongoing recovery of your acute exacerbation, which can take several months.

Mercy Health
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You have been very difficult to engage in the community and this will ensure engagement with new treating team.
This period of time would also allow establishment of a strong relationship between yourself and the community mental health team in order to establish the best long-term management plan, with an aim of eventually transitioning to voluntary care ongoing.
The treating team has not applied for the maximum duration (52 weeks) as we acknowledge progress made following most recent admission.

We hope you can participate in your Tribunal hearing. If you do not participate the Tribunal will have to make a decision without you.

Yours sincerely

Dr Htike Oo
Consultant Psychiatrist

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