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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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6/6/2023

Richard McLean
1 Goldlang St
Dandenong
3175

Statewide UR number: 1425619
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 14/06/2023. 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, including any advance statement you have made. You can ask to see that information.

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, members of your treating team and your support people who attend the hearing, 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.

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

Your treating team

Consultant psychiatrist: Dr Elena Cocolas (MMST)/ Dr Annabel Wyburn (DMST)
Medical officer: Dr Thomas Sellitto (MMST)/
Case manager: Tej Bajwa (MMST)/ Linda Davis (DMST)Consultant psychiatrist:

Background information for the Tribunal

Richard is 49 years old, currently unemployed, and supported by DSP and NDIS. He is well known to mental health services and until recently was case managed by Saltwater Clinic Comm Plus team (Mercy Health) on a CTO. He was referred to MMST following his relocation to Mitcham.

Note that Richard has an alias that he sometimes uses - "Barran Dodger".

Richard has a history of use of regular methamphetamine (reported abstinence since November) and alcohol and he is a cigarette smoker.

Richard reports GORD, psoriasis and previous syphilis identified on positive serology in November 2022 and was treated with Benzylpenicillin

Since his relocation to Dandenong, MMST have referred you to Dandenong MST; however, we have remained involved to support you with your MHT appeal hearing.

Your strengths, support in the community and things that help you stay well

You greatly enjoy spending time with your dog, Chrystelle.
You are supported by a close friend and nominated POA Suellen.
You are very active on your social media channel.
You are a recipient of the NDIS.

Your culture, family and housing

Richard you were born in Australia, and you report you are not currently in contact with your family.
You previously lived in a private accommodation in Footscray for a number of years, however you were reportedly evicted due to outstanding rent since February 2022.
You until recently lived in Mitcham with the owner Jeffrey who owns the property.

Your education and work history

You have completed a Master's in Education, as well as a PhD. You have written several books in the past, including a Children's book and a book about your experience with mental illness.
You are currently unemployed, but you had previously worked for the NDIS in a support role. You also previously worked as a cartoonist for the Age and several other organisations. You have an active website and YouTube channel.
You report you have been under significant financial stress for several years, and you are currently financially supported by the disability support pension.

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

Richard you have reported to us an experience of not being heard or listened to by mental health services (MHS).
You report you were previously stable and well and highly functional for many years on Dexamphetamine and Amisulpiride and if you could afford it you would see a private psychiatrist and return to this regimen; you do not agree with previous MHS's decisions to withdraw/change this regimen.
You do not agree with nor accept a depot voluntarily and would prefer to remain on oral medication;
You have advised that if you were not on a CTO you would move interstate with your dog to evade MHS and seek out private psychiatric support.

Why we think you meet the criteria for a Treatment Order

What led to you receiving mental health treatment

Richard you were previously diagnosed and treated with ADHD and you were managed by a private psychiatrist, psychologist and GP. You were prescribed dexamphetamine 30mg mane; this was weaned in Feb 2021 during an admission due to prominent affective and ongoing psychotic symptoms and in combination with use of methamphetamine in community.

You first presented to state MHS in 2013 with triage contact in the context of paranoid ideation, referential thinking and auditory hallucinations, commentary in nature. This occurred in the context of significant relationship and financial stress. At this time a diagnosis of schizophrenia was made. It was documented that you recognised that these thoughts were psychotic in nature.
In September 2020 your GP made a referral for case management. This was in the context of presenting as verbose and argumentative, mainly voicing frustrations at the health system in Australia and your unjust treatment. You were experiencing significant stress at the time in the context of having a two-year legal battle with a previous GP and you had sought support from various ministers.

In February 2021 you were admitted under the MHA with a relapse SZP, following a referral to CATT by friend voicing concerns that your mental health had declined, and that you had plans to commit suicide. During this admission you required transfer to ICU following a serious attempt to self-harm with intent to end your life. You were discharged as a voluntary consumer with referral for CM at Saltwater Clinic (SWC) however soon after you disengaged and you were discharged in Sept 2021
You required further admissions in December 2021 and March 2022 with similar episodes. You were discharged as a voluntary consumer to CM with Comm Plus however did not engage despite assertive efforts.
In June 2022 you were placed on an AO after presenting with paranoid concerns relating to being the target of an elaborate conspiracy by all levels of government and significant decline in functioning over an extended period of time in relation to this. You were initiated on Paliperidone depot and discharged on a CTO with Community Plus support.
You required a further and protracted admission between November 2022 and January 2023 in the setting of persistent symptoms of psychosis in the community persistent disengagement and evasion of community psychiatric treatment over many months. You were again discharged on CTO with Community Plus support.
You were referred to MMST in April 2023 following your move to a private rental in Mitcham.

a. Why we think you have a mental illness

We think you have a mental illness because you have had significant disturbances of thought, mood, perception or memory.

When unwell Richard you have presented with highly systematised persecutory delusions, disorganistion in your behavior and thoughts and agitation. You have also reported command auditory hallucinations.

You continue to express some concerns that numerous individuals and agencies are involved in a conspiracy against you. You have identified concerns that your name has been black-listed as a result of your pursuit against your previous GP.

b. Why we think you currently need treatment

Richard, we believe that there is clear evidence that you have a mental illness that requires treatment.

When unwell Richard you pose a risk to yourself and others: during past episodes you have expressed suicidal ideation and intent and have made a serious attempt on your life requiring medical care in ICU. You have made verbal threats, and you have assaulted others.

When unwell Richard you are vulnerable to risks of criminal charges as well as risks to your reputation due to your ongoing contact with government agencies.

With effective treatment Richard we hope that your engagement with mental health support services will improve alleviating the risk of you disengaging, self-ceasing medication and placing you at risk of deterioration in your mental health and relapse. You have reported traumatic inpatient experiences and by supporting you to maintain progress you have made in your recovery this will mitigate the risk of you requiring further inpatient care.

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

Medication
You are currently on a combination of depot and oral medications:
Paliperidone depot 150mg IMI monthly
Amisulpiride 600mg nocte

Other treatment and support
You will continue to receive case management in the form of assertive outreach with MST. With your new team you will be supported by your case manager, a registrar and consultant psychiatrist.
Your new treating team will endeavour to establish a therapeutic alliance in which they can support you to explore your recovery goals.
They will liaise with and support you to maintain your community supports such as NDIS as needed.

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

You have advised that if you were not on a CTO you would move interstate with your dog to evade MHS and seek out private psychiatric support.
You required a protracted admission earlier this year and are still in the early stages of recovery; we are concerned that you remain vulnerable to relapse should there be sudden or unexpected changes to your treatment.
We acknowledge your preference to cease depot; however, you are very new to Maroondah and now Dandenong MST, and it will take some time for your new treating team to get to know you and understand your needs that might enable them to adjust your medications to align with your treatment preferences.

Views of your family, friends, carers or guardians

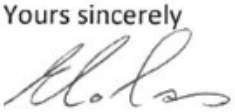
You have not consented to family involvement.
Your close friend and nominated POA Suellen has attended tribunal before and has expressed concerns about the CTO and has advocated for you to be supported as a voluntary consumer.

Our recommendation to the Tribunal

If the Tribunal decides to make a Treatment Order they will decide how long it will last and whether you will be treated as an inpatient in hospital or in the community. We recommend that the Tribunal make a Community Treatment Order for 26 weeks.

A duration of 26 weeks will enable your new treating team to get to know you and work with you to explore your treatment preferances.
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 Elena Cocolas
Consultant Psychiatrist

Mental Health Tribunal

What I want to tell the Tribunal

Use this worksheet to write what you want to say at your Mental Health Tribunal hearing.

You can bring this to your hearing or email it to the Tribunal at mht@mht.vic.gov.au. We will share it with your treating team for fairness. You can attach more pages.

Name:
Hearing date:
What do you think about your treatment?
What do you think about being on a Treatment Order?
If you are in hospital, would you prefer to be treated in the community? ☐ **Yes** ☐ **No** **Why?**
What could help you stay well and who could support you?

Is there anything you would like to say about your treating team's report for the hearing?

Do you meet all 4 criteria for compulsory treatment below?

1. Do you have a mental illness? ☐ Yes ☐ No

2. Do you need treatment now to prevent:
   - a serious deterioration in your mental health or physical health? ☐ Yes ☐ No
   - serious harm to you or someone else? ☐ Yes ☐ No

3. Will you be treated now if you are on a Treatment Order? ☐ Yes ☐ No

4. Is a Treatment Order the only way to ensure you will get the treatment you need? ☐ Yes ☐ No

If no, why?

You can bring this to your hearing or email it to the Tribunal at mht@mht.vic.gov.au

We will share it with your treating team for fairness.

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