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MEDICAL CASE REVIEW-REPORT RESEARCH ARTICLE

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Introduction

This is a factual medical case, with all identifying information removed, in line with ethical standards.

Liberty approaches a federal police station.

While waiting, Liberty sights multiple police officers and personnel running out of the building.

The police statement is taken. Upon questioning of the victim the police officer ceases sniping and reveals that he is already aware of the stalking, and the extensive hacking of her computer.

The police officer tells the informant victim that the investigation will take along time, and to wait.

Other police personnel tell the victim to 'go' from the building.

The victim departs, obligingly.

The victim (thence), phones and leaves a message for Noel, a close family friend (with significant connections) residing in that particular city, and whom they had known from birth. This 'friend' later clearly acknowledged that she had received the phone message on the day of the phone call. It is unclear as to whether the friend attempted to intervene, and in which way. The victim changes locations (for safety reasons)- packs up and moves to a different hotel- at cost, whilst awaiting a phone call from the police officer as to the status of the investigation.

Liberty receives a phone call informing her that she needs to talk to the mental health crisis team who have already been contacted.

The mental health team calls the victim, and insist upon visiting the her. The victim posed no harm to others nor themselves.

Evidence of the stalking was also available via computer hacking evidentiary documents. The mental health team states to the victim that she is 'not being stalked' (how they would have clarified this, within 2 hours is most extraordinary, in a city of over 460,000 people, with the victim being unknown within the area).

Following berating Liberty, the mental health team put an ultimatum to her, 'voluntary admission' to emergency for review or 'be scheduled', 'make the choice'.

The victim- out of fear- agrees (to the former choice), Liberty is handcuffed (with no explanation given)- with a coat placed over her arms- reason given: 'that it is better' whilst walking through the large hotel.

Upon arrival at the hospital, the 2 health personnel, start talking to Liberty about parking lots, structural improvements, and need for hospital funding (in the realm of crown grants).

Liberty is put in a room on her own- which is not part of the working area of the hospital, with paint cans; one relatively young male called Samy; and, one nurse. The victim has to commune in the area, for several hours, as part of the assessment process.

Liberty is forced to submit to blood tests, a brain scan, urinalyses, and a mental health status exam. All of which Liberty- the victim- passes.

A doctor arrives, the victim explains the situation, but insists all is good, and is not being stalked (in the unit), but has concerns about the computer compromization. The doctor states her dislike for e-health- and that due to the victim's concerns for her professional work- that her inpatient status would not be documented. This turned out (for Liberty) to become very untrue (the victim lost 2 professional work careers as a result; Liberty's entire livelihood; continued to fear for her safety because the stalking was real- and later proven as such. Within months, she left the country).

Liberty, without any reason given (no indication of harm, denies being stalked/fearing for safety within the hospital setting, no harm to others, passes the mental status exam), is admitted to the acute psychiatric unit. Liberty is released from the unit after 2 days, as the doctors and rest of the healthcare team can not justify keeping them there- as there is no indication of mental dysfunction. The victim is released without paperwork, and nil prescribed medications.

The doctors are aware that Liberty is alone, and is travelling interstate to return to her home residence.

The victim remains in the country for more than 10 months further, and then travels to a total of 10 countries (and resided in 4 countries) and is not known to mental health as a patient- outpatient, nor inpatient (in any arena) since (nor before) the above incident.

More specifically, the following occurs inside the acute psychiatric unit:

- Liberty has all medications (essential for medical conditions and taken for over 15 years: all are non-psychiatric medications) ceased in

the unit, immediately. Details of the victim's general practitioner are provided by her to the staff, and there is ample chance to make contact and verify that the medications are required.
- Her mobile phone is removed upon admission, and inaccessible for the entirety of inpatient admission.
- Admitted late in the day, forced medication is administered the first night (sertraline)- with the threat that it would be reported (and clear intimation of 'scheduling') if not taken willingly. This makes the victim so sleepy the next morning that- although she is clearly required to function socially- and interact with the other inpatients, as part of the assessment process- it is extremely difficult to do so.
- Attempted forced medication the next night with full victim/patient refusal. Upon Liberty questioning as to which medications were attempted to be given: risperidone; and 2 other anti-psychotic medications. The victim, upon refusal, was then (naturally) of the belief that she would be 'scheduled', and (as many patients also in the unit are constantly stating to her that she will not be released- whether scheduled, or not- for several months, and beyond). Liberty politely refuses, the nurse states that the victim 'must take the medications' and asks 'why' vehemently. Liberty/victim/patient responds that she feels 'it is dangerous to ingest the medications' (as in- nil proof of necessity).

The nurse laughs and leaves Liberty's room.

- During that night fireworks are thrown directly at the building (at the location of Liberty's room).

The victim does not leave her bed. In the morning, all other inpatients (and staff) are talking about the 'loud noises, like a bomb went off' which occurred (in the early hours of the morning) and continue to do so, for many hours. The staff indicate that all other inpatients had arisen from their beds, and that they had all communed in the primary area of the unit, and had a 'good time'. They (staff and other inpatients) were all enthused by the previous night's events, and almost uncontainable in their network excitement over the events which had ensued.
In-between these conversations, the staff approach Liberty and inform her that she must socially interact with the other inpatients (which Liberty most definitely had undertaken- constantly to that point -inspite of the shock of all the above events).

Furthermore, that Liberty must 'take the lead' and 'advocate' on behalf of mental health inpatients, in meetings (which were scheduled later in the day). In preparation (though she had done so already), the victim must walk around and interact with all inpatients in the unit, and interact, intimately. The inpatients (at this point: 1 1/4 days in the unit), with whom she interacts, were: an Aboriginal elder; an 'EMO': Emotional/'Goth' young female; a patient who identifies as having 'come from upstairs, from Forensics'.

In totality in the unit, Liberty discovers (and by coercive control, interacts with) the following patient types:
- Developmentally delayed middle aged woman (with whom Liberty is expected to undertake art therapy)
- Several young groups of 'giggly', early-adulthood aged men in groups of three.
- Domestic violence, and sexual abuse, victim with friend.
- A young suicidal female, waiting constantly for her family who never arrive.
- A middle aged/to older man treated as an outcast, and intimated as having internet perversion connections.
- 2 loud voiced males (in late 30s and 40s age group) cajoling with clear unionism- speak.
- Multiple other women who sit together in a huddle in one section of the ward.
- Several others: including 2 young men of non- English speaking background.

After this, Liberty is forced (surely, a hill to climb in such circumstances), in mental health inpatient meetings, to be the spokes-person, on behalf of all others in the unit, to speak for their 'rights as patients'.

In the interim, Liberty (a 'smoker of nicotine, only'), watches many other inpatients taken 'for walks' (which means permission to have a cigarette), taken from the unit, whilst much laughing from the staff. In this situation, one must 'earn rewards', 'show compliance', and 'earn the right for a walk/exercise'.

Liberty, from the first day in the unit, has been requesting a meeting with doctors, and other related mental health unit staff, to review her case. At the end of 2nd day, the request is granted.

The victim (having worked in the area of mental health), is fully aware of the significance of asking for this meeting. That is, potential referral to the mental health tribunal; and/or mental health guardianship (a life-long sentence, indeed).

Because Liberty was not allowed access to her mobile phone, she could not contact anyone, including a lawyer.

The parameters of the meeting were such: that Liberty must agree that she 'is not being stalked' (this was true in the unit, for the inpatients were only several centimetres from Liberty, at all times).

All is agreed, and Liberty signs an agreement that she is not being stalked, and that she agrees to be released.

In the interim of Liberty's release, ruddy of complexion- Caterina, an inpatient who 'had taken a liking' to the victim, and had attempted to ingratiate herself with Liberty on every occasion (since the beginning of Liberty's admission to the unit), she ('Caterina') feigns a heart attack (ironically, or otherwise, incredibly similar to Liberty's mother's so recent death, that it was remarkable). Liberty (with a health background) feels compelled to alert the nurses of the unit, lest the symptoms are real.

Caterina is assessed, thence sent to her room for multiple hours. She emerges very angry, and less than impressed. For she had not created the specific network that she had so desired.

Shortly after, the victim/Liberty is released from the inpatient unit and the entire hospital, with nil recommendations for return, nor outpatient counselling (there, or in any other location), nil documentation nor psychiatric (nor related) medications.

The original medications were handed back to Liberty (along with her mobile phone). Liberty had requested prescribing of the original medication (in order for doctor's names to be recorded: the names were eventually accessed by Liberty when she requests and receives all Freedom of Information documents- complete with names of key individuals involved, at a much later date). However, the doctor and team respond in the negative, as this was not allowed in an acute unit.

To reiterate, alone; travelling by driving car interstate; and (at this point) no reports, letters, nor contact with, for example, other treating medical professionals (a letter to the General Practitioner was sent 1 month later). Infact, the inpatient's name was not printed on the patient board/nurse's board (within the unit), until permission for release was given (three hours before release).

Please choose the important forensic health factors, and provide compre-

hensive reasoning for your choices.

1. Explain the human rights implications of the case. Which of the universal human rights have been compromised in this case?
2. It is tempting to ask, what, not who, instigated such an interrogation of 1 person?
3. As the victim/Liberty should have been presumed innocent, that is: victim of stalking and computer hacking (yet was handcuffed, at the insistence by the mental health staff), and was clearly mentally well, what exactly was going on?
4. Liberty, naturally, will never forget; never forgive each person involved; will never 'let go' of the experience, or the vast impact of not being believed nor helped, and the decimation of lifelong careers.

What would you do differently to Liberty, in such a circumstance?

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