

# Royal Commission into Victoria's Mental Health System

## Submission by Lara Kaput

### 1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Consider Religious Harm as a contributor to Victoria's adverse mental health. Two examples of these are the institutionally-endorsed covering up of child sexual abuse<sup>[1]</sup> and institutional Reproductive Coercion<sup>[2,3,4]</sup>.

RECOMMENDATION 1: Conduct research into Religious Harm factors, including the prevalence of each factor and an understanding of which religions, if any, are causing the greatest harm and why.

### 2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Emerging public awareness campaigns have done much to destigmatise mental health issues as an illness. However, public awareness campaigns haven't sought to market to and provide support specifically for Religious Harm mental health issues. What helped me most was when:

- my GP referred me to a psychologist,
- my psychologist treated me with Cognitive Behavioural Therapy and relaxation therapy,
- my GP recommended reading self-help books,
- my GP recommended physiotherapy,
- my physiotherapist recommended clinical pilates,
- my GP recommended outdoor exercise,
- I discovered the on-line former Jehovah's Witness community

I took on board and acted on all of these recommendations. Rebuilding my life still took over 10 years.

I have seen hundreds of Victorian former Jehovah's Witnesses (and thousands globally) suffer great loss in virtual silence. They gather in online forums to articulate their pain and seek validation within their former community. Most are too traumatised, uneducated, poor and socially isolated to effectively seek help. Although being in an online group can alleviate the isolation, it's not a formalised pathway to recovery. Therefore, without the skills they need, such survivors and victims often stagnate and self-destruct.

RECOMMENDATION 2: Formally recognise Religious Harm and provide a funding stream to treat the most vulnerable Religious Harm sufferers.

In addition, as Religious Harm issues can be specific to a single religion, sufferers may not recognise treatment relates to them unless it is targeted at them. For example, a Jehovah's Witness suffering from Religious Harm may use cult-like language, such as "Elder", "Kingdom Hall" and "disfellowshipped". These words may be different for a Catholic, using the terms "Priest", "Church" and "ostracised" respectively. Likewise for those of other former or current faith backgrounds.

RECOMMENDATION 3: Provide training for psychological professionals to recognise and understand cult-like language so that people from different faith backgrounds can relate to and benefit from their therapist.

### 3. What is already working well and what can be done better to prevent suicide?

- Corporate cultural change
- Earlier governmental intervention

**4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

Doctors (GPs) may not recognise or prioritise treatment for a patient’s poor mental health. In my case, it took over a decade for a doctor to recognise that I was suffering generalised anxiety and to recommend and provide a health care plan to complete 10 psychological sessions. My mental health issues were not picked up by:

- my childhood doctor, nor doctors, nurses or pharmacists I visited as an adult;
- any community leaders that I have come into contact with;
- any corporations that I’ve worked for;
- any Victorian public or private hospitals that I was a patient in;
- any police officer;
- any law court officer; nor
- any school teachers or university professors.

These people add up to well over one hundred people, representing 100+ missed opportunities to diagnose, refer and/or treat me earlier. This would have increased my productivity and reduced the cost of treatment and co-morbidities.

I have suffered institutionally-endorsed adverse mental health, including:

- bullying - indirectly as a result of Religious Harm and directly as a result of non-religious Corporate behaviour;
- career breakdown and poverty - indirectly as a result of Religious Harm;
- childhood domestic violence (physical, contributing to emotional abuse) - directly as a result of Religious Harm;
- depression - directly as a result of Religious Harm;
- generalised anxiety - directly as a result of Religious Harm;
- post-traumatic stress disorder - directly as a result of Religious Harm;
- relationship breakdowns - indirectly as a result of Religious Harm;
- Reproductive Coercion - directly as a result of Religious Harm; and
- vulvodynia - indirectly as a result of Religious Harm.

RECOMMENDATION 4: Provide training for professionals (at least Family Law Court Magistrates, healthcare professionals, police and teachers) to recognise symptoms of Religious Harm and refer to a professional therapist.

**5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

- A major component of Religious Harm includes Shunning<sup>[5]</sup> or social ostracism.
- Contributing to this is a lack of understanding of Human Rights.

RECOMMENDATION 5: Teach human rights in all Victorian schools.

**6. What are the needs of family members and carers and what can be done better to support them?**

RECOMMENDATION 6: Provide “Are You In A Cult?” multimedia advertising.

RECOMMENDATION 7: Provision of respite houses and/or domestic shelters for cult-leavers.

**7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

Enhanced recognition of the vital role that they play in society.

**8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

Consider membership of the following:

- Art Galleries
- Museums
- Rationalist Society of Victoria
- Victorian Field Naturalists
- Victorian Humanists
- Victorian National Park Association
- Zoos

**9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

- Religious Harm
- Corporately-endorsed bullying

RECOMMENDATION 8: Provide support, protection and financial reward accounting for the risk, time and effort of corporate whistle-blower activities.

**10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?**

Effective advertising campaigns have been for alcoholism, depression (Beyond Blue), domestic violence (White Ribbon), gambling and Suicide (RUOK?). None have specifically targeted Religious Harm.

**11. Is there anything else you would like to share with the Royal Commission?**

I was a second-generation, child-indoctrinated Jehovah's Witness. My family handed over their money, time and children to the Watchtower Bible and Tract Society (Jehovah's Witnesses). From birth we studied emotionally disturbing and graphic publications such as the Awake and Watchtower magazines<sup>[6]</sup>. At age 8, I cleaned bricks and helped build roads for the Watchtower Bible and Tract Society (Jehovah's Witnesses). On weekends, my we focussed on selling religious literature from door-to-door. Three times a week we attended religious meetings, sometimes until late into the night. We weren't allowed to sustain non-Jehovah's witness friendships. My baptism at 17 was considered an ever-lasting contract by the Jehovah's Witnesses. Women were not treated equally. I felt paralysed with fear, obligation and guilt. At least four of my family members were sexually abused. At the age of 19 I left my former religion. I was immediately Shunned by my family and friends and this has endured for 30 years.

Including myself, thirteen of my family members suffered from poor mental health:

- All were socially isolated (including myself);
- Three had depression (including myself);
- Three had suicide ideation;
- Two were neurotic;
- Two had Obsessive-Compulsive Disorder (including myself);

- Two were teenage alcoholics (including myself);
- One was a child sexual abuse perpetrator;
- One was manic;
- One was morbidly obese;
- One has Narcissistic Personality Disorder;
- One has schizophrenia; and
- One had generalised anxiety (including myself).

RECOMMENDATION 9: Conduct a case study into the impact of Religious Harm in Victorian Mental Health. Our former Jehovah’s Witness community are willing to contribute further publicly if required. [7,8]

**Definitions:**

- Reproductive Coercion: “Behaviour that deliberately prevents a person from making decisions about their reproductive health”.
- Religious Harm: “Distress and suffering of persons impacted by physical, psychological, emotional and social harms caused, or contributed to, by a person, entity or group seeking to advance a religious cause or belief or acting in connection with a religious activity”.
- Shunning: “Shunning can be the act of social rejection, or emotional distance. In a religious context, shunning is a formal decision by a denomination or a congregation to cease interaction with an individual or a group, and follows a particular set of rules. It differs from, but may be associated with, excommunication.”

**References:**

[1] *Australian Royal Commission into Institutional Responses to Child Sexual Abuse. Case Study 29.*  
 [2] *Hidden Forces: Shining a Light on Reproductive Coercion White Paper* by Marie Stopes  
 [3] *Wifely Subjection: Mental Health Issues in Jehovah’s Witness Women* by Kaynor J. Weishaupt, M.S., M.F.C.C. and Michael D. Stensland  
 [4] *From Eve to Jezebel: Jehovah’s Witnesses and Christian Fundamentalism – The Construction and Reconstruction of Women’s Gendered Identities within the Faith* by Miriam Hughes (2006, University of South Australia)  
 [5] ‘A Loving Provision?’ *How former Jehovah’s Witnesses Experience Shunning Practices* by Julia Gutsell  
 [6] JW.org  
 [7] ‘*Losing my religion’: Managing identity in a post-Jehovah’s Witness world*’ by Nicholas Samuel Hookway and Daphne Habibis  
 [8] ‘*The Aims and Challenges of Treating Jehovahs Witnesses*’ by Friedson, M. L.

<b>Privacy acknowledgement</b>	I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page. <input checked="" type="checkbox"/> Yes
--------------------------------	---