Maurice Frank (Individual)

Mental Health (Scotland) Bill

Responding only on part 1.

* 2 (2) (3) "At the same time as submitting the record to the Tribunal, the mental health officer must send a copy of the record to the patient except where the officer considers that doing so carries a risk of significant harm to the patient or others." This places the bill's thrust contrary to natural justice. A criminal case handled in the same way would be corrupted in process, withholding from the defendant their means of defence. Likewise, a person contending for their personal liberty in the mental health system has the process biased against them if it is entrusted to any party's discretion to withhold evidence from them.

Where are any provisions for them to access all the doctors' medical files unhindered? and to prepare their own case without practical hindrance by the fact of being in hospital? and to obtain a representative who by automatic right will argue exactly the case which their client actually wants argued and will never act unilaterally over their client's head in making compromises with doctor opinion?

Without this, the patient's liberty is not protected even at the level of being enabled to make their own case. Patients including supporters of Psychiatric Rights Scotland have experienced the procedure weighted against them in those ways. This paragraph provides for a kangaroo situation akin to secret courts - where the tribunal could judge against a person's liberty armed with information which they keep secret from the defendant.

The United Nations Committee on Rights of Persons With Disabilities has adopted a position against all compulsory treatment, for too often producing effects which are distressingly inappropriate to the patient's condition and even physically harmful. The providers of treatment have a long history of the human flaws of easy certainty in their own theories, arrogant belief that their judgment must always be superior to the patient's, and controlliness over outcomes. Then theories often change over time. The publicised Hamilton and Claire Muir cases, and the concerns in petition 1494, have publicised this very clearly. Nobody in the country has security of person if law continues to entrust powers so capable of being misused selectively against liberty, into the personal judgment of doctors.

Other criminal law exists for removing physically dangerous people from society.

* The Scottish section of the Royal College of Psychiatrists wrote to parliament on Jan 20, on petition 1494, claiming that compulsory treatment is adequately regulated against these dangers. They wrote "Psychiatrists are regulated by the General Medical Council and abide by the standards laid out in Good Medical Practice." Neither they nor the Welsh section have replied to me, since I wrote to them on May 30 giving a test experience with GMC that points otherwise. Yet even when no mental illness at all is ever claimed to exist, it is possible for powers of forced treatment, and for just the threat of their use, to devastate lives long term when child maltreatment situations which are obviously not the child's fault come to involve the so-called services of child psychiatry. That happened to me,
though I am not a person who has ever been labelled to have any mental illness. I have Asperger syndrome, but I belong to the generation who have only been recognised as adults, the delay in the condition's awareness itself being a consequence of diagnostic conservatism in psychiatry which was inhumanly slow to consider and absorb the evidence for AS's existence in place of traditional hopes of interventionist cure of every social problem. So as a teenager in the 1980s I was not diagnosed with any condition at all.

What were obviously autism caused islands of ability had caused a wishful belief that I was a high ability child, and reckless predictions by school teachers with high achiever authoritarian views. At age 13-14 this led to overwork trapped in a modern slavery situation where nobody was safe to confide in or willing to believe in rational limits to my ability, and this resulted in a stress collapse expressed in sleeplike catatonic unresponsive states.

The timing of RCP's letter to parliament was fortuitous. when I had been through the contacts with the NHS and Wales's child protection system that followed the threat's ending, and a PhD thesis referring to my case had been completed. At this appropriate stage for me to go to GMC, was RCP's confidence borne out by GMC's ability to respond to an actual case, made very late in bringing to them by a long period of intimidation into silence by fear of arbitrary sectioning? The outcome clearly bears out PRS's and UNCRPD's position against all sectioning powers. It evidences that psychiatrists evade regulation by the GMC, and by any other authority e.g. child protection, whenever they can intimidate a patient into silence by these powers. I was thus silenced for 28 years, far exceeding the GMC's 5 year rule for complaints. In its reply to my case, the GMC significantly acknowledged that this is "understandable" as a reason for delay with the case, which gives it a validity. Yet without giving any detailed grounds for why, GMC considers this not an "exceptional circumstance" overturning the 5 year rule.

Also that the treatment should not be classed as ending when the threat ended, which would be under 5 years ago - I put to them that the treatment was still happening to me, by putting an active constraint upon my actions, for as long as the threat existed. Hence, from bringing the case to GMC, I have evidenced that psychiatrists can evade regulation for any action which they can use treatment powers to frighten a patient into silence about for longer than GMC's time limit for cases. This endangerment of all patients would cease to exist along with forced treatment powers.

For obtaining a response at all it was lucky that some of the doctors who I had to mention are still on GMC's register. Another one I know is dead. GMC acknowledged that an aspect of the treatment I described was a serious occurrence in which "patient abuse" and "misconduct" are at stake, so was not a casually acceptable power for medical staff to exercise over patients including adolescent patients. This correlates with this event previously being referred to the All Wales Child Protection Procedure. This is both at once, a success in recording medical recognition that this part of my treatment was a serious wrong, and a demonstration that when intimidation by fear of treatment powers causes a long delay before the ex-patient feels safe to raise the case, this results in no accountability for it.
I was made safe for all these actions, taken out of threat, at a conference of the Autism Network Scotland. They arranged for an autism aware psychiatrist attending to meet me and discuss what to do about the threat, and he ended it, approved my present health and pledged that the past doctors no longer have any power. Immediately on being made safe and after checking up on remaining records, I sent the story and an enquiry into present treatment practices to the health boards in the region served by the adolescent service that I suffered from. But the outcome from the All Wales Child Protection Procedure was 2 agencies in contradiction. I raised with the Welsh government the problem that their procedure's "multi-agency strategy meetings" serves to give each agency an appearance of significant response, but it enables an evaded outcome where each of 2 agencies attributes to the other the reason for no answer, and in 2 contradictory ways. X referred issues back to Y, to "further the issues raised", while Y said that the reason why they could not take it any further was exactly because X had found it necessary to do this. X's position is that it is for Y to take further, while Y's position is that Y can not take it any further except by X taking it up.

Subsequently, Autism Network Scotland's autumn 2013 newsletter, themed on writers, published an item by me mentioning that a psychiatrist who is a published author was part of destroying my chance to be a child author. To see him continue in literary success while while my destroyed chance was unknown and his role in it was unsafe to talk about freely, matched exactly the described experience of Jimmy Savile's victims seeing his success continue. This also strengthened the public interest case to then make to GMC, but GMC's response now has not mentioned child authors at all.

I asked GMC: "What is your position generally on late cases where the delay was caused by being left under open ended threat of sectioning? It is bound to show that sectioning should no longer ever be subject to trusting doctors' arbitrarily expressed opinion to be expert?" This not being directly answered by GMC, they have not tried to refute it so it stands as a factual conclusion from my case brought to them. Involuntary treatment should never be subject to trusting any doctor's opinion to be expert. GMC did not answer at all 2 questions: "In what other ways are you ensuring that children in treatment are safe from having this happen to them?" "What is your position generally on late cases where the delay was caused by being left under open ended threat of sectioning? It is bound to show that sectioning should no longer ever be subject to trusting doctors' arbitrarily expressed opinion to be expert?"

That confirms of the problem, and that psychiatric services are not effectively regulated against maltreatment of patients who either are intimidated by, or actually suffer, forced treatments.

* As mentioned this adolescent experience happened in Wales. I am a Scot who was born and raised in exile with a background of parental migration. To relocate your life is one of the ways commonly found commonly beneficial for repairing life after damage by misguided attitudes likely to persist in the locality where the damage happened. Overpowerful adults applying delusional theories to a child is perfectly such a situation. My return to Scotland in adulthood has been the best beneficial
practical healing move in my life, removing totally from it the scene of an abuse and all the background circumstances that let it happen. So I am presently being traumatised further by this history, by the referendum.

I am in the population group, that if I had not already succeeded in returning here in time to get citizenship by being resident at the moment of independence, could now find residence here made refusible, if Yes wins and if the common travel zones breaks down. Further, the likelihood of such refusals is directly linked to being a victim of life misfortunes that are not a person's fault, punishing victims further for being victims, with rejection by their country and division from family. I have seen an important leading Yes speaker express openly his idea that the exile-born wishing to return here should be filtered for desirable skills exactly like is planned for migrants with no connections here at all, and tell an audience "We must not be afraid of this." This results in me having a petition to the EU not to accept the referendum as fair or a new state as validly mandated if this prospect of dividing families, against ECHR article 8 on family life, was not publicly known: "It is an unfair distortion of national self-determination for voters to be unaware and uninformed that they are voting to remove the absolute unrefusible entitlement to residence here and citizenship, from their own or other families and a part of their society. Voters led to assume that no such prospect can exist, because their media select to be oblivious to it and the campaigns on both sides select not to address it, have not mandated it. They have not mandated the whole choice on statehood that includes it."

For survivors of all forms of ill-treatment by any mental health service, including institutional abuses, whether by the formal treatment practices applied or by by the type of hidden abuses in the Jimmy Savile scandal, and relatedly by bad education systems and by non-recognition of conditions such as autism or dyslexia, these life damages are obvious practical reasons for not having high value skills. This makes it an addition to the abuse to class such a person as unvalued and purge them out of being allowed to live in their own country. In my case the adolescent service failed to save me from a modern slavery situation and forced me, only for the purpose of extrication from these doctors' control, to return to the same damaging frightening provenly unsuitable school as had caused my stress collapse in the first place, and to spend another 2 years there, under conditions of containment of fear that carried no possibility of a successful outcome, before I could use the resulting failure to get away from the school too.

With the doctors left not satisfied, because I had not been changed in all the ways they wanted to force, they left in place open endedly a threat of keenness to take me back after a failed outcome. So the outcome had to be kept from coming to their formal notice again, and that gagged me from raising child protection concerns about either them or the school, and made it impossible to present a school history to any further education institutions that would require it. So the long term effect on life, of experiencing power threats from psychiatrists at age 14, was to be forced into a school failure outcome and left totally without all the normal life opportunities related to acquiring high value skills. The outcome would not have been so totally bad, including I would never have had to return to the bad school, if there were no forced treatment powers in the system. The powers' effects on life are now being made to extend even into citizenship and these ugly prospects of sick minded bigoted rejection by their own country, for life reasons not their fault, for institutional victims
who have already had the emotional misfortune to grow up in unwanted exile in the first place. If this situation happens, mitigation of its humanitarian effects is one of the measurable impacts of having no forcing powers, whose necessary measuring on the persons it has already affected will in turn establish a responsibility not to allow these citizenship exclusions to happen.

So I have made this point about Yes's citizenship plans, in the submission to the UN concerning UNCRPD's position, made by a group connected with PRS and in support of PRS's own submission. When people in life coping emergencies inflicted by bad institutions, that are not their fault, suffer further institutional injustices from psychiatry at any level, bolstered by long term threat around treatment powers, then the life injustices thus created now even include racist injustices of citizenship, with preexisting abuse victims as their victims too, which now stand as submitted to the UN formally against the legitimacy and status of any new Scottish state that carries out those plans instead of making citizenship by descent committally unrefusable.

* In the time when the threat still existed, I took an interest in the Advance Statements system to use for putting in place defences against the threat, focussed on what was wrong about the adolescent intervention. An insight into the low take-up of advance statements:

The principle that they are supposed to reflect the unpressured genuine wishes of the person making the statement is not always abided by in practice. An instance of an advocacy worker, not even asked to write a statement but consulted only on one item which his service had been involved in, who was arrogant enough to order the client to delete 80% of his statement and warned that otherwise he would never get it signed, in fact he got it signed by a GP without any trouble at all. A solicitor who refused to sign a statement because it contained one online criticising psychiatric nurses who smoke, and he said this would anger a doctor and work against getting the statement maker's wishes complied with. These were malpractices. They put a question over the system's genuineness. There needs to be a central point in each NHS region for statement makers to report any problems encountered in registering unvetoed exactly the statement they wish, and to actually register it.

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