

Autism Rights

Mental Health (Scotland) Bill

Autism Rights has submitted responses to a number of relevant consultations¹, including the Scottish Government's consultation on the Draft Mental Health Bill and their Mental Health Strategy. We are the only autism organisation who has submitted responses to any of these consultations. Given that current mental health legislation creates serious human rights issues for people who are on the autistic spectrum, we think that the Health and Sport Committee of the Scottish Parliament should pay particular attention to our written evidence and would urge the committee to invite us to give oral evidence to them. It is clear that the Mental Health Act will not be reviewed again in the near future, and the Scottish Parliament needs to take this opportunity to enquire into these issues. We hope to submit the appropriate Amendments to the Bill.

We would also ask the committee to take the opportunity to invite Professor David Healy to give oral evidence. Professor Healy is an internationally respected psychiatrist with expertise in the side effects of pharmaceutical drugs. He is an acknowledged international expert on antipsychotic, antidepressant and mood-stabilising drugs and has submitted written evidence to the committee at our request. As someone who is only too well aware of the dangers of psychotropic drugs, Professor Healy is deeply concerned at the often dismissive attitude of his fellow psychiatrists towards patients and carers who report recognised side effects of these drugs.

I have split our evidence into sections that address the questions in your Call for Evidence:

1. Do you agree with the general policy direction set by the Bill?
2. Do you have any comments on specific proposals regarding amendments to the Mental Health (Care and Treatment) Scotland Act 2003 as set out in Part 1 of the Bill?
3. Do you have any comments on the provisions in Part 2 of the Bill on criminal cases?
4. Do you have any comments to make on Part 3 of the Bill and the introduction of a victim notification scheme for mentally disordered offenders?
5. Is there anything from the McManus Report that's not been addressed in the Bill and that you consider merits inclusion in primary legislation? If so, please set out why.
6. Do you have any other comment to make about the Bill not already covered in your answers to the questions above?

1. Do you agree with the general policy direction set by the Bill?

We would say `No`. This Bill is ostensibly a tidying up exercise to address the remaining recommendations of the McManus Review of 2009, but we fail to see that this is the case. What it certainly does not do, is to address those issues that were referred to by both the Millan committee and the McManus Review as needing review – specifically the inclusion of people with Learning Disabilities and Autistic Spectrum Disorders (ASD) within the provisions of the Act.

2. Do you have any comments on specific proposals regarding amendments to the Mental Health (Care and Treatment) Scotland Act 2003 as set out in Part 1 of the Bill?

We have no further comment to make, beyond what we have already stated in our response to the Scottish Government's consultation on the Draft Bill.

3. Do you have any comments on the provisions in Part 2 of the Bill on criminal cases?

We have no further comment to make, beyond what we have already stated in our response to the Scottish Government's consultation on the Draft Bill.

4. Do you have any comments to make on Part 3 of the Bill and the introduction of a victim notification scheme for mentally disordered offenders?

We have no further comment to make, beyond what we have already stated in our response to the Scottish Government's consultation on the Draft Bill.

5. Is there anything from the McManus Report that's not been addressed in the Bill and that you consider merits inclusion in primary legislation? If so, please set out why.

See response to Question 1 and see quotation below from the McManus Review – the italics are my emphasis.

<http://www.scotland.gov.uk/Publications/2009/08/07143830/0>

- **Limited Review of the Mental Health (Care and Treatment) (Scotland) Act 2003: Report (McManus Review)**

<http://www.scotland.gov.uk/Publications/2009/08/07143830/7>

Chapter Seven

Other Issues

`In the course of our consultation, we received extensive submissions from several bodies, especially the Mental Welfare Commission, the Royal Colleges, carers and users groups and the Tribunal service. Many of the points raised are covered in the substantive text above. However, some of the points did not fall neatly within our headings and ***we propose, in this chapter, to address the outstanding points with which the Review Group is in agreement.***`

`Learning disability and the law

Persons with learning disability complained to the Review Group about the inclusion of learning disability in the Act. We understand the Millan Committee recommended that this should be reviewed and that the then Government accepted this in its policy paper "Reviewing Mental Health

Law". Now, eight years on from Millan, the Review Group feels that it is time this was done.

It is indeed ***time this was done.***

Autism, or Autistic Spectrum Disorder, is not directly mentioned within the Mental Health Act, but is most definitely incorporated within the definition of `mental disorder`, by being classed as a `learning disability, however caused or manifested`ⁱⁱ Autism Rights has been campaigning for more than 2 years for the Act to be reviewed, to take people with ASD out of the provisions of the Act. The current incorporation means that people with ASD, irrespective of their mental health status, are included in the provisions of the Act. This fact has actually been denied by the Scottish Government's civil servants, but the wording of the Act is very clear and its operation is confirmed by the Millan Committee's report, by the McManus Review and by the Mental Welfare Commission's Learning Disability Census. The latest census puts the percentage of men with Learning Disabilities who are being compulsorily `treated` within the mental health system who do **not** have a co-diagnosis of mental illness at a staggering 42%. The MWC has explained the large discrepancy between the percentage of men with Learning Disabilities who do **not** have a co-diagnosis (or `co-morbidity`) of mental illness and the percentage of women in the same category (15%) mainly by the fact that the Learning Disability statistics include people with Autistic Spectrum Disorders and the male to female ratio within the ASD diagnosis of roughly 4 to 1. It should also be recognised that, on top of these figures, there is a problem of misdiagnosis and outright incompetence in ASD within the profession of psychiatry, acknowledged at least in part by the MWC's admission that some psychiatrists believe ASD to be mental illness, not a developmental disability. The experience of Autism Rights members is that autistic behaviours are almost universally interpreted by psychiatrists as symptoms of mental illness.

All of this must be placed in a wider context of issues that sustain the misconception that people with ASD are more prone to mental illness:-

- 1) Adult Services do not exist for people with ASD. Current access to services is either through Adult Learning Disability or Mental Health services. Many adults with ASD are directed to Mental Health services, which are geared towards the use of psychotropic drugs.
- 2) Psychiatrists do not recognise key autistic behaviours, at least partly because of a lack of training. The diagnosis for ASD is currently a behavioural one and there is little or no training of psychiatrists of the behavioural, let alone the medical, characteristics of ASD.
- 3) People with ASD suffer from the almost total absence of services that are designed to meet their special needs, even to the extent of being subject to abusive practices, and they will exhibit, quite naturally, signs of distress that are then diagnosed as mental illness.
- 4) There are medical illnesses that can present as mental illness, the most well-known of which is porphyria (as per `The Madness of King George`). People with ASD are known to possess immunological and metabolic disorders, some of which can result in behaviours that are misdiagnosed as mental illness.

- 5) It is known that, within the population as a whole, about 10% are unable to metabolise psychotropic drugs. Given the immunological and metabolic disorders experienced by people with ASD, it is clear that there is a much greater danger to people with ASD from psychotropic drugs. The associations between violence and self-harm and some anti-depressants are recognised, albeit not widely publicised. So, even the prescribing of these group of drugs to people with ASD is potentially dangerous, as it can be the beginning of a treadmill of psychotropic intervention.
- 6) Physical illness is often overlooked: `challenging behaviour` can often be the result of pain from medical conditions as diverse as a brain tumour, acid reflux, impacted wisdom tooth, chronic gut disorders

Once in the mental health system, it is almost impossible for someone with ASD to be free of it.

The collective situation of people with ASD in the mental health system is never investigated. As stated by the recently retired chief executive of the Mental Welfare Commission (MWC) - `We do not record or monitor ASD specifically and this not (sic) required by us under the Mental Health (Care and treatment) (Scotland) Act, 2003.`:-

1. The MWC does not collate statistics on the numbers of people with ASD who are subject to compulsory treatment under the Mental Health Act
2. MWC Monitoring Reports do not monitor people with ASD, as they are not one of the `client groups` of the MWC
3. The MWC will only conduct individual investigations on people with ASD, from which lessons are supposed to be learned, but there is no evidence of their application.
4. The MWC does not hold information on the numbers of requests to investigate treatment under the Mental Health Act made by the families of people with ASD
5. The Mental Welfare Commission does not record the number of contacts made by families of people diagnosed with ASD who ask for further information or advice from it, nor does it record when contact was made during visits to services.

These statistical and informational `black holes` are further exacerbated by a more general absence of data and checks and balances in the mental health system.

6. There are no published statistics on deaths and no data for suicides within the Scottish mental health system. The MWC does not publish annual statistics on the numbers of deaths of people who are receiving compulsory treatment under the Mental Health Act, and can only give a breakdown of these statistics according to the type of order. 4 months after I made an FOI request to the MWC about deaths and other `adverse events` in the mental health system, they published a report which had retrospectively trawled for further data on these deathsⁱⁱⁱ. There are some very big assumptions made in this report. Even though drugs are the leading cause of death in the mental health system, there

is no acknowledgement in this report or in any other MWC publication of even the possibility of this cause of death. These statistics should be open to public scrutiny, as they represent basic measures of compliance with human rights in the mental health system. Given that deaths statistics for the penal system have been available for a number of years, this is a significant and very serious omission in Scotland's official statistics.^{iv}

7. There are no mandatory FAIs in the mental health system (unlike the prison system)
8. The MWC does not collate statistics on any of the other notifications, such as assaults, that should be reported by healthcare staff
9. The MWC does not have the authority to conduct general inquiries
10. Decisions on which individual investigations to pursue are not based on written objective criteria
11. Formal procedures for individual investigations are based mainly on the skills and experience of MWC officers
12. Complaints about treatment within the mental health system are made to the Scottish Public Services Ombudsman, and cannot be made if legal action is to be taken. Mental Health Tribunals are, by definition, legal action.
13. Complaints about the conduct of Mental Health Tribunals can only be made to the body that runs these – the Mental Health Tribunals for Scotland (MHTS)

The MWC does not collate any information other than from those who work in the mental health system.^v How can you possibly enforce compliance to guidance, regulation or law, when all the power to scrutinise this is held by those who are employed in the mental health system? When the Westminster government has decided that people with Learning Disabilities need to be moved from hospitals, where they are often kept for years at a time, there should at least be a recognition of similar problems within Scotland and a willingness to do something about it. It is not acceptable that people with Learning Disabilities and ASD make up 11% of those in mental institutions when they represent just 2 – 3% of the population and stay, on average, more than twice as long as those without a Learning Disability within these institutions. It is estimated that the average lifespan of people who are subject to mental health `treatment` is 25 years less than the general population. Therefore, the average lifespan of people with Learning Disabilities and ASD within this system must be even less.

There are some pretty tortuous arguments put forward for the use of drugs to `treat` autism or its supposedly `co-morbid` conditions. There is no understanding, let alone investigation, of the `antecedents to the presentation of challenging behaviours` observed in autism. How can you have `functional analysis` of behaviour, as advised in the NICE guidelines for adults with autism, when those who are employed to care for people with autism are entirely ignorant of ASD and its associated behaviours, never mind its associated health issues?^{vi} And how can you put in these same guidelines that physical disorders should be ruled out first when carrying out a diagnosis, when the ASD training recommended some years

ago by the Royal College of Psychiatrists is not happening or is being repudiated by individual psychiatrists who are supported in their beliefs and attitudes by Mental Health Tribunals and indeed the Mental Welfare Commission itself? ^{vii}

Treating Autism have managed to persuade NICE to change their clinical guidelines to take at least some account of `co-morbidities` other than mental illness. Their excellent publication on these co-morbidities is now in its 2nd edition:-

<http://treatingautism.co.uk/resources/research-science/>

We do know that there is a wider inequality of healthcare for people with autism, and that also needs urgent investigation. In spite of the existence of NHS Scotland's Quality Indicators for Learning Disabilities, children with ASD in large parts of Scotland are being denied treatment for bowel disorders. As a consequence of this, they then require surgery because of faecal impaction and mega colon, the latter of which is usually a condition found in elderly people who are seriously ill. Imagine the distress that you would feel if you had such a disorder - and then imagine not being able to communicate this distress, and how a psychiatrist might interpret this.

Medical professionals should know that epilepsy and autism are closely associated – a proportion of the autistic population has epilepsy – but these problems go further than that: over 80% of people with ASD have some sort of seizure activity going on, which is often sub-clinical, and this can cause hallucinations^{viii} These are then improperly medicated by medical professionals who are ignorant of the problems faced by people with ASD.

There are no statistics for the proportion of people with ASD being prescribed psychotropic drugs, but the fact that, in one health board area, there are more than 1 in 5 schoolchildren being given Methylphenidate ^{ix} (Ritalin), is a very good indication that children with ASD in some Scottish health board areas may be being drugged at levels seen in the US, where it is estimated that over half (56%) of the children with ASD are prescribed at least one psychotropic drug^x

As with the revelations of abuse contained in BBC Panorama's exposé of Winterbourne View hospital, the vulnerability of people with ASD, combined with the absence of parental access to these facilities, can mean that it is people with ASD who are accused of violence (which is then controlled by drugs), when they are actually the victims of assaults and other abuse.

Basic monitoring of health within mental hospitals is haphazard and inadequate – with 25% of long stay patients being found to have no record of health checks.^{xi} The MWC and the government think that annual and 15 month health checks are adequate for people who are being forced to take some of the most toxic drugs on the market. Absolutely no account is being taken of individual tolerance of these drugs, in spite of guidance recommending psychiatrists seek specialist medical advice where this is needed.^{xii}

Diagnosis of `mental disorder` is made upon leaving compulsory treatment, not at arrival, so this is further scope for misdiagnosis of people with ASD.

The McManus review (2009) of the Mental Health Act recognised that there is a low take-up of Advance Statements, where people can set out how they wish to be treated if they become mentally ill. No such right exists for people with ASD, because they are not deemed to have capacity.^{xiii}

Legal representation at Mental Health Tribunals is wholly inadequate: there is a paucity of appropriately qualified or experienced lawyers working in mental health law – around 20 lawyers specialise in this area of law. Just 3 legal firms in Scotland carry out three-quarters of all legal aid work for such tribunals.^{xiv} For people with ASD, there is the added complication of their disability, which is not well understood by members of the legal profession, any more than the other professions. It has been claimed that some lawyers fail to prepare adequately prior to tribunal.^{xv}

The only right of appeal to a tribunal decision is to go to Judicial Review, which involves a lengthy wait of many months and substantial amounts of legal aid.

Why the Mental Health Act and system is discriminatory

We do not see the removal of people with ASD from the provisions of the Mental Health Act as a panacea, but a first step in eradicating a historical anomaly in which people with ASD were deposited in mental hospitals – indeed it was not until the 1974 Education Act that children with ASD were given the right to be educated. The mental health system should not be the `default setting` for the `care` of people who have an Autistic Spectrum Disorder – and the Royal College of Psychiatrists recognises that this is happening.^{xvi}

People who are addicted to drugs or alcohol are specifically **not** included within the provisions of the Act. This is entirely discriminatory towards people with mental disabilities, as it is overwhelmingly the case that `substance abusers` pose the biggest threat of serious violence towards the public.^{xvii}

Autism Rights is calling for these actions to be taken:-

- The removal of people with Learning Disabilities and Autistic Spectrum Disorders (ASD) from the provisions of the Mental Health Act.
- Equality of healthcare for people with autism.
- An inquiry into the treatment of all people with ASD within the mental health system.

Given the number of Autism Rights' submissions to consultations on mental health legislation and policy, we can draw on a significant amount of research and the personal experience and expertise of our members. I've appended summaries of some relevant news articles, to give further context to the

arguments we make.

6. Do you have any other comment to make about the Bill not already covered in your answers to the questions above?

Yes – these **News articles are relevant to the Mental Health Bill**

<http://www.heraldscotland.com/news/health/urgent-review-as-nearly-half-of-health-boards-ignore-pharma-disclosure-rule.24250959>

- Urgent review as nearly half of health boards ignore pharma disclosure rule
Paul Hutcheon

Investigations Editor
Sunday 18 May 2014

A Government investigation has been launched after nearly 50% of health boards ignored NHS guidance requiring GPs to register their financial interests with the pharmaceutical industry.

Dr Peter Gordon, a consultant psychiatrist at NHS Forth Valley, says it is disappointing that so few NHS boards have a register of interest. Six out of 14 boards, including Greater Glasgow, failed to record if doctors are being paid by drug companies. Civil servants have launched an urgent review of the oversight. Several exposes have revealed the financial links between doctors and Big Pharma.

<http://www.heraldscotland.com/news/health/warning-over-patients-too-afraid-to-complain.24108391>

- Warning over patients too afraid to complain
Thursday 1 May 2014

PATIENTS and relatives are afraid to complain about NHS treatment in Scotland for fear it will result in repercussions, warns an official report. The Scottish Health Council report recommends that health boards be more proactive in gathering and using feedback to improve health services. The report, Listening and Learning, finds that NHS Scotland has made progress since the introduction of the Patient Rights (Scotland) Act 2011. However, it urges health boards to remove the "fear factor" around complaining, warning that one of the main barriers highlighted by the public to giving feedback or making a complaint is fear of repercussions for their own or relatives' treatment.

<http://www.heraldscotland.com/news/health/depression-pill-bill-goes-up-by-10m-in-a-year.24653656>

- Depression pill bill goes up by £10m in a year
Jody Harrison

Reporter
Thursday 3 July 2014

THE cost of prescribing antidepressants has risen to £40 million, an increase of more than £10m on the year before. New figures have revealed that soaring numbers of the drugs were dispensed during the last 12 months, with nearly 5.5 million items given to patients in 2013/14, up by 275,000 compared to the previous year. Research by the Scottish Conservatives found the total cost to the taxpayer of antidepressants is now more than £40 million, compared to £29.5 million in

2012/13.

<http://www.irisht Examiner.com/breakingnews/ireland/deaths-due-to-alcohol-and-prescription-drug-cocktails-620588.html>

- Deaths due to alcohol and prescription drug cocktails

Thursday, January 23, 2014 - 12:13 PM

The number of deaths due to alcohol and anxiety-treatment-drugs are increasing.

Death as a result of poisoning from a cocktail of both substances soared by 28% between 2010 and 2011.

The Health Research Boards National Drug index found the most commonly used

substances were alcohol, methadone, anti-depressants and Benzodiazepines.

<http://www.itv.com/news/update/2014-04-29/anti-psychotic-medication-given-to-68-3-of-inpatients/>

- 12:55pm, Tue 29 Apr 2014 Anti-psychotic drugs 'given to learning disabilities patients'

Anti-psychotics given to 68.3% with learning disabilities

Last updated Tue 29 Apr 2014

SEE ALSO

<http://www.hscic.gov.uk/article/4731/Learning-Disability-Census-new-analysis-including-anti-psychotic-medication-use-and-physical-incidents-for-inpatients>

<http://www.hscic.gov.uk/mentalhealth>

<http://www.hscic.gov.uk/article/2742/Mental-Health-Bulletin---new-analysis-for-201112>

http://www.huffingtonpost.com/2013/10/21/medication-autism_n_4136870.html

- Catherine Pearson

Catherine.Pearson@huffingtonpost.com

High Psychotropic Medication Rates For Children With Autism, Study Shows

Posted: 10/21/2013 1:51 pm EDT

<http://pediatrics.aappublications.org/content/early/2013/10/16/peds.2012-3774.abstract>

- * Article

Psychotropic Medication Use and Polypharmacy in Children With Autism Spectrum Disorders

Autism Rights August 2014

SOME INFORMATION ABOUT AUTISM RIGHTS

Autism Rights is established to research, lobby and campaign for the human rights of people with Autistic Spectrum Disorders (ASDs) in Scotland, in particular to campaign for the provision of appropriate health treatment, education, social welfare and justice.

The founding members of Autism Rights are all parents and carers of people with an ASD and were long-standing members of the now defunct Cross-Party Group on Autistic Spectrum Disorders of the Scottish Parliament.

We are the only national service user-led group in Scotland campaigning for the rights of people with an Autistic Spectrum Disorder and their families. Full membership of Autism Rights is open to people with an ASD resident in Scotland and parents and non-professional carers of people with an ASD who support our aims and objectives. We do not provide services for people with ASD, so we can speak up without fear of the loss of funding for services.

One parent summed up our feelings about `the system` - "It just seems to me that, over the years, we have spent more and more money employing more and more people to stop our children getting the things they need."

'EQUAL RIGHTS - NOT ENDLESS FIGHTS'

www.autismrights.org.uk

i

Autism Rights' documentation on mental health

The Scottish Human Rights Commission's Scottish National Action Plan on Human Rights

<http://scottishhumanrights.com/application/resources/documents/SNAP/ParticipationResponsesReport.pdf>

- see pages 190-220

The Mental Health (Care and Treatment)(Scotland) Act 2003
Consultation in relation to section 268 appeals against conditions of excessive security

Consultation on proposed Amendment to Rule 58 of the Mental Health Act

Mental Health Strategy

MHB 106 - draft Mental Health (Scotland) Bill

<http://www.scotland.gov.uk/Publications/2014/04/7902/0>

<http://www.scotland.gov.uk/Publications/2014/04/7902/downloads#res448698>

We also made 2 submissions to Petition PE01494: Mental Health

Legislation (which called on the Scottish Parliament to urge the Scottish Government to amend the Mental Health (Care and Treatment) (Scotland) Act 2003 to ensure that it is compatible with the

European Convention on Human Rights):-

<http://www.scottish.parliament.uk/GettingInvolved/Petitions/mentalhealthlegislation>

I gave a presentation in February 2013 to the Scottish Parliament's Cross Party Group on Human Rights, entitled 'Should people with Learning Disabilities and Autism be included in the provisions of the Mental Health Act?'. The fully referenced version of this presentation formed part of the response that I submitted on behalf of Autism Rights to the Scottish Human Rights Commission's 'Scottish National Action Plan' (SNAP) on Human Rights (see above for weblink). These 3 documents are attached to the email that accompanies our Written Evidence to the committee.

The Scottish Human Rights Commission included a number of the arguments made by Autism Rights in their Participation Report, especially in their section on mental health:-

<http://www.scottishhumanrights.com/application/resources/documents/SNAP/SNAPParticipationReportJune2013final.pdf>

ii

<http://www.legislation.gov.uk/asp/2003/13/section/328>

- **Mental Health (Care and Treatment) (Scotland) Act 2003**

328 Meaning of "mental disorder" (1) Subject to subsection (2) below, in this Act "mental disorder" means any-

- (a) mental illness;
- (b) personality disorder; or
- (c) learning disability,

however caused or manifested; and cognate expressions shall be construed accordingly.

iii

http://www.mwscot.org.uk/media/175822/death_in_detention_final.pdf

Deaths

Compulsory Treatment Order: 43
Community Compulsory Treatment Order: 20

Emergency Detention: 2 Interim Compulsory Treatment Order: 2

Short Term Detention Certificate 11

Total = 78

iv My FOI revealed that there were 78 deaths over the past year in the Scottish mental health system. This compares to

98 deaths in England over the same period:-

<http://www.equalityhumanrights.com/commission-launches-inquiry-non-natural-deaths-people-mental-health-conditions-state-detention>

and 97 Deaths over a 5 year period in Scottish Prison Custody:-

<https://www.ncjrs.gov/App/publications/abstract.aspx?ID=246263>

My recent FOI to Police Scotland confirms that they do not hold, nor are they required to hold, any information on deaths or injuries to people who are the subject of police restraint while receiving compulsory treatment under the Mental Health Act:-

https://www.whatdotheyknow.com/request/police_restraint_of_people_who_a/new

This is spite of the fact that almost half of those who die in police custody in England are being treated in the mental health system.

v

http://www.mwcscot.org.uk/media/100310/notifying_the_commission_nov_2013.pdf

Another activist's FOI discovered that health boards are not required to collate data on restraints of patients within the mental health system. This is in contrast to the Westminster government's decision to ban face-down restraints, after their statistics revealed that 40,000 of these type of restraint, which are acknowledged to be risky, were carried out in just one year in England's mental institutions.

<https://www.whatdotheyknow.com/user/pwhite>

<http://www.independent.co.uk/life-style/health-and-families/health-news/ministers-consider-ban-on-facedown-restraint-in-mental-hospitals-8664225.html>

- Ministers consider ban on face-down restraint in mental hospitals
Kunal Dutta Wednesday, 19 June 2013

Ministers will consider a ban on the use of face-down restraint in English mental health hospitals after new figures that show nearly 40,000 incidents of physical restraint were recorded in just one year.

vi

<http://guidance.nice.org.uk/CG142/Guidance/Appendices/pdf/English>
<http://guidance.nice.org.uk/CG142/Guidance/pdf/English>

Quite how Scottish psychiatrists are going to abide by these guidelines, we don't know – they state that psychotropic drugs should be tried for 3-4 weeks, and `if there is no indication of a clinically important response`, that they should be discontinued after 6 weeks. The people with ASD who are currently under CTOs who are known to us have been forced to take these drugs for many years.

vii

<http://www.mwcscot.org.uk/publications/investigation-reports/>

- Mr Q Enquiry, 1st January 2009, page 17

PARLIAMENTARY QUESTIONS ON AUTISM TRAINING

Question S2W-26126: Rosemary Byrne, South of Scotland, Scottish Socialist Party, Date Lodged: 22/05/2006

To ask the Scottish Executive what the costs were of providing training in the treatment of autism in each year from 1999 to 2005, broken down by NHS board.

Answered by Lewis Macdonald (01/06/2006): There are a range of therapies and interventions for managing autism spectrum disorders and the SIGN guideline currently being developed will contain recommendations for effective interventions based on current evidence.

Information about the costs of training in this range of interventions is not held centrally.

Current Status: Answered by Lewis Macdonald on 01/06/2006

Question S2W-26127: Rosemary Byrne, South of Scotland, Scottish Socialist Party, Date Lodged: 22/05/2006

To ask the Scottish Executive what the costs were of providing training in the diagnosis of autism in each year from 1999 to 2005, broken down by NHS board.

Answered by Lewis Macdonald (01/06/2006): Information about the costs of training in the diagnosis of autism is not held centrally.

The Scottish Executive is supporting four training pilot projects in the use of diagnostic tools to develop expertise in diagnosis across a wider range of professionals.

Current Status: Answered by Lewis Macdonald on 01/06/2006

<http://psychoticdisorders.wordpress.com/bmj-best-practice-assessment-of-psychosis/>

<http://psychoticdisorders.wordpress.com/>

<http://www.jopm.org/perspective/narratives/2011/03/28/psychosis-possibly-linked-to-an-occupational-disease-an-e-patient's-participatory-approach-to-consideration-of-etilogic-factors/>

- Styrene and toluene can cause apparent `mental illness`

viii <http://www.ncbi.nlm.nih.gov/pubmed/9501741>

- 1Am J Psychiatry. 1998 Mar;155(3):325-36.

Schizophrenia-like psychosis and epilepsy: the status of the association. Sachdev P.

Neuropsychiatric Institute, Prince Henry Hospital and School of Psychiatry, University of New South Wales, Sydney, Australia.

ix Methylphenidate can, as with SSRIs, *create* psychosis – which is then

`treated` with antipsychotic drugs.

x

<http://www.bloomberg.com/news/2012-05-24/more-than-half-autistic-kids-prescribed-mood-medicines.html>

A National Needs Assessment Report on Child Mental Health in Scotland pointed out that there was a steep rise in the numbers of children with ADHD and ASD suffering from mental health problems. This is undoubtedly caused by poor service provision, but also by the use of psychotropic drugs. There is also a basic problem with identifying mental illness in the absence of knowledge of autistic spectrum disorders and their attendant behaviours.

http://breggin.com/index.php?option=com_content&task=view&id=38
- drug effects on children

xi <http://www.mwscot.org.uk/publications/visit-monitoring-reports/>

- Left Behind 1st January 2012

The quotes below, from this MWC report, give a clear indication of the incompetent and wholly inadequate monitoring of physical health within the Scottish mental health system:-

`A record of physical health checks, as required in „Delivering for Mental Health“, was absent in around 25% of case files examined.`

`We expect Individuals who are in hospital for lengthy periods should have physical health checks on at least an annual basis.`

`The Scottish Government`s “Delivering for Mental Health” (2006) requires, where possible and appropriate, that every individual with severe and enduring mental ill-ness has a physical health assessment at least once every 15 months.`

xii

<http://www.rcpsych.ac.uk/files/pdfversion/OP67.pdf>

- Physical Health in Mental Health Final Report of a Scoping Group (2009), Royal College of Psychiatrists, London. Occasional Paper 67.

`Acting on abnormal physical findings

Psychiatrists are medically trained doctors. Some remain highly involved in physical healthcare throughout their careers and other specialise in areas where physical assessments are performed less frequently. All prescribers must remain competent to detect and minimise physical consequences of prescribed drugs. However, not all psychiatrists will feel competent to interpret abnormal tests (such as abnormal glucose measurement) and to manage them. Liaison with colleagues from primary and secondary care is essential when results of physical assessments fall beyond an individual's level of competence.`

One of the founding members of Autism Rights was forced to seek refuge

in Spain, after her son indicated that he could not continue to live under the restrictions imposed upon him by his CTO and the attitudes of mental health practitioners towards him. His parents have paid for many thousands of pounds of medical tests over a number of years which have shown that he has some apparently rare medical conditions which mean he presents as mentally ill. Although these tests have been performed by reputable medical laboratories under the direction of internationally renowned doctors, his health board refuse to conduct their own tests to check these results. The original press article appeared in the 30th September edition of 'The Sunday Post'.

<http://www.paisleydailyexpress.co.uk/renfrewshire-news/2012/10/04/mum-forced-to-flee-with-autistic-son-calls-for-inquiry-into-his-treatment-87085-31961612/>

- Mum forced to flee with autistic son calls for inquiry into his treatment
Oct 4 2012 by Chris Clements, Paisley Daily Express

<http://www.dailyrecord.co.uk/news/scottish-news/dad-defends-wife-who-fled-1352528>

- * By Heather Greenaway * 1 Oct 2012

<http://www.heraldscotland.com/news/home-news/autistic-son-and-mother-flee-uk.19018803>

- MONDAY 1 OCTOBER 2012
Autistic son and mother flee UK

<http://www.thesun.co.uk/sol/homepage/news/scottishnews/4564986/Gran-fled-to-save-sons-life.html>

- Gran fled to save son's life
By BEN ARCHIBALD
Published: 01st October 2012

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There is an inconsistent and lax approach to capacity within the mental health system, as this MWC report on long stay patients illustrates:-

<http://www.mwscot.org.uk/publications/visit-monitoring-reports/>

- Left Behind 1st January 2012

However, 34% of individuals, for whom it would have been appropriate, did not have an assessment of their capacity recorded. In some wards staff said it was not an issue, the staff member did not know or there was no system in place to record this.

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<http://www.heraldscotland.com/news/health/cuts-spur-fears-for-mental-health-tribunals-1.1085548>

- Cuts spur fears for mental health tribunals
Wednesday 16 February 2011

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<http://www.mhtscotland.gov.uk/mhts/News/News>

- Law Society for Scotland - Code of Conduct for mental health tribunal work (28 September 2012)

The Law Society of Scotland by way of its Mental Health and Disability Sub-Committee, supported by its Professional Practice Committee, has published a new code of conduct for those solicitors conducting mental health tribunal work. The Code of Conduct was developed following a number of concerns from stakeholders in this field (including the Mental Welfare Commission, the Scottish Independent Advocacy Alliance and the Scottish Legal Aid Board) and to provide support and guidance to the profession.

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<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr136.aspx>

- CR136. Psychiatric services for adolescents and adults with Asperger syndrome and other autistic-spectrum disorders

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<http://www.guardian.co.uk/society/2010/sep/06/substance-abuse-mental-illness-crimes?INTCMP=SRCH>

- Substance abuse, not mental illness, causes violent crime

Study finds people with drink or drug addictions have similar rates of violent crimes whether or not they have a mental illness

Randeep Ramesh, social affairs editor guardian.co.uk, Monday 6 September 2010

<http://www.independent.co.uk/life-style/health-and-families/health-news/mentally-ill-not-more-violent-says-study-2072187.html>

- Mentally ill not more violent, says study

By Jeremy Laurance, Health Editor Tuesday, 7 September 2010

People with mental illness are no more likely to commit violent crimes than ordinary members of the public – unless they have abused drink or drugs, researchers say.

Substance abuse is the chief cause of violent crime and increases the risk equally in people with and without mental illness, researchers at the University of Oxford found.

<http://www.independent.co.uk/life-style/health-and-families/health-news/mentally-ill-people-nearly-five-times-more-likely-to-be-victims-of-murder-than-general-population-8521493.html>

- Mentally ill people nearly five times more likely to be victims of murder than general population

Jeremy Laurance Wednesday, 6 March 2013