

## PE1494/T

*'The smart way to keep people passive and obedient is to strictly limit the spectrum of acceptable opinion, but allow very lively debate within that spectrum. That gives people the sense that there's free thinking going on, while all the time the presuppositions of the system are being reinforced by the limits put on the range of the debate'. (Noam Chomsky)*

`Acceptable opinion` in Scotland about the mental health system and the Act that supports it revolves almost entirely around the twin issues of `stigma` and suicide. We think that this is wrong. There are so many other vitally important issues that are squeezed out of discussion because of this, all of them impacting on human rights. Indeed, these twin issues have become an obsession within government, its associated agencies and those organisations, like SAMH, who receive extensive public funding to `create awareness` of these issues. Therefore, anyone who wishes to begin to open up discussion beyond these twin obsessions is faced with an almost insurmountable task, because of the absence of basic knowledge about the Scottish mental health system within the body politic. Added to which, **other than the ongoing work of Autism Rights, there is no representation nor consideration of the experience of people with Autistic Spectrum Disorders (ASD) within the mental health system.**

### Evidence

We have been asked to supply further evidence in support of Petition PE01494: Mental Health Legislation. There is a huge tension here between the convener's request to give `brief` information and the lack of background information for MSPs. Even those psychiatrists and other professionals who are critical of the way that psychiatry currently operates are not heard in Scotland<sup>1</sup>. I have supplied extensive references, because I agree that assertion is insufficient without justification. If these references are not looked at because they extend beyond the four pages of A4 required by the committee, then I would hope that the committee will acknowledge that the petitioner and I have supplied more than enough evidence to question the human rights compatibility of the Mental Health Act, thus justifying further enquiry by the Health and Sport Committee and the parliament as a whole.

It is very difficult to provide evidence of abuse within a system to which the general public has no access and which deals with people who are very heavily sedated, perceived in the media and in government as dangerous and some of whom possess major deficits in communication (people with autism and learning disability). Were it not for television coverage by the BBC in programmes by the Irish journalist Donal McIntyre and the `Panorama` team on Winterbourne View hospital, there would be denial within the English political system of these abuses. Because the Scottish mental health system is perceived as different and receives 3 times the proportion of the health budget of the English and other mental health systems, there is an assumption that difference and funding ensures a much better system, irrespective of the fact that **the Scottish system lacks the basic oversight that would draw attention to deficiencies in the system and the legislation.** I have already referred to the McAveety meeting and the BBC Frontline Scotland programme in my original submission, and the failure of either of these to prompt any inquiry into the situation of people with ASD within the mental health system. It is notable that it is only since Autism Rights began its campaign to take people with ASD out of the provisions of the Mental Health Act that the Mental Welfare Commission has provided a basic estimate of the numbers of people with ASD who are receiving compulsory `treatment` under the Mental Health Act. In correspondence with me, the

## Petition PE01494: Modern Mental Health Myths - Further Evidence from Autism Rights

MWC claimed that their powers, as outlined under the Mental Health Act, do not require them to collate any information on people with ASD as a separate group.

The absence of case law is being used by those organisations who have responded to Petition PE01494 to claim that the petition is groundless. An excellent point made by another activist is that we would still have slavery, if there had been this insistence that there be case law to support legal reform. The first main reason for the absence of case law is that the assumptions that are made in the legal system are based on assumptions within the mental health system and government. The Mental Health Act is predicated upon those assumptions – that the `treatment` within the system does not need to be specified (but is in practice wholly dependent on the use of highly toxic drugs)<sup>ii</sup> and that this treatment is medically necessary. There is ample proof that the evidence for the efficacy of this `treatment` is absent and that the evidence for its harm, particularly for people who have an Autistic Spectrum Disorder, is overwhelming<sup>iii</sup>. There ought to be little dispute about the toxicity of the drugs used in the mental health system (psychotropic or psychiatric drugs), but I supply some references in any case, as the myths about mental health `treatment` are so pervasive. As the petitioner has focussed on ECT in his submissions, I will not be covering this `treatment` within this submission, but would support his arguments that the evidence for its efficacy is weak to non-existent, which is not good enough for a treatment that has so much potential for harm. The other main reason for the absence of case law is the deficiencies in the Scottish legal system, particularly in the mental health field, some of which are well documented.<sup>iv</sup> I would stress that these deficiencies have in no part been rectified, and that the testimony of Autism Rights members is that there is complete deference to the opinion and power of the psychiatric profession within the legal system, irrespective of the fact that this profession is untrained and deeply ignorant of autism – confirmed in no small measure by the MWC's revelation that some psychiatrists in Scotland believe autism to be a mental illness (not just a `mental disorder`, as defined in the Mental Health Act) and by the Scottish Government's inability to provide any evidence of autism specific training for psychiatrists within NHS Scotland. On top of all this, parents of people with ASD who have experienced the mental health system have all reported their fear of victimisation and the resistance of psychiatrists to changing or lowering doses of drugs, even where there is a severe adverse reaction to a drug or combination of drugs. The personnel of Mental Health Tribunals change from one to another and recommendations for treatment such as Recorded Matters<sup>v</sup> are entirely dependent on the goodwill of the patient's RMO for implementation. The only means of appeal of the decision by a Tribunal is through Judicial Review, for which the patient must apply for legal aid. This whole process can take many months, during which time the patient is subject to yet more `treatment` with toxic drugs that cause behaviours that can then be identified as mental illness. People with Learning Disabilities and ASD cannot even make an Advance Statement, outlining their preferred treatment, because they are deemed to lack capacity, even though capacity is not an all or nothing attribute, as is recognised in matters of guardianship and in policy proposals at international level.<sup>vi</sup>

As extensively outlined in my original submission, **it is the evidence for the absence of statistical information and the concomitant absence of proper checks and balances within the mental health system as a whole, particularly for people on the autistic spectrum, that reveal the Mental Health Act to be a truly dysfunctional piece of legislation, in terms of the potential for abuse of human rights vested in the powers it gives to those who run the mental health system.** There are a number of statistical and informational `black holes` in the mental health system. **Neither the Scottish Government nor the MWC publish statistics on the numbers of deaths of people who are receiving compulsory treatment under the Mental Health Act. There is not**

**even collation of the information about adverse events, such as assaults**, even though we know that there have been convictions, dismissal and `redeployment` of staff who have assaulted patients. We know that these adverse events are rarely picked up by the media<sup>vii</sup> and that, in spite of the clear tolerance of this abuse by management (i.e. abuse repeated by other staff and refusal to act by management), there is no action taken against those, such as psychiatrists, who are supposed to supervise the `care` of patients. ***When there is action promised by the government at Westminster because of the 40,000 incidents of face-down restraint recorded in one year in mental hospitals in England<sup>viii</sup>, and there is not even collation of such incidents in Scotland, there is absolutely no justification for claims that Scotland's Mental Health Act is `working well`.*** All of the information collated by the MWC and other agencies comes from the mental health system itself, and specifically excludes information from carers or other members of the public, even where the public has witnessed assault or other abuse. There are a few selected individual investigations done, but these again are put together by the MWC, and there is no evidence that any of the `lessons learned` in these are applied, certainly not for people on the autistic spectrum. There is much supposition and speculation in MWC reports, instead of further investigation. Given the extensive public funding given to the MWC and the mental health system in Scotland, this is wholly unacceptable.

### **Psychotropic drug treatment – `medical necessity`?**

The petitioner has, quite rightly, drawn attention to the unique powers of forced `treatment` given to the mental health system under the Mental Health Act, as compared to the absence of power to force treatment in the rest of the healthcare system. This is in spite of the fact that **mental illness has no provable biological basis – it is not caused by a `brain disease` or a `chemical imbalance` in the brain – these have only ever been theories**, and are no longer respectable arguments for the use of psychotropic drugs. Drugs were never intended to be the sole treatment for mental illness, but that is what they have become. People can and should recover from mental illness, they should not be written off as having a `lifelong disability` requiring a lifetime's supply of psychotropic drugs and the `support` needed to enforce this. However, these theories still hold sway in Scotland and elsewhere as the basis for forced `treatment` using these highly toxic drugs. When even the Director of the National Institute for Mental Health in the US has publicly admitted that there is no strong evidence to support these theories<sup>ix</sup>, after decades of research, this should alert `decision makers` to the pressing need to scrutinise and review current law and practice. Whilst there is a case for forced incarceration of those presenting with severe symptoms of mental illness, there is no case for forced drugging with drugs that can create psychosis and cause death in those who have known vulnerabilities to these drugs, such as people with ASD. It is truly scandalous that I have not been able to find a single mention in any of the Scottish documentation that I have accessed of the direct damage that psychotropic drugs cause, other than obesity, when they can damage the heart and when there is now compelling evidence that antipsychotics/ neuroleptics shrink the brain.

### **Mental illness – or `challenging behaviour`?**

There is no consensus on the nature or presentation of mental illness – it is simply a matter of professional opinion. The SPICE report produced for this petition illustrates this, using excerpts from the Mental Health Act. People with autism can present with challenging behaviours, particularly if they are in pain, or they are reacting to abuse or have been prescribed drugs such as antidepressants or Methylphenidate, which can create states of apparent psychosis. Psychotropic drugs do not provide a solution to any of these problems, they exacerbate them and they are also implicated in suicide and violence. **Very importantly, even the withdrawal effects of these drugs**

**are routinely misdiagnosed as an indication of the worsening of mental illness.** I am told that these withdrawal effects can be quite horrific.

The current international debates on mental health, referred to in my original submission, require attention within Scotland<sup>x</sup>, as do the efforts by professionals to bring transparency to medical research data and the financial relationships that medical professionals have with the pharmaceutical industry<sup>xi</sup>. Discussion on mental health in Scotland uses euphemism to skirt round the human rights abuses inherent in subjecting people with disabilities to years of chronic damage to their health<sup>xii</sup> and ignores the wider issues that sustain these abuses. Petition PE01494 will hopefully provide the impetus for such debate.

### **Sources**

All of the information that I have supplied to the committee has come from FOIs to the MWC, testimony and documentary evidence from the families of people with ASD who are on compulsory orders within the mental health system, or who have recently been on such an order, and from identifiable sources, such as the MWC Learning Disability Census and reports from the Royal College of Psychiatry. These sources are contained within the attached references and within the text and references of my presentation to the Human Rights CPG, which formed the main part of my submission to the SHRC for its Scottish National Action Plan on Human Rights.

Fiona Sinclair, on behalf of Autism Rights, 5<sup>th</sup> February 2014

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i <http://www.criticalpsychiatry.net/>

ii <http://www.toxicpsychiatry.com/>  
[http://www.psychminded.co.uk/news/news2008/April08/Antipsychotic\\_medication002.htm](http://www.psychminded.co.uk/news/news2008/April08/Antipsychotic_medication002.htm)  
<http://www.behaviorismandmentalhealth.com/2013/07/10/antipsychotics-a-euphemism-for-neurotoxins/>

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<http://www.ncbi.nlm.nih.gov/pubmed/18098216>  
- Hum Psychopharmacol. 2008 Jan;23 Suppl 1:27-41.

Haematological toxicity of drugs used in psychiatry.  
Flanagan RJ, Dunk L.

<http://www.cfp.ca/content/54/7/988.full>

- Recognition and treatment of serotonin syndrome

<http://joannamoncrieff.com/2013/12/09/long-term-antipsychotics-making-sense-of-the-evidence/>

<http://joannamoncrieff.com/2013/11/27/why-theres-no-such-thing-as-an-antidepressant/>

<http://joannamoncrieff.com/2013/12/13/antipsychotics-and-brain-shrinkage-an-update/>

<http://www.madinamerica.com/2013/12/ssris-cause-epilepsy-rats/>

<http://www.madinamerica.com/2013/12/psychiatry-heads-sand-royal-college-psychiatrist-rejects-discussion-crucial-research-antipsychotics/>

<http://www.breggin.com>

iii <http://davidhealy.org/about/>

About Data

#### Based Medicine

`Adverse drug events are now the fourth leading cause of death in hospitals. It's a reasonable bet they are an even greater cause of death in non-hospital settings where there is no one to monitor things going wrong and no one to intervene to save a life. In mental health for instance drug-induced problems are the leading cause of death — and these deaths happen in community rather than hospital settings.`

Statistics on suicides - only published since 2008

<http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2012-12-18/2012-12-18-ScotSID-2012-Report.pdf>

1,501 suicides amongst Scottish residents in 2009 and 2010

21% of these had been psychiatric inpatients in the 5 years prior to their death

There was a total of 757 suicides of Scottish residents in 2010. Of these, 424 (56%) had mental health prescriptions dispensed within 12 months of their death. About 1 in 5 attended A&E within 3 months of their death

- from `Key Points`, page 7

see also pages 18-21 & see table 30 on page 25

*see ii above*

<http://www.madinamerica.com/2014/01/psychiatry-gone-astray/>

[Peter Gøtzsche, MD](#)

Professor Peter C. Gøtzsche, MD, cofounded The Cochrane Collaboration. He is professor of Clinical Research Design and Analysis at the University of Copenhagen. He has published more than 50 papers and 3 books, including "[Deadly medicines and Organised Crime: How Big Pharma has Corrupted Health Care](#)" (2013).

<http://www.madinamerica.com/2012/04/playing-hide-and-peek-with-psychiatric-drug-studies/>

<http://www.heraldsun.com.au/news/national/kids-use-rejected-adhd-drug/story-fndo48ca->

[1226468130766](#)

- 19,000 kids use rejected 'unsafe' ADHD drug Concerta

Sue Dunlevy News Limited Network September 09, 2012

<http://news.bbc.co.uk/1/hi/health/7170167.stm>

- Friday, 4 January 2008,

Learning disability drug warning

`Doctors are being warned not to routinely give people with learning disabilities anti-psychotic drugs to curb aggressive behaviour.

An Imperial College London study of 86 patients found the drugs were no more effective than being given none at all.

Researchers said it was more important to address the underlying causes.

In the UK, 200,000 people with learning disabilities are given anti-psychotic drugs - even though there is a risk of side-effects, the Lancet reported.

These can include risk of weight gain, impotence and strain to the cardiovascular system.`

<http://www.madinamerica.com/2013/07/researchers-explore-reducing-ineffective-harmful-medication-for-people-who-dont-need-it/>

- Research Looks at Reducing Antipsychotics for Learning Disabilities

July 3, 2013

<http://medicalxpress.com/news/2013-07-necessity-anti-psychotic-drugs.html>

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

- Psychotropic Medication Use and Polypharmacy in Children With Autism Spectrum Disorders

64% of children with ASD are drugged in the US - ?% in Scotland?

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1731662>

- Original Investigation | August 21, 2013

Antipsychotics and the Risk of Type 2 Diabetes Mellitus in Children and Youth

<http://www.ncbi.nlm.nih.gov/pubmed/24323995>

- Comorbidity clusters in autism spectrum disorders: an electronic health record time-series analysis.

Doshi-Velez F, Ge Y, Kohane I.

<http://treatingautism.co.uk/cdc-confirms-children-with-autism-have-many-unmet-medical-needs/>

<http://blog.autismspeaks.org/2012/01/24/autism-and-associated-medical-conditions/>

<http://www.ncbi.nlm.nih.gov/pubmed/22119694>

- Res Dev Disabil. 2012 Mar-Apr;33(2):467-76. doi:

10.1016/j.ridd.2011.10.008. Epub 2011 Nov 24.

Concurrent medical conditions and health care use and needs among children with learning and behavioral developmental disabilities, National Health Interview Survey, 2006-2010.

Schieve LA, Gonzalez V, Boulet SL, Visser SN, Rice CE, Van Naarden Braun K, Boyle CA.

National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, United States

<https://iacc.hhs.gov/apps/portfolio-analysis-web-tool/project?projectId=3025&fy=2010>

- Metabolic biomarkers of autism: Predictive potential and genetic susceptibility

<http://www.prweb.com/releases/risperdal-lawsuits/gynecomastia/prweb11421722.htm>

- Risperdal Lawsuit News: Rottenstein Law Group LLP Comments on Plaintiffs' Request to Unseal Key Clinical Studies Data

The firm is currently offering Risperdal lawsuit evaluations to those who allege that they suffered from the drug's alleged side effects.

The plaintiffs in these cases allege that Risperdal causes gynecomastia, which is the enlargement of breast tissue in males.

A clip from 'Elle S'appelle Sabine' to give an idea of the damage inflicted on people with Autistic Spectrum Disorders (ASD) by psychotropic (psychiatric) drugs. See this YouTube clip for a graphic illustration of the effects of psychotropic drugs on someone with an Autistic Spectrum Disorder (ASD) before and after 5 years of incarceration in a mental institution:-

[http://www.youtube.com/watch?v=qyp97e\\_MWKI](http://www.youtube.com/watch?v=qyp97e_MWKI)

**The evidence submitted for Petition PE01494 from Dr. Tom Leonard (mental health survivor and retired Professor of Statistics) as regards the absence of Scottish data on side effects of psychotropic drugs confirms the overall absence of oversight.**

<sup>iv</sup> [http://www.mhtscotland.gov.uk/mhts/files/Law\\_Society\\_Code\\_of\\_Conduct\\_Mental\\_Health.pdf](http://www.mhtscotland.gov.uk/mhts/files/Law_Society_Code_of_Conduct_Mental_Health.pdf)

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

<http://www.scotland.gov.uk/Publications/2009/08/07143830/6>

- Limited Review of the Mental Health (Care and Treatment) (Scotland) Act 2003: Report  
CHAPTER SIX TRIBUNALS

'The major issues concerning tribunals which were identified to the group were:

The large number of cases (more than 50%) which require more than one hearing to reach a conclusion - i.e. the problem of multiple hearings;

A perception of excessive formality and legality at some tribunal hearings;

The availability, quality and style of legal representation.'

*see whole section - so many problems with Tribunals*

[www.siaa.org.uk/documents/ExperiencesofMentalHealthTribunals.pdf](http://www.siaa.org.uk/documents/ExperiencesofMentalHealthTribunals.pdf)

- see 'Issues that have arisen', pages 4-6 and Appendix 1 'Frank's Story', page 9. Also evidence from PAS, D&G - account of experience of Jack, page 7

<sup>v</sup> [www.rcpsych.ac.uk/docs/Recorded%20Matters%20FINAL%20REPORT.doc](http://www.rcpsych.ac.uk/docs/Recorded%20Matters%20FINAL%20REPORT.doc)

- Recorded Matters Working Group (September 2009)

<sup>vi</sup> <http://fra.europa.eu/en/publication/2013/legal-capacity-persons-intellectual-disabilities-and-persons-mental-health-problems>

<sup>vii</sup> <http://www.thecourier.co.uk/news/local/fife/fife-nurse-struck-off-for-attack-on-frail-alzheimer-s-sufferer-1.150739>

<http://www.scotsman.com/news/health/probe-after-aberdeen-psychiatric-hospital-deaths-1-2971681>

- Probe after Aberdeen psychiatric hospital deaths  
By ALISTAIR MUNRO Published on 19/06/2013 23:26

**Note that NHS Grampian were thinking of bringing in the police because of concerns about staffing**

<http://www.heraldscotland.com/news/health/inquiry-plea-after-three-patients-die.21421728>

- Inquiry plea after three patients die  
Andrew Denholm Education Correspondent Monday 24 June 2013

<http://news.stv.tv/north/234058-royal-cornhill-deaths-hospital-had-insufficient-risk-assessment/>

- *3 deaths within 2 weeks in one hospital. A place of safety? This invites comparison with the case of Joe Gilliland.*

<http://www.labome.org/expert/uk/the/mckie/andrew-mckie-391791.html>

- Dr. Andrew McKie's publications. Dr. McKie was a lecturer in mental health and was one of the 3 patients who died.

<http://www.thecourier.co.uk/news/scotland/video-firefighters-tackle-huge-blaze-at-aberdeen-hospital-site-1.150048>

- By PRESS ASSOCIATION, 6 November 2013 12.14pm.

15 fire appliances called to a 'huge fire' in derelict buildings beside Royal Cornhill Hospital. The fire was so big that evacuation of the hospital was feared to be necessary. The cause of the fire was unknown at this time.

<http://www.independent.co.uk/life-style/health-and-families/health-news/mentallyill-patients-were-tasered-more-than-50-times-8606726.html>

- Mentally-ill patients were 'Tasered' more than 50 times  
Freedom of Information request reveals extent of stun-gun use by police in psychiatric

wards

Nigel Morris, Gayan Samarasinghe, Tuesday 7 May 2013

<http://www.nm.stir.ac.uk/documents/ld-restraint-related-deaths-uk.pdf>

viii <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.

ix <http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>

- Director's Blog: Transforming Diagnosis  
By Thomas Insel on April 29, 2013

The goal of this new manual, as with all previous editions, is to provide a common language for describing psychopathology. While DSM has been described as a “Bible” for the field, it is, at best, a dictionary, creating a set of labels and defining each. The strength of each of the editions of DSM has been “reliability” – each edition has ensured that clinicians use the same terms in the same ways. The weakness is its lack of validity. Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure. In the rest of medicine, this would be equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever. Indeed, symptom-based diagnosis, once common in other areas of medicine, has been largely replaced in the past half century as we have understood that symptoms alone rarely indicate the best choice of treatment.

<http://www.madinamerica.com/2013/12/thomas-insel-new-approach-psychiatric-research/>

<http://www.bostonglobe.com/lifestyle/health-wellness/2013/12/16/with-thomas-insel-director-national-institute-mental-health/nZ9Qjw88QmJtXWNQft1CFN/story.html>

<sup>x</sup> <http://dxsummit.org/archives/1816>

- Neuroscientific psychiatry and the problem of consciousness

[Philip Thomas](#) December 26, 2013 [Pressing Issues](#), [Scientific Issues](#)

*this article is in part a comprehensive analysis of the problems with fMRI and why it should not be given the credence that it receives*

<http://www.psychiatrictimes.com/blogs/couch-crisis/doctorpatient-relationship-comes-first-last-and-always>

*Dr. Allen Frances (head of DSM III committee) interviews Dr. Pat Bracken and agrees with him.*

<http://www.palgrave-journals.com/sth/journal/v8/n4/full/sth200911a.html>

- *Social Theory & Health* (2010) **8**, 370–382. doi:10.1057/sth.2009.11

Psychiatric diagnosis as a political device

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<http://joannamoncrieff.com/2013/12/03/how-can-community-treatment-orders-still-be-justified/>

<http://www.independent.co.uk/life-style/health-and-families/health-news/psychiatric-asbos-were-an-error-says-key-advisor-8572138.html>

- 'Psychiatric Asbos' were an error says key advisor *Sanchez Manning Sunday, 14 April 2013*

Former champion says public safety fears led to adoption of measures that seriously curtailed patients' freedoms

### **Risperidal fraud**

A pharmaceutical corporation has just been given the largest ever fine for a single product – the antipsychotic drug Risperidone – a total of \$2 billion handed out by the US Department of

Justice. This fine was for marketing fraud under the Medicare system – persuading doctors to prescribe this drug for purposes for which it had not been approved, including to children.

<http://www.justice.gov/opa/pr/2013/November/13-ag-1170.html>

<http://chronicle.com/blogs/percolator/major-fraud-plea-has-university-scientists-regretting-journal-article/33713>

<http://www.consumerreports.org/cro/2013/12/are-too-many-kids-taking-antipsychotic-drugs/index.htm>

### **Childhood abuse as a cause of mental illness**

<http://www.madinamerica.com/2013/11/childhood-adversity-psychosis-heresy-certainty/>

the presentation by Professor John Read begins 5 minutes in to the video.

See also this recent metanalysis

[http://journals.lww.com/jonmd/Abstract/2013/12000/The\\_Role\\_of\\_Early\\_Life\\_Stress\\_in\\_Adult\\_Psychiatric.1.aspx](http://journals.lww.com/jonmd/Abstract/2013/12000/The_Role_of_Early_Life_Stress_in_Adult_Psychiatric.1.aspx)

**A recent court case in Scotland explicitly hinged on this research evidence, and the case was upheld because of it – note that it took 24 years to bring this to a Scottish court:-**

<http://www.bbc.co.uk/news/uk-scotland-25123817>

- 27 November 2013 Last updated at 15:36

'No fee' lawyers win compensation after 24-year fight

By Reevel Alderson Home affairs correspondent, BBC Scotland

<http://www.madinamerica.com/2013/12/judge-rules-abuse-can-cause-schizophrenia/>

<http://www.recoverywirral.com/2013/12/professor-john-read-comments-on-nz-court-appeal-upholding-causal-link-between-sexual-abuse-and-schizophrenia-landmark-case-for-future-of-psychiatry-worldwide/>

- Professor John Read comments on New Zealand court appeal upholding causal link between sexual abuse and 'schizophrenia'. Landmark case for psychiatry worldwide.

Published: December 7, 2013

<sup>xi</sup> <http://www.alltrials.net/>

<http://www.theguardian.com/science/2013/oct/29/scientists-fears-over-unpublished-drug-trials>

Some points:

`For decades, the pharmaceutical industry has been more likely to publish the results of clinical trials that show its products in a good light. Trials that show they don't work as well as the alternatives or have more harmful side effects have tended to remain hidden. This phenomenon is so widely accepted that it has been given a name – 'publication bias'.`

There is 'biased dissemination of clinical evidence`

`Free CPD /"free" "education" is a high value benefit in kind, as you will know if you've paid for education.`

**Another view is that it is the `key decision makers` - senior hospital specialists, trainers and researchers who are the ones taking the lion's share of the cash from the pharmaceutical companies, and it is they, together with those senior officials in health boards and in agencies such as SIGN and NICE, who are the real problem.**

<http://www.madinamerica.com/2013/11/gsk-alltrials-coalition/>

- GlaxoSmithKline's Journey to Transparency

David Healy, M.D. And Peter Gøtzsche, MD  
November 4, 2013

<http://www.bmj.com/content/347/bmj.f6980>

- FDA official: "clinical trial system is broken"

BMJ 2013; 347 doi: <http://dx.doi.org/10.1136/bmj.f6980> (Published 5 December 2013)

Cite this as: BMJ 2013;347:f6980

<http://www.madinamerica.com/2013/07/saving-science-its-time-to-solve-publication-bias/>

the petition on a 'Sunshine Act':-

<http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=8630&mode=pdf>

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000352>

- Information from Pharmaceutical Companies and the Quality, Quantity, and Cost of Physicians' Prescribing: A Systematic Review

Geoffrey K. Spurling et al

Published: October 19, 2010

DOI: 10.1371/journal.pmed.1000352

<http://avilian.co.uk/2013/10/18/secrets-of-trial-data-revealed-records-of-side-effects-seen-in-clinical-tests-are-missing-from-publicly-available-documents/>

<http://avilian.co.uk/2010/10/17/lies-damned-lies-and-medical-science/>

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<http://onlinelibrary.wiley.com/doi/10.1111/eci.12074/full>

- Undue industry influences that distort healthcare research, strategy, expenditure and practice: a review

European Journal of Clinical Investigation Volume 43, Issue 5, pages 469–475, May 2013

<sup>xii</sup> [http://reports.mwscot.org.uk/Visiting\\_monitoring/LeftBehind/LeftBehind.aspx](http://reports.mwscot.org.uk/Visiting_monitoring/LeftBehind/LeftBehind.aspx)

<http://www.heraldscotland.com/news/health/the-forgotten.17094278>

- SUNDAY 25 MARCH 2012

The Forgotten

Lucy Adams Chief Reporter

HUNDREDS of the most vulnerable people in Scotland have been "left behind" in mental-health institutions where they receive the poorest care in the country, according to a damning new report.

<http://www.dailyrecord.co.uk/news/real-life/patients-hidden-away-years-lennox-1832649>

- Patients hidden away for years at Lennox Castle mental hospital turn to art to heal wounds

15 Apr 2013 00:01

UNMARRIED mothers, wayward teenagers and Down's Syndrome sufferers were just some

of the people starved, drugged and abused at Lennox Castle in Lennoxtown.

Conditions were so bad that **in 1986**, the hospital's medical director Dr Alasdair Sim broke ranks to say that he had never worked in "a worse pit". He added: "I am sick to the stomach about the plight of these poor people."

<http://www.bbc.co.uk/news/uk-england-bristol-19162516>

- 7 August 2012

**Winterbourne View abuse report calls for changes to care**

<http://www.independent.co.uk/news/uk/home-news/private-hospital-patients-were-routinely-abused-8015612.html>

- **Private hospital patients were 'routinely abused'**

<http://questioning-answers.blogspot.co.uk/2014/02/autism-and-obstacles-to-medical-diagnosis-and-treatment.html>

[http://www.mwscot.org.uk/media/139675/ld\\_census\\_2012.pdf](http://www.mwscot.org.uk/media/139675/ld_census_2012.pdf)

**MWC Learning Disability Census Report 2012**

[http://www.mwscot.org.uk/media/52120/LD\\_Census\\_2010.pdf](http://www.mwscot.org.uk/media/52120/LD_Census_2010.pdf)

**MWC Learning Disability Census Report 2010**