

PE1494/U

Mr Howlett
Committee Assistant
Public Petitions Committee
Scottish Parliament
Edinburgh
EH99 1SP

27th January 2014

Dear Mr Howlett

I write to you in support of the campaign by Mr W. Hunter Watson to have the 2003 Mental Health Act amended to ensure that no individual can be sectioned and treated against their will before the evidence that is necessary, is properly tested in a court of law with a jury. The present sectioning laws are utterly unethical, against all codes of good conduct/practice and the Human Rights Act. I am enclosing an article entitled "The Lunatics take over the asylum" published in the Telegraph on 4th January 2014.

Dr Allen Frances, Former DSM-IV Task Force Chairman, American psychiatrist, best known for chairing the task force that produced the fourth revision of the "Diagnostic and Statistical Manual," stated:

"There are no objective tests in psychiatry - no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder."

The Scottish Government has a Public Duty of care to the People of Scotland to stop the continued blatant abuse of power, this is often used against individuals with the use of psychiatry, which after all is only an opinion. This opinion must be tested in an open court of law. I write because of my own personal experience of the unlawful use of the Mental Health Act 1984 used against me in 2000. Nothing has changed since that time to protect people from the actions of others who have mal intent.

Unfortunately, abuse of mental health law is not unusual. The powers bestowed upon psychiatrists and other mental health professionals gives them license to bring about a reduction in civil liberties that do not exist in any other area of medicine.

Those working within the mental health profession may have entered it with altruistic purposes. However, it is an area of medicine 'based on opinion' as opposed to real medicine that addresses and treats real conditions that are empirical. With no biological markers to verify any so-called mental illness, a mental health professional, whether a psychiatrist, a psychiatric nurse, or any

other position in the field, is at an immediate disadvantage due to a complete lack of scientific evidence to support claims that require drug interventions.

In view of this, psychiatry is open to mistakes that have severe ramifications upon the lives of those affected, which at present can never be revoked. Furthermore, the veracity of reports made in order to bring about detention can be motivated by situations that have 'nothing to do with the welfare' of the person concerned. Indeed, I have come to know of cases through my friend's work, someone who has come into contact with several people who have been detained under the Mental Health Act as a result of 'false reports' made by a nearest relative. While this scenario has been dramatised in several movies, it 'does' happen in real life, especially if the targeted person has 'compromising information' about that relative. Attempting to discredit an individual by accusing them of mental illness does go on. It is perhaps the most despicable way of refuting a person, of denying them the truth in a given situation, and is reprehensible.

In my case, I was never examined, nor was I given an explanation for the grounds for my sectioning. It was just announced by a female doctor (whom I had briefly seen once to fill in a form), when she turned up at my apartment. I tried to run away. I was chased by EIGHT people, manhandled, dropped onto a concrete floor in a public place, head forced to the ground, with trousers pulled down forcibly injected with drugs, 5 mg Droperidol and 2mg of Lorazepam against my will in front of my neighbours. This was assault, abuse of authority and medical negligence in the extreme and which could have caused my death.

According to an official FDA drug information site, it states:

"Due to its potential for serious proarrhythmic effects and death, Droperidol should be reserved for use in the treatment of patients who fail to show an acceptable response to other adequate treatments, either because of insufficient effectiveness or the inability to achieve an effective dose due to intolerable adverse effects from those drugs (see Warnings, Adverse Reactions, Contraindications, and Precautions)

Adult Dosage: The maximum recommended initial dose of Droperidol is 2.5 mg I.M. or slow I.V. Additional 1.25 mg doses of Droperidol may be administered to achieve the desired effect. However, additional doses should be administered with caution, and only if the potential benefit outweighs the potential risk."

I was given double the recommended dose of Droperidol in combination with Lorazepam which was dangerous and has caused recorded deaths in other cases. The online magazine The Psychiatrist stated in an article it published in 2003: *"The manufacturer, Janssen-Cilag Ltd. wrote to health care professionals in January 2001 to inform them that the Droleptan product range was to be withdrawn, because of a risk-benefit analysis that had highlighted the potential effect of Droperidol on the cardiac QTc interval."*

The use of this drug and the method of administration in my sectioning action caused concern enough for the nursing staff at the hospital where I was taken to place me on a heart monitor for several hours.

My experiences lead me to question the parameters used by those who have the power to detain individuals so easily. On reflection, the willingness of NHS and Social Services staff to accept information about a person purported to have a mental illness, is entirely unacceptable. People do have disagreements; upsets do occur between marital partners, there can be heated altercations that can be considered feisty. Furthermore, when threatened, any sentient individual will protect their reputation, their well being, their life. Their behaviour in doing so does not mean they are mentally ill. That however is adjudicated by those bestowed with the powers to detain. If their opinion on the day does not go in your favour, then one can be stigmatized from that moment on. I refer again to the veracity of reports written on me.

This inhumane, barbaric and unlawful action has greatly impacted on me in various ways and stigmatized my character for the past 14 years.

I urge the Committee to amend the 2003 Mental Health Act (Scotland) with a view to making stringent amendments to prevent such criminal conduct, as I have experienced it, from being repeated so that the public may be protected from the covert actions of unscrupulous professionals and others, who may have a hidden agenda. The criminal abuse of the Mental Health Act must be exposed, held to account and the victims of such abuse must be afforded redress in a court of law. Unless the Committee can see its way to making the necessary critical changes to the Mental Act, tyranny will continue to be enacted with impunity.

Yours sincerely

Anne Greig