

**PE1651/OOOOOOOOO**

Anonymous submission of 17 April 2019

Anonymous because its not just my story its OUR story Psychiatric patients want Human Rights Consent is MANDATORY!!!

I'll keep this brief because I could write 20 books at least on the harmful effects of the medications used in psychiatry including the addictive nature of all of them.

My qualifications to write this, full painful knowledge of how more or less every psychiatric medication tastes like and what the withdrawals feel like both physically and mentally. To be quite blunt the drugs really don't work and they make things so much worse that long term disability benefits are needed.

I first started my titration off these medicines in 2011. At the time I think my prescription was 500mg Clozapine, 30mg Arirpiprazole, and 40mg Citalopram. The Clozapine was the first 3 years it took under the supervision of a psychiatrist. It was a long slow process as these drugs are dangerous I have the scar in the crook of my right arm from the blood tests to see if I still had an immune system. 17 years of blood tests do leave their mark. However as my over sedation reduced I attended a Access to High Education course and gaining the highest possible grades. I also undertook my GCSE English resit and gained a B grade. I was 37 when I completed the course and left for university.

When the Clozapine dose dropped to 100mg the pain in my head started, I think the extreme insomnia started about that time as well. But life not being over sedated was worth the pain and lack of sleep. I was really enjoying my study, prior to my Access course Entry Level 2&3 was what I'd been allowed to do. That's below GCSE. 20 years of being treated as an imbicile is quite frankly abuse if your actually very intelligent however the medication suppressed my intellect extremely well.

My last dose of Clozapine was in July 2014, I was cutting the 25mg tablets in half to ensure a safe titration. I remember the first night without Clozapine I wish I didn't . My insomnia was extreme approximately 2 hours in every 24, but the psychosis that night, I wish I could forget it. My 2 hours sleep was a dream that ended up with being set on fire, I was aware I needed sleep so put up with the abuse of the dream, then I felt my body get hot, I woke myself up went outside at 3am with a glass of water to have a cigarette. The psychiatrist, Mental Health pharmacist and CPN all agreed that it was the withdrawal effects of Clozapine. I tell you that night was worse than any psychotic episode I'd ever experienced before, luckily I haven't been psychotic since.

University was great clear of Clozapine with a detailed plan of how I would withdraw from Arirpiprazole and Citalopram. First dose reduction of Arirpiprazole would be in the Christmas holidays to give me a chance to deal with first withdrawal affects without risk of them affecting my studies too much. The original plan was 2.5mg every 2 months but due to no 2.5mg tablets in production and the extremely sedating effects of the liquid I actually withdrew at a rate of 5mg every 4 months.

Aririprazole withdrawal wasn't as hard on me mentally but the affects on my body were massive. I came to expect a significant deterioration in my physical health 7 days after each dose drop. Hypoglycaemic attacks, extreme weight loss, tremors and shaking that others noticed, circulation problems to name a few. In June 2015 only 2 dose reductions into my withdrawal I started experiencing extreme pain in my liver area, a scan showed a 2cm fluid filled void in my liver. I was scanned again in November 2018 the void has grown to 3cm knowing what drugs psychiatry has forced into me since 2015 I can safely conclude that it is the Aririprazole that has caused this hole in my liver.

I managed to finish my Aririprazole withdrawal in February 2016. Life was harsh at this time and the CPS had decided to include the fact I'd been drinking alcohol and on psychiatric medication in the letter explaining they would not be pursuing prosecution of the man who raped me for 2 hours.

I cold turkeyed off Citalopram in February 2016 and suffered for it. The brain zaps and insomnia were extreme but after a few months the brain zaps got less. Clearing completely after about a year to 18 months.

In February 2016 the psychiatrist I had been placed under during my rape enforced university deferment cleared me as fit to return to my university degree. I had been deferred since July 2015 and working since November 2015. My course degree was in Mental Health Nursing and despite the extreme poverty due to no entitlement to sickness benefits unless I 100% quit my course I managed to keep up the titration off medication and keep a roof over my head. I know for a fact if my medication dose had been higher I would not of been able to manage this.

December 2015 brought floods and working 2 jobs. I received my first pay packet on Christmas Eve, yes I was destitute but I had a goal and purpose. I had also learnt how to feel the chemistry of my brain and my support worker (a man who I owe my life to) at the rape crisis type charity had shown me many invaluable tools for helping me remain mentally strong. If he is reading this I hope it's not twisting his melon.

There is however a dark insidious side of withdrawal from psychiatric medication that I feel I have to mention.

Psychiatry does not like people who dare to recover Independently especially if they stop taking the medication and function to a very high level. In fact this is an understatement. Anyone who dares to refuse medication and shows any evidence of normal functioning will be abused intensively, and labelled with a personality disorder. Any suggestion of abuse or complaint will result in further more degrading diagnoses and the abuse will be upped.

You see in January 2016 whilst working on a mental health ward I committed professional suicide, I refused to be complicit by my silence when a worker the same grade and zero hours contract type as myself deliberately caused distress in a patient. I made a protected disclosure in good faith and suffered the consequences. However the signs that a former psychiatric patient not on medication would not be tolerated were already evident but the medication I was still on low as the dose was blinded me from this.

I was first admitted to psychiatry age 16, 7 weeks on an adult ward followed by a year in a CAMH unit. The Subject Access Request I made in 2017 revealed that in 1993 that adult ward couldn't find anything wrong with me, I was just refusing to live with my mother. The CAMH unit was investigated by the police for abuse of patients in 2010 I was a witness. In 2011 Christmas time I realised that my alleged schizophrenia only happened just before I was due to menstruate . In 2013 I had my ovaries removed no counselling no chance to have my eggs frozen, no chance at informed consent but then consent is not the psychiatric way.

I count myself lucky to of had good care by psychiatric standards prior to 2014. Yes I had to fight to get the one course of psychological treatment I have ever had but I worked hard and made the most of it, its stood me in good stead. I also count myself very lucky to of stayed mainly clear of the medications despite psychiatry's best efforts, and threats. Yep I've had a psychiatrist tell me they want me to go into hospital "for as long as it takes". But I'm still alive and free even if I am homeless.

Since 16<sup>th</sup> March 2016 I have been intensely abused by members of psychiatry. The times that I've found hardest to cope with it is when I've been filled with the medication. Questioning how locking someone up when they are claustrophobic is helpful will lead to being pinned to the floor, bum forcibly exposed and filled with mind altering drugs via injection. The drugs destabilise both my body and my mind, they also put me at risk of suicide which quite frankly is the last thing I'll ever do. However psychological abuse victim blaming can push a person into the grave. It's not suicide its abuse but the courts will probably label it as suicide or misadventure. Mentioning the 1961 Suicide Act will cause a very aggressive response. As will mentioning Section 127 Mental Health Act 1983.

I jumped the border into Scotland in May 2018 I couldn't cope with the abuse from the community psychiatric team or the Crisis team. I didn't get far enough in my nurse training to learn why gas lighting, lying then phoning the police to arrest them if the desperate suicidal people don't leave fast enough, is helpful, so I guess I'll never know. I suspect it's for the same evidence based reason that pinning rape victims to the floor exposing they're bottoms and injecting them with drugs that destabilise the emotions is helpful. I'd be really interested in seeing this evidence base, access to research is important.

In June 2018 after being trapped by nurses in a small room, psychologically abused and denied cigarettes I was then detained for 11 weeks. I'm a quick learner and got to grips with the Mental Health Care and Treatment (Scotland) Act 2003 very quickly. The Mental Health Officer will probably never forget Sc315 after I sent him away telling him to look it up. Likewise the Mental Welfare Commission are now petitioning you themselves about Sc81&82 of the above Act.

11 weeks in a Intensive Psychiatric Care Unit with forensic patients and very vulnerable patients of both genders. The only time I was a danger to myself on that ward was after they had injected me. I had my work cut out keeping myself safe, lots of blind spots and some potentially very violent men. At one point I was going around picking up the stones hidden to be used as weapons by one of the male patients. If I'd been on regular medication especially if I had been taking the Clopixel that the

doctor prescribed I doubt I'd still be alive to write this. The doctor said that those tablets were having a very good effect on my mental health but damn my honesty when I said after she'd confirmed I was getting better on the tablets that I wasn't actually taking them I was subjected to a Clopixel depot that made me incontinent of urine. Due to the secure nature of the ward I was not allowed leave to access a second pair of trousers which I had at my temporary accommodation.

In October 2018 about a month after I had been released on community order I left that area. I left all ID and used a different name, I had grown canny and engaged as little as possible with services like the council. Being street homeless and subject to the daily abuse, offers of illicit drugs, requests for illicit drugs etc. is far preferable to a backside full of Arirpiprazole. I'd worked hard before my release to ensure I was only on 10mg of Arirpiprazole tablets which I'd spent the month after release titrating off.

I've seen people semi conscious in the night shelter from the sleeping tablets the night before suddenly find the strength to leave the shelter after being threatened with an ambulance to psychiatric hospital. I've heard so many people talk about Adverse Childhood Events and trauma informed care but I've yet to see any.

I've got 8 or 9 ACEs and my housing officer now knows how to give trauma informed care. Actively Listening and asking open questions is all it takes. One thing that will make any traumatised person worse is medication. If it doesn't alter the chemistry of the mind what's the point? The way a person thinks (COGNATIVE) creates the chemicals (BEHAVIOURAL) and thinking warm caring thoughts is great THERAPY.

Ok this is longer than planned so I'll mention a few people who have ensured my survival during the last 3 years of fleeing abuse homelessness survival. The man who supported me via the rape Crisis charity, the old Casualty Sister who looked after me over the years of medication enforced messed up teenager and the Job Centre staff who have believed in my potential. There is one member of the Job Centre who's unshakable belief and honest assessment of likelihood has given me such strength that I will thank them in person.

You see I'm mentally well have proof that I'm incredibly intelligent, sorry I'm too long in the tooth for false modesty, I just do things slightly differently from most, it works very well for me. I get abuse, victim blamed and treated as sub human scum on a daily basis, I just walk away. On Saturday I am going to be street homeless again as I can only afford to stay in this hostel if I play the mentally incapable role and don't work. After everything I've been through and the battles I've had not to be classed as mentally ill there is no way I will play mentally incapable just for a roof beautiful as this accommodation may be.

Everything I've written here is true, apart from the length. Next week I will stand in front of Holyrood and sing for my supper I will sing about how much the drugs don't work. Then I'll go back to wherever I hiding to sleep that night. If you want to show me the evidence that psychiatric medication works you'll know where to find me.

Street homeless and being subjected to low level daily abuse is 100% more preferable than taking psychiatric drugs. That's not a mental illness that's the truth.