

- 1.1 No
- 1.2 Yes
- 1.3 Yes
- 1.4 No
- 1.5. Yes

1 and 2. In listening to what is going on in local areas, it is critical to the whole process's honesty and legitimacy that the groups of service users or ex-users who are listened to or consulted with are all the groups locally in existence. This includes groups that have broken away from others in disputes about their ethics. It will not be honest to give recognition to only one group, maybe to support it with funding for it as a form of "collective advocacy", and having picked that one group to try to freeze out any others.

I write this from presently observing a council funded group, that for long had been the only such group for its area, in the process of breaking up, and for vitally good ethical reason. Members are leaving to secure their own wellbeing and protect themselves. A few members of the group, delegated to meet to look at a "package" on how the group should be run, proposed by the advocacy organisation that newly supports it, have broken the group's constitution that all decisions go back to the full group meeting and have claimed the power to declare this package already introduced, and even illegally "in the absence of a constitution" when there has never been any vote to suspend the constitution.

I have taken an interest in it both through mental health services' occasional overlap with autism and through the issues from my teenage experience. The group has for years been funded and supported in a neutral way to be an independent voice of service users and ex, taking all its own decisions. Now, this new package, declared in force by a seizure of power before the folks who took it home from the previous main meeting had had a chance to read it and respond, takes away all the group's independence. It gives the advocacy organisation sweeping powers over it, control of its money which has already been seized with the group's own bank account closed down, a veto over the membership of its executive committee a role of grilling new applicants, supervising them while in office, putting agendas of "personal development" over them, and keeping them under probation then grilling them again, a complaints procedure that says it can deny any member the use of at its own discretion, and the final say over keeping order in meetings. This has been a monstrously sudden change of the whole group into a controlled puppet whose claim to be any sort of service user voice at all is thenceforth untrue. A funded group who the likes of that happens to is no longer legitimate. Hence any ex-members who form a breakaway that is not under that shock regime will be the legitimate independent unthreatened service user voice, in place of the original group. This ethic is the standard for any council or NHS district's contacts with service user groups.

3, 10, 23, 25. The removal of power for the NHS to threaten anyone with compulsion will remove the deterrent to seeking help for exactly the persons who you want to appeal to and bring within reach of help, those who are suicidal if they do not seek it. They will not seek it if they have past experience of authoritarian handling, will they?

4. More publicity emphasising the extent of their self-reliant ability to take their own decisions, in many cases, counter to the image of doctors needing to wholly take over.

7, 8, 16. I am a survivor of the teenage mental health system with authoritarian shouty nurses, in Wales 1982-4, including a hard man who spoke of "to get you in here and change you", including in ways nothing to do with why I had come to them. In no way at all was it a shred of safe space or support. It was a survival trauma.

I have Asperger Syndrome, which was not yet recognised then, and which proves that many of the changes they wanted to compel on grounds of social norm actually can not be done. At the Scottish Autism Services Network's conference in Perth Oct 5, where I was a workshop speaker, the speaking psychiatrist of the day gave backing to the present fact of my health, hence that the CAMHS folks who treated me in Wales no longer have any power at all to threaten me with compulsory treatment. Right up until then, in violation of free world standards of citizenship, fear of that open-ended threat had kept me intimidated out of speaking out against what they did to me in any ways that

either would identify me to them or that identified me as an ex-patient. Without this safety which I acquired only 17 weeks before this consultation's close after 28 years of fear, I could not write about it here as I am doing.

I was a patient by reason of a stress collapse under abusively impossible demands of school homework and authoritarian enforcement that gave me no say over my own abilities. But after the embarrassment to the school of me becoming a patient had put some more survivable constraint upon its conduct for me, I had to use the school's support for my return to extricate myself from the CAMHS unit without its endorsement as healthy. I was never going to get that endorsement unless I bowed to a distressingly dictatorial list of personal changes that were nothing to do with my school crisis.

At the time there was nothing I could do about the oppression likewise of the other young patients of the same CAMHS so-called service, as by raising any challenge to it I would just bring danger of compulsion back onto myself. Only now, over a generation after the experience, am I challenging the NHS in that Welsh region about what happened and its standards.

This totally illustrates the scale of need in the NHS for your good proposed standards of "services to be centred on the individual", including listening to us, and "always improving". It shows also in what circumstances these will not happen. They will not happen and harmful pushing around of patients will continue if it continues to be possible for patients to be intimidated into silence towards the system that mishandled them, as I was for 28 years. This will only cease to be possible, if absolutely committally, all provision for any person to be put in compulsory treatment on the basis of psychiatrists' opinion is totally abolished. To the several neighbouring NHS board areas in Wales who have indicated responding to my story, I have already put this, including specifically for teenage services that my story now proves the only position that safeguards against child abuse and makes any teenage patients safe is if the NHS totally gives up all power to apply for compulsory powers over any teenager. Obviously it proves it here too, but I can not put a private medical story 49 pages long into the consultation.

You write of measuring CAMHS outcomes. I am a CAMHS outcome having to be rewritten, massively for the worse, 27 years after last contact with the service concerned. For accuracy of measuring outcomes you can not afford this to happen. You need there to be a place where all CAMHS patients are told they can go to, and where besides confessions to serious crimes it is a legal absolute that unconditionally no matter what they say no compulsory treatment can result. If I had had such a service to turn to, I could have got my abuses by my CAMHS service dealt with as such at the time, had the possibility of a sensible school outcome saved and not had to return to the same teachers, and got the risk they posed to 300 children dealt with too.

9. A way of doing this is by removing a piece of harm in the advice that has long been often heard on mental wellbeing. I have been in a workplace in the non-NHS mental health sector where there was a sweeping obsession with the idea of "let it go" and unlimited willingness to apply it to absolutely anything at all that has happened in the person's life. This clearly shows no interest at all in personal justice and fair play. It just means living in a state of passive fatalist acceptance of unsolved or unpunished injustices. Because the injustices continue to exist this will not bring wellbeing to anyone. A tragedy of deception and medical exploitation is done to anyone who falls for the "let it go" trick, or for the many theories in circulation of one-sided forgiveness towards former abusers/bullies; a con whose roots are in religion not in any science measured from outcomes. There is no measured evidence of benefits to the person conned into passivity and fatalism, the only benefits are to interests evil enough to want to shut them up. The resulting burial of issues out of sight is obviously not a benefit because they are still inside the person's memory hurting and unsolved and they will resurface later. It just builds up trouble for later. The therapeutic device of "venting", punching or shouting "why" at an inanimate object, is another of these absurdities, much seen on TV in various forms.

Thinking reasoning minds know they are only dealing with a trustable system if it has no desire whatever for them to swallow fatalist-acceptist solutions to anything ever.

11. Evidence based care is also not what happens when the patient has any motive of fear, towards the caring service itself, to hide information, fearing that the service will twist it into a justification for compulsory interventions.

24, 33, 35. A massively important advance has been the emergence of the entitlement to personal advocacy. But I have a concern that advocacy organisations can still try to manipulate their clients.

e.g. when Advance Statements were introduced, I made one as part of strengthening my defences against ever getting threatened with compulsion by forces going back to my old CAMHS unit. Thus my statement made more emphasis on content refuting any grounds for compulsory treatment than on actually how to do any treatment, as my purpose was to make a barrier against the possibility of it happening. I did not need advocacy to write it, but I had an item to mention in it that I had previously taken to, so I consulted the advocacy service just out of civility, only on how they would like that one item written. Advance statements are made by right to say what you like in them and the signer must not influence the content. So it was a breach of the law on advocacy that what I got, from an advocate whose clipped bossy arrogance was as bad as mental nurses' themselves can be, was that he said my statement had

all the wrong type of content and he refused to work on it with me unless I deleted 80% of it. Also he claimed unless I did that I would never get it signed. I got it signed by GP with no trouble at all.

I have encountered from the same advocacy service, that it will always declare it has the final say over any message content written under its name, and when you are composing a message with them they will keep sending drafts of it back to you that repeatedly keep putting back in a change they know you do not want, but only if you are strong enough to ask them about it will you even find out why they are doing it. Then they will tell you, oh we don't think it sounds diplomatic to talk about any service having threatened you, threat is too strong a word and we decline to use it. But that may be what you need to say, that you had been threatened, so a diplomatic policy like that is manipulation of the client.

Or, you may need to assert that as your good health is recognised and witnessed to, that you have proved that mental health services have been proved to have no power of compulsory treatment over you in retaliation for raising an issue about a past wrong, as was formerly the case for me in seeking chances to get anything done about that CAMHS unit. Then you find these advocacy folks will say, oh no no we won't say that for you, it's not diplomatic to make any demands upon a health service. They call that "demanding inaction" and say it is their policy never to do it. All they are willing to write for you instead is a toothless kowtowing request that the NHS could say no to. They prefer not even to explain this to you, they only tell you it after they have wasted 2 weeks for you repeatedly writing drafts that change what you want said into that toothless form and they find you will not acquiesce to it.

I hold it a serious breach of advocacy's entire purpose as stated by law for any advocacy provider to be allowed to have policies like those. This one was a council funded one with a monopoly of the service to some client groups.

18, 24, 26, 29, 31, 33, 34. Through proper non-manipulating advocacy, there will be helped to ensure another item you need to make tighter for service users' safety: accountability of social work departments, concerning the running of mental health services outside the NHS that are run as community projects with a place in local plans. Often this may be with social work's funding. At present there is a culture in such projects, to know that if they drag their feet over discrimination complaints, handle them corruptly by ignoring much of the evidence and dismissing them without complete investigation, or change the rules in mid-case to harrass the complainer, then social work will want to drag its feet too and even social work complaints systems involve lots of waiting for answers. I have seen this delaying of social work answers spin out into the fourth year after the original incident, in a case of group gender discrimination, perpetrated with the staff's blatant backing and advising the victim group to fatalistically accept it, in such a non-NHS local project whose defined purpose was supposed to be recovery.

25, 26, 31. You need to gather the information from the autism scene and all studies of autism, to deal urgently with the civil liberty scandal that it has been realised for years that there are an unknown number of autistics who are in mental institutions because they have been diagnosed as schizophrenic instead of autistic. The autistic mismatch with what normal society instinctively expects is largely a problem of communication, but it is realised that often in the past it was taken for a failing of mental faculty, and because of the failing of the person's outward coherence it was associated with schizophrenia, which anyway is a largely discredited diagnosis because it was too catch-all a term for a wild range of symptoms.

There has for years been a lobby to screen all the population of mental institutions for autism. For it not to happen wrongs further, and builds up a liability for it, the already wronged lives of folks with a communication and nerve problem who have lived labelled with a mind problem and drugging and losses of liberty. When will this be attended to urgently? All medical records need to be screened to weed out and sack doctors, at all levels including GP, who have recorded a note of possible schizophrenia in any patient by reason that the doctor personally found their communication style or social choices strange. By autism awareness, doctors like that are proved to have been a dangerous menace to citizens' safety.

35. Yes see all examples above.

This email was received from the INTERNET and scanned by the Government Secure Intranet anti-virus service supplied by Cable&Wireless Worldwide in partnership with MessageLabs. (CCTM Certificate Number 2009/09/0052.) In case of problems, please call your organisation's IT Helpdesk.

Communications via the GSI may be automatically logged, monitored and/or recorded for legal purposes.

This email has been received from an external party and

has been swept for the presence of computer viruses.