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Hitch hikers guide to mental health report

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1996 – 2012

There is a photograph of 30 odd members of Institute of Psychiatry and me

It takes around fifteen years to become a doctor in the field of the mind.

It is said allegedly it is impossible to book your self into a mental hospital and see what they are up to. Remembering their mental health reputation. Fifteen years later medical observations and eight years as a frequent in patient of medical mistaminas and seven years as an out patient.

The NHS mainly sees only a few forms of mind disorder that warrant detention and that is mainly depression and schizophrenia i.e. a danger to others or themselves and regardless of support by social networks of family and friends. Under oath a doctor has to help a patient using the law even if it is against a patient's or a social networks judgement. A normal order is based around risk assessment and is usually a three to four months course of medications to help you to relax and restore a balanced thinking process. If a patient is deemed unwell and is unreliable to take medication and is a danger to himself or others. He must be sectioned and take the law of treatment and detention until well.

You can ask to be a voluntary patient without laws binding you to a ward and after care and even though you can agree every thing a doctor offers the doctor might not trust you and detain and section you. A doctor is a servant of the law.

If you are voluntary you can come off the ward and grounds as you please.

A section usually arises after a medical incident with the police or social network or public where upon a bed in a hospital has to be found. If you have not gone to a hospital yourself only the police can take you to a hospital. A CPN or social worker can only see you at home monday to friday nine till five and although you have the right to choose your proffered hospital unfortunately the hospital you arrive at is normally your term unless you find yourself in a secure unit where you will have to wait to be down graded before waiting for a bed in a normal acute hospital. If you refuse treatment there are seventy-two hour sections (have a tea then go home) twenty-eight day (assessment) and six months (treatment order) sections and if you are ever sectioned once there is then a six months section law of detention every time there is a medical incident and you are detained there after under risk assessment.

At any point a doctor can discharge you from a section and you can forget about hospitals but if you need medication for a condition and are under a section a community care plan could be warranted during or after a treatment order, which means the supervision of a CPN or social worker and a possible half way assessment house and then maybe supported housing

before you return home. If homeless and under section suitable priority accommodation will be found for you which may take months and under section you will be placed bearing condition and a risk assessment into a community care plan, again under the supervision of a CPN, social worker and halfway house support staff whilst on section if necessary.

On a twenty-eight day section you can call a tribunal within seven days and then on a six-month section you have two options a hospital managers meeting within fourteen days and then a tribunal within six weeks. Lawyer's telephone numbers are found in the ward office and remember they will write any remarks and behaviour in all reports to the tribunal or managers meeting.

The law only lasts as long as a section but some times they say ten years or a life course of medication.

The state i.e. the doctor has full control over you during a section and after six months a doctor can give a ten-minute assessment relying on nursing notes and section you again for recurring six month terms. The main question is compliance and this can be ongoing for life.

A managers meeting and a tribunal are similar. They have the right to discharge you there and then if they want too. Three people decide over you in hearings. In a tribunal resident is a respected member of the public the president. There is a lawyer to his or her left and to the right there is a senior doctor who will see you before the tribunal. You will get most of the CPN, social worker, nurse and doctor reports days before the hearing or just before.

A doctor gives their speech then your lawyer speaks then the CPN (or social worker) then the nurse. Throughout the hearing the panel ask questions. You will hear things you disagree with but how ever if you speak it is seen as a remark and does show a lack of insight into the severity of the situation, being in a tribunal. Let your lawyer think and act. Even if you may think you may have failed during your term in hospital if you keep it together during the tribunal you will be released. Remember it is an informal court.

In a managers meeting there is the same power to release you but the managers represent the hospital. The same rules apply.

Your lawyer may suggests you use their doctor for an opinion and it is wise to say if in later sections to say you have proof you will take medication if diagnosed. Even if you are ill you can be released if you are willing to take medication until re-assessed.

## Conditions

All wards are male or female only with mixed staff and you will be assessed twenty-four hours a day by nurses. There are twenty staff per week to cover approximately fifteen patients. Three to four nurses per shift made from qualified and junior nurses and fifth a manager. Each shift has nurse in charge who acts for the manager when not present. There are three shifts a day, seven thirty am, two thirty pm and nine thirty in the evening.

If you wish to add to your notes see your named nurse. The notes are usually based on movements and mental status. The notes are assessed by a junior doctor or senior doctor during ward rounds. A doctor will see on your first day and then you will be seen in ward rounds once a week. If you are on a six-month section this maybe twice a month. A session with a doctor may last ten minutes to half an hour, present are nurses a CPN (and possibly a social worker). Advice is to always bring a friend or family member.

If you are sectioned you are not allowed to leave the ward without a leave section seventeen letter of law signed by the doctor. Do not expect to get leave on a twenty-eight day section. It

may take weeks to get a trail of half an hour's escorted leave just on the grounds. Increased weekly by hours then a day then weekends.

Welfare rights (ESA disability awards), social worker, counselling, pharmacy questions, occupational therapists and physiologists referrals are only available by speaking to your named nurse or direct to a doctor and getting a referrals to see them takes more than a week. Although few wards have a mandatory therapist.

Medication times are usually first thing in the morning between eight and nine then midday till one and then in evening, nine thirty till ten pm. You can ask for just one dose a day. If you attempt to spit out medication liquid medication will be given. If you want a sedative or sleeper or if you have a headache you have to be written up by your doctor for PRN patient request medication. There is a doctor on twenty-four standby.

Observation of the patients is normally done hourly by graph tables. One to one is hard because of shop runs or escorting a patient with leave and taking turns to write notes. Or rarely twenty-four observations because a patient has been violent.

Breakfast is early seven thirty till eight and lunch is at twelve am and dinner at five pm. some hospitals give snacks at nine pm. There is an allocated of twenty-two pints for tea and coffee a day for tea and coffee. In some hospitals no hot water for tea and coffee is allowed, only warm water, they say it's for ward safety. Fast foods are allowed on wards and there is sometimes a take away menu. Biscuits are available. If you smoke some hospitals will only let you out for five cigarettes a day.

If you are on benefits you money will be withdrawn after more than six weeks. There are two stages of benefit reduction. The basic reduction is twenty pounds a week to live on. Nurses are usually happy to organise a shop run but nurses are usually busy so be prepared to ask the next nurse.

Razors are not allowed and they have to be left with a member of staff. There is a large supply of towels, razors, shampoo, soap and tooth brushes and you are allowed a private bath or shower unless under twenty-four watch. There is always a washing machine.

You are allowed to watch television all day as a patient group and from twelve pm till six am it must be turned off. Some hospitals require you to remain in your room all night. You are allowed to bring your own television or music system computer (sockets every where). Mobile phones are allowed. Some hospital wards only allow a two calls minimum in some ward offices per day. Some hospitals have games, books, music and videos. It is advisable to leave valuables in the office safe.

Drug use or alcohol use is not allowed on the ward and the nurses will search you and the your room you are in. They even may call for a sniffer dog and substances will be handed over to the police. If court it will jeopardize your chances of leave and a tribunal. You will be greeted when you or guest arrive at usually locked door. Expect frequent urine analysis. Heroin, speed and cocaine/ crack last in the system for up to forty-eight hours. Cannabis stays in you system for five days. If you are caught drunk a blood sample will be taken.

If there is trouble or a fight or if you are witness to violence and no staff are around press the alarm button or wait and ask staff that carry a team response signal alarm. If there is violence for any reason the patient is held on the floor by nurses unit the crash team and hospital security all arrive and put the offender in a pain lock, if you move you will experience extreme pain. If a nurse (on shifts) gives pain in that position they will held accountable. The hospital has a photographer. If a person is very violent or pathological he will be given an injection called an aquaphaze that dazes you for twenty-four hours. You can ask for a sedative and you may be asked to lie in your bed for twenty-four hours under nursing observation sometimes you are put into a secure unit or into a police cell to cool off.

Medical

The doctor, nursing group, CPN and social worker are looking for questions of negative and positive symptoms.

Agitation. Inability to stop and relax.

Difficult to engage. You must release and speak to NHS staff and every one else.

Responding to hallucinations. Ghosts, aliens, visions etc. and you will be sedated and treated.

Thought disorder. Patterns of the mind.

Self harm.

Aggression.

Suicidal tendencies.

Paranoia.

Delusion. Unless you can prove in writing what you say.

Drugs. It is wise to say unless you are an addict you have to say you never or hardly use drugs. The NHS and the law are highly against drug use.

Falling. In motion of illness.

Etc. staying in your bed or room is also depression. Insight to your condition is a must before you are to be released but remember they can say if you refuse medication then you have no insight and also if you stop medication you also have no insight.

What causes aggression and unhappiness, the main cause of madness ? In my limited opinion dopamine, serotonin and melatonin are chemicals in the brain that create and that control certain thoughts, glands producing liquids in the brain that stimulate thoughts. Medication stabilizes these glands, a purge can cause extreme moods which can take hours to stabilize or months or a ten-year assessment. Then the rest of your life on medication.

The average treatment orders is again usually three to four months and then rehabilitation. Any thing from people in you home every day to once a month depending on the community care plan. You can visit your local mental health team.

If you are unhappy with a hospital you can transfer any where within the UK. Usually a case of need for a social network or compassionate grounds to move you to an area that meets you needs. But if under section this can mean being escorted around the country to arrange this.

Why does the revolving door happen ? Once a diagnosis is made by law it is like a business "three-line account" (but longer), which qualifies doctors to give patients more treatment orders as the previous doctor recommended. Plus the patient is usually unaware of the laws and systems of the NHS but mainly it is the medication and the side effects that people decide to refuse treatment.

Consideration for state guardianship or supervised constant medication, housing and finances is possible.

Other people on the ward.

Other patients not on section using an acute ward as normal rehabilitation. Usually referred by a GP. These are genuine normal people mixed in with people in crisis and conversations and problems do arise. You will find every body just tells the nurses and doctors their problems rather than people they make friends with, at first.

Alcoholism. Is he a danger to himself or others ?

Eating disorders.

Depression.

Drug dependency.

Suicide. Usually two weeks under a section two.

Wanting to forget. Allowed but brutal.

Learning difficulties.

Epilepsy.

People finishing prison sentencing. Term up to the doctor.

References

The range of researched medications

Generally hospital drugs are perfectly safe to take and have no long-term brain damage or side affects. Other than I think a slight reduction of the mind whilst taking them. How ever some times there are bad reactions and yes people die. I have been witness to three deaths on the ward in fifteen years.

Always check the box as trade names are different.

Clopixal. Side effect swollen tongue and couldn't speak.

Procykladine. Similar to LSD. cures and stops Parkinson type movements or cramps.

Respirdrone. Awake all night with a gagging tongue.

Lorazipan. Sedative for aggression and mood stabilizer.

Zimervain. Mild sleeper.

Diazapan. Mild sedative (Valium).

Droperidol. A rash that lasted ten years.

Amisulpheride. Keeps you awake.

Respirdrone Contra. Frying mind.

Haloperidol. Racing mind.

Clozapine. The final resort drug. Monthly blood tests to count white cells. Heavy weight gain, diarrhea and vomiting and severe withdrawal.

Zopeclone. Stronger Zimervain causes blinking.

Apripresol. Sensation of dying.

Quetiapine. Ten day section (stabilization) frying lips, awake for days, hyperventilating and a racing mind).

Olanzapine. Heavy sudden weight gain and a general feeling of sleepiness.

Promethazine. Anti-histamine and sleeper.

Hospitals rehabs examined

North Tees teaching hospital, Cleveland. Duration on and off eight years (two years). Good food.

South Cleveland secure unit, Cleveland. Two months twice. Walkmans, films.

Hartlepool mental health unit, Cleveland. One month. A museum visit.

Luton A&E, Bedfordshire. Four hours.

Royal Free, Camden, London. Two weeks. Cable.

Camden, secure unit, London. One week.

Gordon hospital, Westminster, London. Three weeks.

Westminster secure unit, London. One week.

St. Thomas hospital A&E, Lambeth, London. Ten hours.

University hospital, Westminster, London. Eight hours.

Cambridge hospital. Cambridge. Empty.

Guys mental health unit, Southwark, London. Two weeks. Occupational therapy, exercise and films.

King College hospital. The Maudesly aka. The Institute of Psychiatry. Both secure units and elderly. A year plus.

### Conclusions and recommendations

The conservative government under Margaret Thatcher revolutionized mental health in the UK by releasing long term patients back into the community under care and ended in the UK the "One flew over the cuckoo's nest" mentality.

The Labour government under Tony Blair refurbished every mental health ward in the country.

Today there is nothing wrong with most of the UK mental health services that a few laws wouldn't change. But the problem is there is nothing to do all day but talk and eat and when you are in crisis a week is a very long time. My question "Is distraction or deprivation the cure". How ever with the case of schizophrenia and using the new human rights act I believe a person should have the right to stay in his own mind frame if he chooses and not have new thoughts demanded upon them or taken away for rest of his or her life especially when having his or her pleasure centers in the brain controlled.

I suggest sack one member of staff per ward the bad employee who earns £14,000 to £40,000 a year or ask for Lottery funding or business sponsorships or donations and using only a domestic price guide install a phone (£15 per month) install the Internet (£15 per month), install cable or Sky (£50 per month) buy a television say 42 inches (£500) and computer (£500), a music system (£500) and a portable (£30). Five ipods (mp3 player that can connect to a music system) a 160GB ipod (£300 with accessories) holds thousands of songs and hundreds of films and if you buy 1000 songs through Apple Itunes it would cost £1000 and ten LTE Ipads (£4,000). DVDs are £12 and they can be put onto an ipod easily and buy a dvd player with a hard disk to store films (£200) and very importantly an unknown cost of insurance as all of this equipment will be damaged or stolen.

My monetary total to revolutionize occupational therapy. Less than £10,000 per year per ward.

Food and milk (tea and coffee) is also a major problem for most of the NHS. People today are starving on wards with terrible food and no beverages and no cigarettes (hunger, border and dihedral whilst a patient is in crisis ?).

Lockers, your clothes and belongs always disappear.

Warning, the domestics Hoover and clean up first thing in the mornings. I disagree to this at weekends.

I am against a trial basis to work things out as people are in crisis right now.

We must pass a bylaw to the human rights act ? to warrant this.

## Notes

Fifteen years later the law has changed the Human Rights Act states we have the right to freedom of thought and speech. But the NHS refuses to acknowledge this.

Also next year under this current government GPs' are to take over the management of mental health services in the UK.

I have notes, layman observations, and reactions. Valuable information to put across in an argument as why their needs to be a change in the mindset of NHS services.

Ten documented tribunals and managers meetings, later.

## Public perceptions

One flew over the cuckoo's nest

The Fortress

28 Days