

I'm afraid that I finally gave up on trying to fit in with the requirements of the surveys and the restrictions and repetition that they force upon you. This Review needs a response in the round, not a reductive and compartmentalised series of comments.

I have to say that I found the use of the same questions, over and over again, absolutely tedious and pointless. It may be seen to help analyse responses, but if it's getting in the way of a coherent critique that tries to provide some alternative suggestions, it's not beneficial to a positive outcome to this Review.

These questions were:-

- ⑩ What do you think about the ideas in this section?
- ⑩ Why do you think that?
- ⑩ Could these ideas be made better?
- ⑩ How could these ideas be made better?

I will do my level best to answer these questions within the text I'm submitting to the Stage 3 report for this Review, but the survey questions are too interdependent to be separated out as they are within the surveys.

POWER DEVOLVED IS POWER RETAINED

&

POWER CORRUPTS AND ABSOLUTE POWER CORRUPTS ABSOLUTELY

The main ideas in this report leaves power in the hands of the system. The primary purpose of the Review was to consider the place of Learning Disability and Autism within the term `mental disorder`, as used in the Mental Health Act – in other words, to consider the inclusion of people with these disabilities within the provisions of the Act, as this currently means that people with these disabilities are subject to forced `treatment`, even if they do not have a mental illness. It is because of this current legal position that the Act is in direct conflict with the United Nations Convention on the Rights of the Disabled (UNCRPD).

Using new definitions does not help, either in describing what you are doing or in getting around problems with the law as it stands. It means that autistic people who are regarded as `lower functioning` are being thrown under the bus, as they are more likely to have serious behavioural issues, and would thus be classed as having an `autistic disability`, making them still eligible for forced treatment under the Act and under the report's proposed separate legislation for Learning Disability and Autism. Those serious behavioural issues are frequently a result of incompetent service provision, which can also lead to the use of psychotropic drugs as a `chemical cosh`. The drugs may have a temporary positive effect on behaviour, but too often lead to an increase in behavioural problems. So, before people become subject to forced treatment under the Mental Health Act, many have been subjected to years and sometimes decades of chemical coshing and incompetent and sometimes outrightly abusive

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service provision. **Nothing in your report addresses these known issues. Nothing in your report addresses the matter of diagnostic overshadowing - Diagnostic overshadowing is where physical symptoms are overlooked, dismissed or downplayed as a psychiatric/psychosomatic symptom, e.g.:-**

<http://www.allwalesforum.org.uk/death-indifference-unmanaged-constipation-people-learning-disabilities/>

- health problems written off as mental health problems – result – death by constipation

There are also a whole range of health issues that can present as `mental illness` or a mental health problem, of which this is just one minor example:-

<https://www.psychologytoday.com/us/blog/the-breakthrough-depression-solution/201111/psychological-consequences-vitamin-d-deficiency>

Whilst the investigation of such health issues are beyond the competence of the Review, a mention of such problems and an admonition of caution would not go amiss.

Autism Rights' idea (shared by others, although only campaigned on by Autism Rights) is to take people with Learning Disabilities and Autism out of the provisions of the Mental Health Act. To put it another way, it is to take both of these disabilities out of the category of `mental disorder`. This would **not** mean that compulsory or forced treatment would be ruled out for people with these disabilities, merely that there would need to be an additional mental illness present for such treatment to be legal. For people with Autistic Spectrum Disorders, where the diagnosis is currently given on the basis of behaviour, this is especially important. As the law stands, it is too easy to conflate autism with mental illness, because the mental health system and the professionals whose opinions hold sway within that system are ignorant about this disability and reluctant to admit their ignorance. The MWC has previously noted that some psychiatrists are so ignorant, that they actually believe that autism is a mental illness. On top of this, people with ASD are often given the `choice` when transitioning to adult services of Learning Disability services, or mental health services – neither of which is appropriate.

In essence, your report is giving with one hand and taking away with the other – there is absolutely no point in redefining autism as an `impairment`, which becomes a `disability` when barriers (such as incompetent service provision) create behavioural problems. **You are still permitting forced treatment for behaviour that is part and parcel of a disability** – and will place people with autism even more at risk, because there will be massive confusion over the pointless redefinitions.

In section 10.4, `Commitments to positive rights and to ending detention on the basis of disability` you state:-

`With the current level of development of mental health and criminal justice services in Scotland, we think that if the law did not allow professionals to restrict liberty or to give compulsory treatment to autistic people or people with learning disability on the basis of disability, this could lead to more lives lost to suicide.`

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This ignores 4 things – 1) that the drugs used in compulsory `treatment` are themselves linked to suicide (antidepressants are not now recommended for children for this reason) 2) the distressing nature of compulsory `treatment` / forced drugging is such that people are more likely to commit suicide. 3) You have no statistics to support your argument, as there are not even separate statistics on suicide for those who die whilst receiving compulsory `treatment` in Scotland (although **58% of those who commit suicide are on at least one psychotropic drug**). **There are a few studies, but no data on autistic suicides.** 4) **People with autism are, generally speaking, more susceptible to the negative effects of psychotropic drugs.**

The one study referenced in your report on autism suicide is not terribly useful. It focusses on higher-functioning people with Asperger's Syndrome.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6069847/>

- this is just one study on suicide – and it is self-selected, so therefore worthless

See also:-

<https://www.madinamerica.com/2019/10/un-expert-calls-major-shift-suicide-prevention-efforts-world-mental-health-day/>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25117&LangID=E>

<https://twitter.com/PGtzsche1/status/1188358352788774912>

Prof. Peter Gøtzsche @PGtzsche1 Oct 27

Dr Aileen Blower, vice-chair of the child and adolescent faculty in Scotland for the Royal College of Psychiatrists says depression pills “definitely reduce suicide risk” in children <https://bit.ly/2PqCH3J> . They increase suicide risk. Why do leading psychiatrists lie to us?

<https://holeousia.com/2019/11/03/a-response-from-the-royal-college-of-psychiatrists-is-required/>

- the assumption that antidepressants prevent suicide is wrong – they can often create suicidal ideation and lead to suicide. Professor John Read agrees, in this letter to the editor, reproduced on Dr. Peter Gordon's blog.

<https://www.heraldsotland.com/news/17994753.mental-health-prescriptions-rising-fastest-10-14-year-old-scots/>

One might also add that, with their track record, mental hospitals and care homes are not the places of safety that is claimed – they have often failed to prevent suicides and deaths.

The report's proposed eventual creation of a new piece of legislation for people with Learning Disability and Autism may seem like a good idea, because the Review has so obviously concentrated on a legalistic perspective in its deliberations. It is more questionable when the realities of service provision and the mental health system are taken into account. Whilst the report may believe that services need to improve before Learning Disability and Autism are

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taken out of the definition of `mental disorder` within the Mental Health Act, **Autism Rights would argue that services are never going to improve whilst the current powers exist for the forced drugging of disabled people, just for being disabled. We would argue that there is a need to #flipthenarrative to stop objectifying the deficits of people with autism and to look at the abuse of power within the mental health system in particular, but also other public services such as education and wider healthcare.**

Although the responsible minister at Westminster has obviously reneged on his support for the legal change we seek in Scotland, Ian Birrell makes the key point as regards the necessity of this legal change

<https://www.theguardian.com/politics/2019/nov/05/dont-sign-pledges-on-nhs-or-climate-tory-hq-tells-candidates>

<https://inews.co.uk/opinion/my-secret-talks-with-matt-hancock-to-urgently-end-the-abusive-detention-of-people-with-autism-825432>

- EXCERPT

`I also pointed out it was discriminatory to define autism as a mental disorder under the law, which entrenched bigoted attitudes from the top while making it simpler to consign such patients into psychiatric prisons.

After consultation with Rightful Lives, I sent through more proposals. Hancock was admirably open to fresh suggestions and admitted he had not fully appreciated the symbolic importance of the legal definition.`

<https://twitter.com/ianbirrell/status/1190894924314693632>

<https://www.dailymail.co.uk/news/article-7643685/Government-demands-discharge-plan-autistic-person-wrongly-locked-mental-hospitals.html>

- **`Matt Hancock, the Health Minister, has also asked officials to detach autism and learning disabilities from mental health legislation. Current laws define autism as a mental disorder, making it easier for doctors to dispatch patients to secure units.`**

The government's former Inclusion Tsar argues for a rights-based approach – and an end to the inclusion of LD and ASD in the Mental Health Act

<https://twitter.com/therobgreig/status/1190188077215600640>

- **Rob Greig @therobgreig** Nov 1

One of the biggest challenges facing people with learning disabilities and people on the autistic spectrum is how, in the public's eye, they are conflated with people living with mental illness. Different issues, challenges and solutions.

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In other news, the House of Commons' Joint Committee on Human Rights has reported back on the treatment of young autistic people in mental health hospitals in England.

<https://www.bbc.co.uk/news/education-50252079>

- 'End human rights abuse' in mental-health hospitals

By Judith Burns Education reporter

🕒 1 November 2019

The human rights of many young people with learning disabilities and autism in mental health hospitals in England are being breached, MPs and peers say.

The Joint Committee on Human Rights says hospitals can inflict "terrible suffering on those detained... causing anguish to their distraught families".

OTHER EXCERPT

Too often, families are excluded from decision-making and when they try to intervene are viewed as hostile and a problem, which is unacceptable, the report says.

Families must be recognised as "human-rights defenders", it says.

<https://twitter.com/BBCBreakfast/status/1190283236108390401>

The press release is here: <https://www.parliament.uk/business/committees/committees-a-z/joint-select/human-rights-committee/news-parliament-2017/detention-learning-disabilities-autism-young-people-report-published-19-20/>

The report itself is here: <https://publications.parliament.uk/pa/jt201920/jtselect/jtrights/121/121.pdf> and Ian Birrell's thoughts on it are tweeted here:-

<https://twitter.com/ianbirrell/status/1190058707805253632>

SO, WHAT ABOUT SCOTLAND?

You really have to wonder why it is that the situation in England is so bad for people with Learning Disabilities and Autism, yet the MWC report, whilst critical of the treatment of people with Learning Disabilities and Autism within the Scottish mental health system, does not describe the horrific situation that exists in England. Why would this be? Could it be that this is because it is their very first report specific to people with autism? Undoubtedly. Why is this their first report, when there have been a number of families who have contacted them down the years to complain about the treatment of their autistic sons? Could it be because a then very widely publicised case in the early 2000s was very effectively silenced because a health board took out an interim interdict to stop broadcast of a television programme that would have discussed the abuses taking place? That does sound plausible. So, no oversight of the treatment of autistic people as a group by the very organisation that claims that it protects the human rights of people in the mental health system in Scotland. No media interest, because Scottish media organisations know that one media organisation has been made

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an example of, and they do not wish to waste time and money pursuing stories that will either have to be spiked, or fought for in lengthy legal proceedings. This situation has pertained until very recently, when the Mail on Sunday published some articles on 2 cases within Scotland:-

https://twitter.com/Georgia_Edkins/status/1130061212757237760

https://twitter.com/Georgia_Edkins/status/1140309660282576896

These articles were published off the back of a series of articles on the situation in England by Ian Birrell (who has been shortlisted for various awards for these articles), as the two parents who contacted the Scottish Mail on Sunday did so in response to Birrell's articles. One could claim that these are just exceptions to an otherwise much more caring system – except that's not the feedback given to us by parents. In the absence of these human interest stories (and that is how tabloid newspapers sell their papers), there should be statistics and data to support our contention that the Scottish mental health system is capable of just as much brutality as the English one. Although I submitted 3 amendments to the 2015 Mental Health Act (my 4th was pipped to the post, so to speak, by Jackie Baillie MSP's submission of an amendment on behalf of the Learning Disability Cross Party Group), the only one which was included in the Act was the one on data and statistics. **To date, there is still inadequate to non-existent statistics on the state of play within Scotland's mental health system as regards deaths, suicides and adverse events (including assaults). In fact, there is even less information about the situation of people with autism within the mental health system than the autism guesstimates previously produced by the MWC in its Learning Disability Census, as this Census ceased publication some years ago, and the ISD publications give fewer statistics on Learning Disability than in the past. Of course, no data and no statistics = no liability, and that suits the system.**

This report lets itself down by the absence of data and statistics. If Conservative MSPs can glean information on assaults on patients through FOIs to every health board in Scotland (because these figures are not collated nationally), this Review could have at least tried to fill in the statistical gaps that would have shown a more honest perspective on what is happening to people with autism in the Scottish mental health system.

I note the publication, 2 days prior to the deadline for submissions to this Stage 3 report, of the MWC's **first report** on autistic people who are compulsorily treated under the Act. Autism Rights has repeatedly requested over several years that the MWC gather data on people with autism, thus enabling compilation of statistics on this group of people. They consistently refused. **A one-off report, however good some of its observations – many of which we have made in our communications with the MWC – is no substitute for data and statistics that enable tracking of what is happening to people with autism who are compulsorily treated under the terms of the Act.**

<https://www.heraldscotland.com/news/18001219.many-autistic-people-trapped-hospital-wards-antipsychotic-drugs-report-warns/>

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<https://www.mwcscot.org.uk/news/more-support-needed-people-autism-and-complex-needs>

`Of the 54 people met by the Commission, 45 were prescribed psychotropic medication on a regular basis, with 40 of those being prescribed regular antipsychotic medication. `

This report does not tell us what led to the compulsory treatment of any of these people. This is the kind of data and statistics that would give meaningful information:-

- ⑩ drug prescriptions prior to and during compulsory treatment (the chemical treadmill)
- ⑩ numbers and type of restraints prior to and during compulsory treatment
- ⑩ previous incidents involving the person, either assaulting others or being the victim of assault
- ⑩ `adverse events` experienced by the person, such as adverse reaction to drugs, whether psychotropic or for physical health
- ⑩ a full health assessment to ascertain whether a physical health problem is causing behavioural disturbance

Whilst England has seen significant political activity around the abuse of people with Learning Disability and Autism within their mental health system, including a debate in the House of Lords and an editorial in the British Journal of Psychiatry, there is not a whiff of interest in Scotland:-

<https://twitter.com/TheBJPsych/status/1192067891836997632>

<https://hansard.parliament.uk/lords/2019-11-05/debates/9627E94E-0754-4959-85F0-5E35A4B2971A/MentalDisorderAutismAndLearningDisabilities>

- Mental Disorder: Autism and Learning Disabilities

05 November 2019

Volume 800

Private Notice Question

3.20 pm

Asked by

Lord Touhig

To ask Her Majesty's Government, in the light of reports that people are being wrongly detained in secure hospitals units, whether they will review the Mental Health Act 1983 to amend the definition of mental disorder to exclude autism and learning disabilities.

<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/case-for-removing-intellectual-disability-and-autism-from-the-mental-health-act/973EFC6D9B210A781665F863BCF50D6E/core-reader>

- The case for removing intellectual disability and autism from the Mental Health Act

ADVOCACY – QUI BONO?

You will note the stipulation by the House of Commons' Joint Committee on Human Rights that **`Families must be recognised as "human-rights defenders`**. How very different this is from the recommendations of this report, where there is further erosion of the role of families in the protection of their own sons and daughters, but yet more expansion of paid positions to replace the advocacy of families. Where will all this money come from – or will it simply draw from funds that would otherwise pay for services appropriate to the needs of our sons and daughters? We would not deny that there is a need for a paid advocacy service, but it should be there to serve our sons and daughters when we are no longer able to look after their interests, and not before – not unless requested by the person with autism or their family. How on earth can this be affordable, when services are already stretched to breaking point? How on earth can anyone do a decent job of representing the interests of another person, one who has severe deficits in communication and social interaction, without the time to get to know that person as a person, and the knowledge to understand those deficits? **Add to this the serious matter of conflict of interest when that advocate is funded by the very local authority that they are supposed to bring to account. The Named Person function within the Mental Health Act has been eroded, much to the detriment of people with autism.**

How is instructed advocacy different from Power of Attorney or Guardianship? The escape from `best interests` into will and preferences is good, but without the caveats in the rest of this submission would not be workable. In any case, why should people with disabilities have to state their preferences for how they want to live their daily lives? Are they not allowed to change their minds like other people? I'm not saying that this concept is to be abandoned, merely that great care should be taken that this does not become prescriptive and yet another barrier to the rights of people with disabilities.

STANDARDS OF COMPETENCE

This constant battling for competent, caring services – wouldn't it be much simpler and far more efficient to have standards for those services and legal rights to obtain them, with sanctions applied by the central government, or an agency with delegated powers, against councils and health boards who fail to make such services available? Without standards, training is just a waste of money. It would be much more economical to have standards that everyone has to adhere to and provide at least a basic standard on which further training can be based, depending on the roles of staff and how much engagement they have with people with Learning Disabilities and Autism. Standards should be national, independent of service providers and officially approved – not sub-contracted by way of `accreditation` schemes run by charities. See:-

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<https://twitter.com/FannyCraddock88/status/1191987291595644929>

- training is simply an income stream for charities. Without standards, it is utterly meaningless and does not provide value for money.

<https://twitter.com/sarasiobhan/status/1191712309430734850>

Dr Dr Sara Ryan Retweeted



Rosie Tozer @RosieNobbly Nov 5

Replying to @sarasiobhan @mencap_charity @TozerInquest

Usual shock at seeing Dan Scorer again on Breakfast about training for staff in health & social care. Staff where Danny lived with Mencap did have brief autism training but **we were excluded so could not tell staff how it affected him & how best to support him, so airbrushed away.**

<https://twitter.com/FannyCraddock88/status/1191665442219331585>

- families commenting on the hypocrisy of some charities

ISSUES OF LIBERTY

The focus of this report is centred on people with disabilities having to justify their choices. It is hedging them in with bureaucracy against which they have to fight – and they have more than enough bureaucracy to fight as it is. **It is not taking on or tackling any of the entrenched and overwhelming powers held by the system and those it rewards.**

MHTS – A LAW UNTO ITSELF

Written records of mental health Tribunals don't exist – making holding them to account impossible, never mind the absence of realistic challenge built into the system. Tribunal panels are made up of different personnel each time, meaning that a decision to help a patient at one can be and often is overturned at a subsequent Tribunal. Judicial Review is only possible on very selective grounds and is very expensive – but is the only means to challenge Tribunal decisions. This Review should have collated data on the proportion of Tribunals that find in favour of patients, which I understand is tiny – less than 3%? These are the statistics you should be presenting in your report:-

% of those who go to Tribunal who win

% of those with LD and ASD who win – separated out by each disability

To suggest that the MHTS should have more powers over people with Autism, as the report does, is not acceptable to us, in the light of parents' experience of the system.

PSYCHOTROPIC DRUGS

The report concentrates on compulsory treatment in hospitals, ignoring the fact that most `treatment` / forced drugging for mental illness occurs in the community. Community treatment is predicated on threat – non-compliance with `treatment`, however damaging its effects, will result in incarceration within a mental hospital. That `treatment` is invariably forced drugging with psychotropic drugs. And here we come to one of the most tendentious aspects of this report, which was supposed to consider the use of these drugs in relation to the `treatment` of people with Learning Disabilities and Autism within the mental health system. There is no discussion of the realities of these drugs, or their real effects, especially on people with autism. All the report does is say that the use of drugs should be avoided, which is pretty well the conclusion of most reports and official recommendations down the years, which have resulted in absolutely no improvements whatsoever. The Review team say that decisions on these drugs should be left to the clinical guideline committees, whose personnel have no self-interest in changing the status quo. In fact, it has been revealed that the mandatory record of commercial interests of members of guideline committee members are frequently shredded after just a year has passed – as Dr. Peter Gordon (of Sunshine Act petition fame) found out. This applied to the SIGN clinical guideline committee for ASD. For a full evaluation of the toxic relationships within the psychiatric system, you would have to read the work of Robert Whitaker, whose research discovered that 30 years of the ever increasing use of atypical antipsychotics and other psychotropic drugs has drastically **increased** the rates of `mental illness` in the western world. Whitaker set up `Mad in America` as an online journal some years ago, named after his book.

<https://www.madinamerica.com/2018/08/suicide-in-the-age-of-prozac/>

When the use of psychotropic drugs is now so contentious within the psychiatric profession itself, it is not acceptable for the Review team to dodge this issue, when it was part of the remit for the Review. The **medical necessity** for the use of these drugs is weak to non-existent, other than as a short-term fix, and even there, the greatest care should be taken to avoid their dangerous effects, which are more of an issue for people with autism, e.g.: -<https://www.olivermcgowan.org/>

See also:-

DANGEROUS DRUGS AND SOME OF THEIR EFFECTS

<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00018/full>

- Original Research ARTICLE

Front. Psychiatry, 05 February 2018 | <https://doi.org/10.3389/fpsy.2018.00018>

Asymmetric Drug-Induced Parkinsonism and Psychopathology: A Prospective Naturalistic Study in Long-Stay Psychiatric Patients



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Autism Rights' response to Stage 3 report MHA Review, Learning Disability & Autism

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- ⑩ ³Department of Psychiatry and Psychology, Maastricht University Medical Center, South Limburg Mental Health and Teaching Network, Maastricht, Netherlands

<https://www.nature.com/articles/1300710>

- Published:

Preclinical Research

The Influence of Chronic Exposure to Antipsychotic Medications on Brain Size before and after Tissue Fixation: A Comparison of Haloperidol and Olanzapine in Macaque Monkeys

- ⑩ Karl-Anton Dorph-Petersen,
- ⑩ Joseph N Pierri,
- ⑩ James M Perel,
- ⑩ Zhuoxin Sun,
- ⑩ Allan R Sampson &
- ⑩ David A Lewis

Neuropsychopharmacology **volume 30**, pages1649–1661(2005)

<https://www.madinamerica.com/2019/10/fluoxetine-not-helpful-children-autism/>

<https://www.madinamerica.com/2019/10/social-relationships-integral-recovery-first-episode-psychosis/>

<https://www.madinamerica.com/2019/11/psychiatry-need-fundamental-rethinking/>

<https://www.deadlymedicines.dk/forced-drugging-with-antipsychotics-is-against-the-law-decision-in-norway/>

<https://www.madinamerica.com/2019/09/zoloft-sertraline-barely-helps-improve-depression-shocking/>

<https://www.madinamerica.com/2019/10/people-diagnosed-bipolar-disorder-increased-risk-parkinsons/>

<https://www.madinamerica.com/2019/10/building-culture-mental-wellbeing/>

<https://www.madinamerica.com/2019/10/there-is-no-such-thing-as-a-side-effect/>

<https://www.madinamerica.com/2019/09/is-remaking-psychiatric-care-possible/>

<https://twitter.com/RxISK>

<https://www.madinamerica.com/2019/09/psychiatrist-describes-role-open-dialogue-model-care/>

<https://www.madinamerica.com/2019/09/soteria-house-heal/>

HUMAN RIGHTS AND HUMAN WRONGS

Human rights are great – but your recommendations would simply end up in a tickbox approach which will undoubtedly be used to avoid liability – in other words, to pass the buck. **Standards of competence and accountability to a regulator, which can use sanctions to bring service providers into line, is a prerequisite in any system that purports to use human rights as its base. Human rights will never be protected in a system that does not have basic measures of human rights compliance, such as accessible statistics on deaths, suicides, restraints, assaults and other `adverse events`, including adverse effects of psychotropic drugs. The Scottish mental health system does not have these statistics for the whole population, let alone broken down for Learning Disability and Autism.**

The Mental Health Act needs to change so that people with Lds and ASD are no longer included under the term `mental disorder`. You make perfectly good suggestions of having `safe places` where people with ASD can go to be helped to recover from mental distress, presuming that is what they need, rather than to be helped in their own homes. That should be voluntary, unless the distress is of a level that is so serious that it is life-threatening. Psychological treatments for ASD have their own problems and some, such as CBT, can be entirely counterproductive. Competent services are the answer to much of the problems that people with autism face, and you have been ill-advised, if you think that supposed `mental illness` is more common in people with autism – it is mental distress, brought on by the mental torture frequently visited upon people with autism. The report focuses on what are, essentially, capacity issues and forgets that capacity is not an all or nothing concept.

Here are a series of weblinks, to illustrate the systemic abuse of people with autism at all ages. Many of these are from Scotland. In doing so, I would ask you to acknowledge that the central error of this Review has been to fail to take on board the difference between the ability to speak and to speak up, especially as regards people with Autism, and the essential voice of parents in speaking up for, or representing, their interests as a group:-

Baroness Hollins @BaronessHollins

Baroness Hollins Retweeted Helen Ashby

I agree - very important

Baroness Hollins added,

Helen Ashby @HelenAshby72

Replying to @FannyCraddock88 @BaronessHollins

We MUST be VERY careful that #LD and #ASD training for professionals covers all areas not just people who have who are able to be #selfadvocates Some of the most vulnerable people likely to face abuse or neglect or bad practice are not able to speak or speak up for themselves.

11:07 am - 10 Apr 2019

AUTISM ABUSE – SOME SCOTTISH EXAMPLES

<https://twitter.com/AlexNeilSNP/status/1159519852467539970>

[https://www.bbc.co.uk/news/uk-scotland-](https://www.bbc.co.uk/news/uk-scotland-49253286?ns_linkname=scotland&ns_campaign=bbc_scotland_news&ns_source=twitter&ns_mchannel=social)

[49253286?ns_linkname=scotland&ns_campaign=bbc_scotland_news&ns_source=twitter&ns_mchannel=social](https://www.bbc.co.uk/news/uk-scotland-49253286)

<https://www.bbc.co.uk/news/uk-scotland-49253286>

- EXTRACT

`Alex Neil, the SNP MSP for Airdrie and Shotts, has been involved with the family and the care of the boy for the past 12 years.

He said: "I don't believe the council should have care because the last time he was in the care of the council he ended up at death's door."

'Highest standards'

Mr Neil said the council had barred him from going to see Malcolm.

He said: "The council used their powers in a dictatorial way to stop people like me checking on my constituent and I think that is totally outrageous and unacceptable.

"They see it as a power struggle between them and the family. That's not how these things should work. The only thing that should matter in this case are the interests of this young boy."

<https://inews.co.uk/opinion/margaret-fleming-murder-shows-how-flawed-our-care-system-is/>

<https://www.heraldscotland.com/news/17692151.inspectors-threaten-falkirk-home-for-disabled-young-people-with-closure/?ref=twtr>

<https://www.autismeye.com/kyle-gibbon-mental-health-hospital/>

- `Also, a recent Mental Welfare Commission report found patients at Carstairs were "treated respectfully by staff".`

<https://www.pressandjournal.co.uk/fp/news/inverness/1773868/autistic-child-taken-away-from-inverness-primary-in-police-van/>

<https://www.scotsman.com/news-2-15012/keeping-man-with-no-criminal-convictions-at-carstairs-costs-5k-a-week-1-4877258>

<https://www.heraldscotland.com/news/17692151.inspectors-threaten-falkirk-home-for-disabled-young-people-with-closure/>

SOCIAL WORK FAILURES, INTERFERENCE AND CORRUPTION

<https://www.bbc.co.uk/news/uk-scotland-glasgow-west-48523897>

- Margaret Fleming: The teenager who was forgotten for 17 years

By Paul O'Hare BBC Scotland 14 June 2019

Autism Rights' response to Stage 3 report MHA Review, Learning Disability & Autism

Margaret Fleming was a vulnerable young woman who vanished without trace - and no-one raised the alarm for almost 17 years.

She was 19 years old when she was last seen by anyone other than Edward Cairney and Avril Jones.

Her disappearance was so mysterious that at one point police asked the couple, who were meant to be Margaret's carers, if she even existed.

<https://twitter.com/CarersScotland/status/1189499563289260034>

- money needs to be ringfenced, or it goes walkies

https://www.dailymail.co.uk/news/article-7230087/Housebound-woman-43-starved-death-care-worker-went-visit-mother-instead.html?ito=email_share_article-top

<http://www.ianbirrell.com/my-autistic-child-was-kidnaped-by-social-workers/>

- This conduct by social workers seems like victimisation

ATTITUDES AND PRACTICAL REALITIES – INCLUSION IS MORE THAN A LOCATION

<https://www.pressandjournal.co.uk/fp/news/moray/1765487/moray-union-calls-for-children-with-learning-difficulties-to-be-schooled-separately-following-rise-in-classroom-violence/>

ls-for-children-with-learning-difficulties-to-be-schooled-separately-following-rise-in-classroom-violence/

- Moray union calls for children with learning difficulties to be schooled separately following rise in classroom violence

by David Walker

June 6, 2019

RESTRAINT REDUCTION – NO STATUTORY GUIDANCE ON RESTRAINT OF DISABLED CHILDREN and the knock-on effects on autistic children

<https://www.cypcs.org.uk/ufiles/No-Safe-Place-Executive-Summary.pdf>

<https://www.cypcs.org.uk/ufiles/No-Safe-Place.pdf>

<https://www.enable.org.uk/insafehands/>

<https://www.enable.org.uk/wp-content/uploads/2019/11/In-Safe-Hands-Campaign-Report-2019-20-FINAL.pdf>

<https://www.enable.org.uk/write-to-your-local-msp/>

<https://www.heraldscotland.com/news/17958130.secluding-mental-health-patients-could-breach-rights-law/>

Autism Rights' response to Stage 3 report MHA Review, Learning Disability & Autism

<https://www.heraldscotland.com/news/18012259.charity-calls-end-collective-shame-restraint-isolation-learning-disabled-pupils/>

- Charity calls for an end to 'collective shame' of restraint and isolation of learning disabled pupils



By Stephen Naysmith Social affairs correspondent

Hundreds of Scottish children with disabilities are restrained or isolated on thousands of occasions every year which in some cases causing them lasting harm, a charity has warned. Enable Scotland is calling for the Scottish Government to issue new guidance and stricter protocols on the use of restraint and seclusion in schools.

The learning disability charity's In Safe Hands report says that: “to our collective shame” the current system puts children at risk of physical and psychological harm and denies them their rights under the United Nations Convention on the Rights of the Child.

Backed by families and children themselves, the charity says some schools are putting children at risk due to unregulated, unsupported and unacceptable practices – and that parents or young people affected have limited options if they seek redress.

In 2017/18 alone, 2,674 incidents of restraint and seclusion relating to 386 children were recorded by Scotland’s local authorities.

However, Enable says these figures are highly conservative as nearly a third of councils failed to provide the information.

In the report parents speak candidly about the devastating impact on the mental wellbeing and development of their children.

One parent details says her daughter, now 17, was regularly subject to seclusion and restraint at school. On one occasion she was locked in a ‘safe space’ for 45 minutes where she soiled herself.

The incident only came to light after another pupil wrote about the incident. Now at a different school she remains on anxiety medication.

Another parent outlines how from the age of five her son was restrained regularly at school and on one occasion was kept in a cloakroom by a teacher who held the door closed because he would not put his shoes on.

Enable Scotland is calling on members of the public to show their support for the campaign by contacting their local MSPs to call for them to support the campaign’s aims.

Following the announcement by the Scottish Government that it will invest £15 million in Additional Support for Learning Assistants, the charity says it should invest some of the money in staff training to ensure that children are not put at risk and that those with identified

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additional support for learning needs as a result of learning disabilities, autism and/or mental health issues, receive the support they need from staff trained in positive behaviour support.

Enable Scotland Director of External Affairs, Jan Savage, said: "In the 21st century, every child should go to school knowing they are safe from physical and psychological harm. They should feel welcome, listened to and be treated with respect from the moment they enter the school gates.

"To our collective shame, this is not the case for every child in Scotland. With the support of parents and children who have been directly impacted by this often- barbaric practice, we are calling on the Scottish Government to urgently tackle the issue of restraint and seclusion.

"We also want to see the nomination of a single agency to lead on confronting this issue, including the need for accurate and timely reporting of incidents.

According to the United Nations Committee on the Rights of the Child, inappropriate use of restraint and seclusion may violate children's rights, including their right to be free from cruel, inhuman or degrading treatment or punishment, their right to respect for bodily integrity, and their right not to be deprived of their liberty.

A Scottish Government spokesperson said: "National guidance is very clear that physical intervention, restraint and supported isolation seclusion should only ever be used as a last resort, when in the best interests of the child and never for disciplinary purposes.

Every intervention should be carefully monitored and reviewed – and any unlawful use of physical intervention and seclusion is completely unacceptable."

CASE STUDY

Daniel Gourlay from Inverness was only five years old when he was first physically restrained at school by his teachers.

Now 12, and with a diagnosis of autism spectrum disorder and Pathological Demand Avoidance (PDA) disorder, Daniel and his mum Barbara have lost count of the number of times the youngster has been held down, forcibly carried, locked in a room.

On one occasion he was handcuffed. Then aged seven he was too small for the handcuffs to fit properly.

Barbara says: "I knew that something wasn't quite right with Daniel when he was about 18 months old. I have two older children and as a mum I just knew, but healthcare professionals made me feel like I was imagining things . His dad died when he was five, so it coincided with the trauma he felt then too – but still I knew and yet no one listened."

Eventually Daniel was diagnosed with autism and PDA, but not until he was nine-years-old by which time Barbara says he had been labelled as a 'bad kid' and a 'lost cause' at school and had been restrained and secluded by his teachers dozens of times.

She said: "Imagine giving up on a child of nine, or labelling them as a 'lost cause'?"

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"It's difficult enough to be a parent of a child with autism, but when you and your child are labelled as being 'difficult' people stop listening to you, they don't treat you like a human being, like you're worth anything. That's what happened to Daniel. Teachers just stopped trying to use the techniques that we know work and calm him down and instead hit the nuclear button of restraint straight away.

"I would say to any teacher who has held down a young child repeatedly, without making an effort to understand them and what they need in that moment, that they're probably in the wrong job."

"Daniel said at one point, when he was around seven years old that he wanted to die to be with his daddy."

"It's heart breaking, especially when you know that it's their human right to have an education, to feel safe and to feel that the adults around them care about them as an individual."

Barbara says that she is backing Enable Scotland's campaign against the use of restraint and seclusion in schools because she doesn't want any other family to have to go through what she and Daniel have experienced.

"Daniel has been in schools and has been taught by teachers who have made it work for him, who have treated him as an individual. He's also been taught by those who haven't taken this time or had the appropriate training and that's where things go wrong," she says.

"Restraint should be the very last resort and as we know it isn't always the case, with hundreds of children experiencing the same things as Daniel every day."

Barbara also wants to see better reporting of incidents of restraint and seclusion by schools. She added:

"There were times when Daniel was locked in a room or carried out of a classroom by four adults and the school didn't tell me. I only found out because my older children reported seeing it or another parent contacted me to say their child had been distressed by the treatment they saw of Daniel by teachers and school staff. It's just not right."

<https://www.commonspace.scot/articles/14880/it-going-take-death-child-seclusion-and-restraint-guidance-must-be-embedded-law-msps>

THE CRIMINAL JUSTICE SYSTEM

We think that your recommendations are good. We note this statement:-

10

'We suggest that prison should only be used for autistic offenders or offenders with learning disability when it is specially designed or adapted to meet the person's needs'

Autism Rights' response to Stage 3 report MHA Review, Learning Disability & Autism

What a pity that those autistic people who are subject to forced drugging under the civil part of the Mental Health Act are not so carefully considered in terms of their **needs**. We think that part of the reason for that lies within the failings we have previously asked the Review team to address, but which they have declined to do.