

# Maurice Frank submission of 17 January 2023

## PE1999/B: Fully implement the UN Convention on the Rights of Persons with Disabilities

I cite a piece of published research that supports the need for this petition's and UNCRPD's implementation. Case appendix John's Story, and all reference to it in the main thesis, in *Destination Unknown*, by Ewelina Rydzewska, University of the West of Scotland 2012.

Anonymised in the thesis, this is in fact my case: also summarised online in the Ragged University's case collection at [raggeduniversity.co.uk/2015/04/28/eighties-teenage-psychiatry-for-school-pressure-one-writer-squashed-another-by-maurice-frank/](http://raggeduniversity.co.uk/2015/04/28/eighties-teenage-psychiatry-for-school-pressure-one-writer-squashed-another-by-maurice-frank/) . It was a case of a teenage intervention in a crisis over schoolwork pressure abuse.

I am not a person who has ever had any mental health labels. Yet just in its role of teenage crisis interventions, the mental health system was able to use controllingly the threat of forced treatment, that would be applied to the intervening team's child development theories, unilaterally and simply in arrogant disregard of my or my parent's views.

For a libertarian character, it was utter trauma to have that team's hard man rant about "to get you in here and change you." This was the same wrong as is now condemned in gay conversion therapy: a decree of total removal of personal liberty and to have my character dictated for me, in a Western democracy because I had suffered another abuse that was not my fault. By definition, any power for a medical opinion on the best interests ever to force treatment makes this scenario possible. It did not serve best interests, as it left me with a molestation experience and it carried a constant traumatic anxiety around having all my personal boundaries pushed, including around swimming safety fears, and by swamping bear hugs from one of the psychiatrists. It made me completely unable to confide honestly and receive any honest support at all, instead I had to assess tactically everything I said to them and withhold anything that could strengthen their hand.

This adolescent unit was the state agency supposed to protect me from the school harm that had brought me to it. But the unit's own coercive

conduct had the effect that to escape it, I had to pretend to want to return to the problematic school and to still believe in its agenda. The conduct of a service with treatment powers to back up its arrogant convenient belief in a coercive approach, drove me back to an abuser. It caused me not to achieve final escape from that school until 3 years after I had first wanted to. It deprived me of any sensible post-school outcome, transition support, or career advice, because these carried further threat from this unit's potential powers, from having its treatment in my education history.

Thus it was a disaster that those powers' existence caused an authoritarian intervention and purported help, including still further traumatic pressuring, to be done to a child who had just survived an authoritarian abuse that had included traumatic pressuring.

Though this story happened 40 years ago and in Wales, continued existence of the powers that made it possible keeps it current as evidence to the question of ending those powers by implementing UNCRPD. It evidences the wrongheadedness of the scandal of holding open-endedly in Carstairs autistic young people who have no criminal convictions, where all family evidence shows, the confinement itself causes the worsening of condition from its distress.

A local campaign against a similar and heavily drugged mandatory placement in Forth Valley hospital was recently successful after several years of system inertia against the responsibility of changing a mandated confinement once put in place, even when seen to have adverse physical effects. There was a time during that case, as described at a public protest on 1 Feb 2022, when the hospital had no declared reasons to keep the patient but was doing so anyway and refusing to discuss reasons, or to allow any contact with family. This included confiscating the patient's means of online communication. Other patients and anonymously sympathetic staff provided some communication illicitly. This comes from the protesters' description. It shows treatment powers create stories like of life in repressive countries and quite outside the free world's self-image.