

**Irish Institute of Mental Health Nursing 2nd Annual Symposium**

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**Room B0005, School of Nursing and Midwifery, Health Science Building,  
University College Dublin, Belfield Campus**

**Keynote Address:**

Do doctors have the capacity to decide?

In the equality debate, nurses must step up to the plate!



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## **Do doctors have the capacity to decide? In the equality debate, nurses must step up to the plate.**

Presented: UCD School of Nursing and Midwifery – July 2nd 2011

*“When I was a boy of fourteen my father was so ignorant, I could hardly stand to have the old man around. But when I got to be twenty-one I was astonished by how much he had learned in seven years.”* (Mark Twain)

The last time I addressed as large a gathering of psychiatric nurses as this, I gate-crashed a conference in the Rochestown Park Hotel in 2005 and grabbed the mike. Let’s explore how much we have all learned since that event in Cork, shall we?

This paper does not conform to academic standards; it is the result of ten years subjective research. Research based more on listening than reading. A different type of paper, but a research paper nonetheless. Please listen with openness and begin judgment at the end of the presentation rather than the beginning. The very deliberate intention of this paper is not to address medical treatments, as to whether they work or not, but the morality of putting legal force behind the use of these medical treatments.

### **Law, Language and Human Rights**

*“I am not interested in picking up crumbs of compassion thrown from the table of someone who considers himself my master. I want the full menu of rights.”* (Archbishop Desmond Tutu.)

We, the mad community, demand the full menu of rights; statutory law – not an ethos that portrays opinion as science. Instead, in Ireland we address stigma and ignore discrimination. We change policy and reinforce abuse. We pander to equality while we deny civil and human rights to a section of Irish society, the mad. Language is powerful, always has been. The Mad community has been re-branded so often our heads are spinning and all this re-branding is causing division amongst us, which serves to take the focus from law onto language that so very often dictates policy.

Kindness is so often ignorance disguised by goodwill, and can be hugely destructive. Such ignorant kindness is so hard to address with strength. An example – the ‘kindness’ of Amnesty arriving in the Dáil to warn Senators about those at risk, if the use of force was not in place for certain “vulnerable patients” at certain times. This “in the patient’s best interest” of course!

Amnesty simply cannot imagine that leap of faith needed to declare women equal to men, black equal to white, gay to straight. The mad community, as an equal part of the community, with all the rights, privileges, and responsibilities that implies!

*“Cautious, careful people always casting about to preserve their reputations or social standards never can bring about reform. Those who are really in earnest are willing to be anything or nothing in the worlds estimation, and publicly and privately in season and out, avow their sympathies with despised ideas and their advocates, and bear the consequences”* Susan B. Anthony.

I sometimes believe when you express your truth in a straightforward way, with strength, when you refuse to bend on your considered principles you are thought rude. Being rude is unforgivable, in the current mental health debate, being rude is when you disagree with strength. I am, therefore, rude!

I am developing a great distaste for policy. Policy based on biased research paid for by parties not interested in truth but by profit and retention of position, is possibly one of the most abusive items on the mental health agenda. Every time we have an announcement on new policy that does not within state; we must change the law re my capacity as an equal citizen; then by inference we compound my abuse by kindness. Then we organize conferences to discuss and we can ignore abusive law, the “Professions happy”! Kindness, is so often ignorance disguised by goodwill, and can be hugely destructive, such ignorant kindness is so hard to address with strength.

History the only polite arbitrator!

Consider this quote;

*“Everything we shut our eyes to, everything we run away from, everything we deny, denigrate or despise, serves to defeat us in the end. What seems nasty, painful, evil, can become a source of beauty, joy, and strength, if faced with an open mind,”* by Rigoberta Menchú Tum

(1959-), Guatemalan social reformer, Nobel Peace Prize laureate.

I “developed mental illness” as a consequence of a dysfunctional childhood and a collapsing business. Stroke victims and cancer patients get well, recover, lead full lives and they are not permanently branded as disabled. I had an emotional stroke, a stroke of the spirit not the brain. Genetics is now going back to research to try and find the gene for mind and spirit.

I was at the negative side of madness for a time. I learned a great deal from that experience; it improved my life immeasurably. Yet that learning experience has made me in legal terms a second-class citizen of Ireland, “disabled by a label” for life.

Article 3 of the Mental Health Act 2001 legally defines me thus:

“(1) In this Act “mental disorder” means mental illness, severe dementia or severe intellectual disability”.

How can we build trust if we believe that my legal capacity is defined in the same legal space as a fellow human being with severe dementia? So many in this debate do not know the legal implications in accepting these two terms – “mental illness” and “mental disorder” – to mean the same in law. Those words “mental disorder” so often juxtaposed with “mental illness”, so that in the public’s mind they are blurred, as is intended by those within the status quo. The Mental Health Act 2001 is designed to protect the psychiatrist and legally abuse the “mental illness” patient.

Justice is about fundamental freedoms; human rights are not to be judged by doctor’s opinion, but by objective dispassionate judicial review. Liberty and freedom are a precious gift, every citizen’s right. Capacity to judge that right and privilege is beyond the remit of medicine.

If you enter debate on human rights as strong women did; if you have a core principle – i.e. full equal human rights for woman – you do not bend on that core principle. You do agree to engage with all parties within the debate to design the most flexible method to achieve the core principle.

*“A satisfactory outcome rarely involves an ideal solution, but rather a compromise that allows everyone to move forward”.* (Dr. Tony Bates - Irish Times)

Is compromise agreeing that the mad community have a mental disorder, are disabled, before the talks begin?

So very often sitting at the table of compromise is nothing more the polite conversation that repeats kind/improved policy that disguises old abuse. We, the mad community, can compromise on politics, not on human rights. Compromise has a place at the table of policy, not at the table of rights. We,

the mad community, are different, that is our gift and our cross. Society can choose to fear that difference or to celebrate it.

We are the least violent members of society, as established by a recent Harvard study, yet the most feared. We bring beauty from emotion's edge, art, poetry, literature, music, laughter, and we are isolated labeled and punished for those gifts.

I am often challenged as to who are the mad community? We are all of you, none of you. We are forced by ignorance to be invisible in society. Would you openly declare yourself Christian in ancient Rome, Jew in Nazi Germany, Catholic in penal Ireland and Protestant in Catholic France? History is riddled with examples of people who were abused by unjust law being forced to be invisible, to hide who you are, to survive society's ignorant prejudicial opinion.

I am mad! Put that on your resumé either as "mental illness" or madness!

We, the mad community, are fellow citizens, nothing more, nothing less. All emotional people are mad, therefore we are all mad, which is perfectly normal. We all experience the negative/positive sides of madness for a time; it is why we are human.

The "mental disorder" lies in the propagandized mass thinking of society. We must have a level, deep and uplifting debate on legal capacity, mental health acts, human rights laws, but from a starting point that agrees that we, the mad community, are equal citizens. We, the mad community, must sit with equality at that round table and speak for ourselves at that table. We need advisors not spokespersons. Nobody in the area of mental health has a greater claim to expertise than the mad community, we will share that expertise with those who respect that expertise, and we will not with those who pay lip service to that expertise.

Out of the Vision for Change we have a hybrid of the result of kindness replacing rights. The National Service Users Executive, (NSUE), is a mix of the mad and carer voices, as if both could express their distinctive needs with one opinion, resulting in neither mad nor carer being heard. The recent awards ceremony organized by NSUE to recognize/reward "good" psych services, while we still have people locked away for the whole of their lives, is the perfect example of this equivocal thinking. That ceremony was a sham and a shame, and is being recognized as such.

The Mental Health Commission slated conditions in some psychiatric units Ireland in 2010, as did the EU commission on Torture in 2010.

And we hear this from John Redican, the CEO of a national body supposedly advocating the mad community's rights re the same services:

"We are hopeful that the good practices unearthed by our survey will lead to their adoption elsewhere."

Some are trying to develop a human rights-based policy (Amnesty et al) within a legal framework that is abusive. That is gross stupidity. We are diverted into the status quo beliefs that come up with a policy like See Change to change stigma, instead of legal discrimination.

"Men are taught to apologize for their weaknesses, women for their strengths," by Lois Wyse.

This could so easily apply to the mad community.

We are spending millions organizing meetings for like-minded people, who have an entrenched opinion, to meet together, have a polite conversation about what should be done to improve services. Most gross of all, be satisfied when citizens who experienced the system speak at these meetings as victims, shaking and shivering. See Change leaves, congratulating themselves for giving these 'victims' that space, and report this 'progress' back to funders. While they never speak to the reality of abuse, to the law as an instrument of abuse. When I see See Change ask to host a meeting in a lock up psychiatric ward and open that meeting to the public and media, allow the locked up free access to the mike, then I will believe they really want to see change.

I sat on the steering committee for See Change. I used plain, simple, straightforward, uncomplicated language. I spoke of the need for fundamental change in the law. But I also spoke of laughter as a major instrument for engaging the public for change. God, there is so much doom and gloom around the topic of madness, it would depress you to be listening to it.

*"Against the assault of laughter nothing can stand."* Mark Twain again, I would love to have met that fella!

Strong Radical thought is fighting such an uphill battle to find equal space at the table in this debate. But we are getting there. We are getting there through Mad Pride Ireland Family Fun Days; no protests, no information leaflets, just the opportunity to laugh and love. So complicated, really!

Forty four thousand have spoken with their feet from a standing start in three years attending Mad Pride. We expect 15000 in Cork, with Kila headlining a free family fun day. That was an ad break!

Consider this quote;

“Everything we shut our eyes to, everything we run away from, everything we deny, denigrate or despise, serves to defeat us in the end. What seems nasty, painful, evil, can become a source of beauty, joy, and strength, if faced with an open mind,” by Rigoberta Menchú Tum

(1959-), Guatemalan social reformer, Nobel Peace Prize laureate.

It gives me great pleasure to announce today that Mad Pride Ireland has secured funding from Denis O’Brien to launch a nationwide publicity campaign in the autumn to raise public awareness re persistent breeches of human rights as part of a wider debate. We are looking at a world record attempt at the Guinness book of records for the world’s biggest hug.

This is very serious stuff. The media is now looking at the normality of madness through a different lens, because we have introduced the positive side of madness as a serious issue in this debate. With a child smiling, teenagers dancing with delight, parents relaxing, and grandparents blackguarding, at a mad pride family event.

Simple, yet so effective!

We are getting there in debate on the ‘Delete 59b, (the forced ECT) campaign’, where academia, psychiatry, and the mad debate as equals, disagree frequently, but never stop talking. Substance so much more regarded than style. No funding applied for or needed. Goodwill and voluntary effort so effective, our time and heart, love the basic ingredient. But we brought the debate to the Oireachtas floor.

We are getting there through the newly founded Critical Voices Network. No budget, we scrape a few bob together, again people’s time and love, over a thousand attending conferences and meetings in two years and four hundred involved in the online debate. No chair, no committee, no employees; we simply created a space to speak. So effective!

Such a relief to go to this forum, where titles are left outside, expertise judged on what you do and say, rather than how many books you have read. Respect is the keynote speaker, love the key ingredient, people speaking as equals, no experts or victims present. What a platform for

progressive mental health debate for every citizen of Ireland. Please get involved, our doors and our minds are always open.

### **Secrecy and Abuse**

In order to progress we must know the facts – all of them: who prescribes, what, where, when, and how much. There is a positive role played by drugs in the entire sphere of modern healthcare. I acknowledge this. But we must keep records of those adversely affected by any treatments. Open files to neutral parties. Remove the power of the medical model to hide behind silence and secrecy “in the patient’s best interest”.

We must insist that the suicide prevention office track and highlight the part played by legally prescribed medications in the deaths of our loved ones.

We must insist that coroner’s report and highlight the level of those drugs in the victims of suicide at inquest.

We must question the over-influence of the pharmaceutical industry in the debate on Mental Health, and how they promote “mental illness” as a commercial profitable medical industry.

We must question the over-influence of the pharmaceutical industry in third level education.

We must question the over-influence of the pharmaceutical industry in psychiatry, and on our doctors and GPs.

We must question the right of psychiatry to be judge and jury.

We must question why we still bury old unwanted psychiatric patients in mass unmarked graves as we do in Cork.

Mary Smith is buried in that mass grave she died in the sixties, locked for having a second child out of wedlock, her son never got out of care from birth to death 55years, released at 16 arrested again at 17 a vagrant never got out again. When we tried to find his mothers resting place we could not they are in the mass grave, but not together in the same grave, there is no record of where they lay in that mass grave. Remember Bosnia.

When children were born to unmarried mothers, we called them bastards and the church gained great kudos for “taking on” these unloved and stigmatized members of society. That does not say all bastards were abused or that all clergy abused them, but it took years for the shocking truth to emerge and thousands of lives were ruined by the silence imposed by an uncaring Irish society. Protection of the institution so much more important than the truth!

Psychiatry has emerged as a new moral voice. They are doctors. Nothing more. They should stick to the day job.

We run to hospital when we are physically sick. We have to be forced “into care” in psych units when the negative side of madness appears.

“The pharmaceutical giants and the doctors on their payrolls are poisoning too much of the medical science.” (Ray Moynihan - bmj.com)

Who profits from all this and at what cost in human misery?

### **Agents of social control**

“...that in mopping up problems, clinical psychology preserves its status power and status quo of inequalities which in turn perpetuates the creation of distressed people” (Proctor 2005)

**Trust is an earned commodity, it is rare, and it is sorely and equally lacking on both sides of this debate:**

Radical thought in this debate suggests that in the area of treatment of the normality of madness we should turn from force to love. How radical! To train nurses to hold me when I need to be told I will be ok because they will care about me, not just for me. How radical!

To turn fear, caution, force into care, love and compassion – where I always understood nursing came from. How radical!

May I introduce the following as possible questions for the ensuing debate?

Is over-medication abuse?

Is forced medication abuse?

Is the use of ECT, when free and informed consent is obtained while the patient is heavily sedated, abuse?

Is forced ECT abuse?

Is using restraint abuse?

Other questions that need answers:

Is denying citizens the protection of the common law abuse?

Is a diagnosis without qualifying scientific test abuse?

Is objectifying human beings as legal second-class citizens abuse?

Is holding tribunals in secret as a protection of the "vulnerable patient" abuse?

Is training staff of tribunals in the medical ethos, without training in how to oppose that view (93% of psychiatric opinion is upheld in tribunals) abuse?

Is locking away victims of rape for 60 years because their behavior changed abuse?

Is giving the rapist the protection of the common law and denying it to his victim abuse?

Is this whole issue of protecting the patient's identity "in the patients best interest," while never consulting the patient re that "kind" protection abuse?

Is NOT allowing for confusion and giving time to listen to the wishes of the patient expressed in a confused way abuse?

Are psychiatry and certain voluntary agencies presenting drugged compliant victims as proof of success abuse?

Where are the media? Where are the hidden cameras as in Leas Cross? The fourth estate negligent as a functioning part of the state when it comes to its responsibility to the voiceless abused in psychiatric units. Is this abuse?

Where is the law, where is justice, where are the whistleblowers? I do not include those who will approach me later as they invariably do and state, "we agree the system is a disgrace". You who remain silent inside that system are the abusers.

The system and those who feed their children from it must find the moral courage to step up to the plate!

When you address the issue of abuse in the context of psychiatric units, we who are trying open a debate on this are subjected to exactly the same treatment in the public domain as those who first spoke out on child abuse. The institution that the abusers belong to hear an accusation against their institution/profession; not abuse!

Just as the church protected the church, thereby encouraging abuse and directly creating new victims.

The press, afraid of libel laws, hides behind that fear. Until one brave member like Mary Raftery reports the truth, and then the floodgates opened.

Watch this space, as they say.

Like child abuse those working in the areas where abuse took place protected their jobs to protect their own families. Fear again at the heart of this debate.

There are so many reports of complaints and so many voices being raised speaking of their personal abuse, how can we not have national outrage?

Society must find the moral courage and compass to step up to the plate!

I hear that sense of outrage when I confront some nurses with the above list of abuse

I hear - "Well, I personally never did anything like that".

What I never hear is -"None of this happens in the service I work for, you're telling lies."

All this is perfectly exemplified in the very public case of John Hunt - legally locked up and subjected to force treatment at times away in Carrigmore in Cork .He is five years locked up. He has a partner Gráinne, a brave, caring woman, who has no legal standing despite being the father of John's child, Joss. Why was it so hard for this family to speak out in this case, so hard to get the press or politicians involved? There was and is a palpable fear of consequence in speaking of John Hunt for John Hunt. There is a huge resistance from those treating John Hunt to engage. That resistance is being broken down by media attention. That is such a pity for all parties involved.

Saddest of all, his family fears more for John Hunt if he is released now. He has been so damaged by the institution, in which he is forced by law to live, and those who work there; his family fears he will

now be unable to readjust into a society that has no support in place either for John or his loving family. They fear he has been institutionalized.

I refer you to: [theincarcerationofjohnhunt.com](http://theincarcerationofjohnhunt.com)

Where is John the Painter? I know where he is in Carrigmore. But nobody I know, to date, can get to see him. His doctor forbids it. The press cannot see this man whose work, created in a psychiatric unit, is hanging in the National Gallery in Dublin, possibly a genius now denied canvas. Yet a doctor has complete legal control over his life!

This is hard for me to say and but it perfectly exemplifies the difficulty in building trust, and being true to principles. On a recent Mayoral visit, as we were leaving a psychiatric unit, a well-intentioned, kind psychiatric nurse turned to his long-stay patient, an intelligent, institutionalized young adult woman, not yet thirty, yet locked up by this state for most of her life, and said in such an unknowingly condescending tone "And what do you say to the Mayor before he leaves" and the patient, a friend who is afraid to be named, replied "Thank you, Mayor"

The psychiatric nurse smiled at us all.

I was a volunteer helper on wheelchair holidays. Nothing drove those I assisted crazier than kind people tapping them on the head and asking me "does he take sugar?" That is where we, the mad community, are in the 'mental illness' system/business.

### **Nurses or Jailers**

Using semantics to disguise real cruelty in the public domain, language invented by academics is used to train students to carry out abuse and disguise it as caring speak.

'Assisted admission' = locking citizens away, arresting a person based on their behavior not having broken any law. Based on the fact that that person in someone's opinion might, please note the legal power granted to that word might, "might be a danger to themselves or to others".

Are psychiatric nurses acting as nurses or jailers?

'The patient lacks insight' = the person is saying 'No' to treatment and disagreeing with diagnoses.

When does 'NO' not mean 'NO'; it is when the staff believe they know better.

'The patient is showing insight' = the patient is so drugged up he can no longer disagree or care what happens.

Are psychiatric nurses satisfied when force defeats the patient's will?

'Time out, seclusion' = solitary confinement.

It is still locking a human being into a padded cell because you can think of no better way.

Nutrition enhancement is still force feeding.

'Recovery, Wellness, Resilience' = normal by the judgment of the status quo, when all odd, strange, creative thinking is "cured into compliance" by over drugging "in the patient's best interest."

Nurses observe patients developing the following known side effects of certain psychotropic drugs, Tardive Dyskensia (the shakes) and Akathisia (that terrible restlessness that causes the patient to pace up and down), classically shown in movies to portray the mad as creatures to be feared while nurses struggle to control them. I did not realize until I was locked up that it was the drugs dispensed by the nurses that caused the very problem the nurses were trying to control.

*"The position of those who use mental health services in society has deteriorated (Campbell 2001) and despite the apparent improvements in biomedical treatment, people diagnosed with schizophrenia today are twenty times more likely to die by suicide than those diagnosed 100 years ago (Healy et al 2006, Seeman 2007)." Richard Lakeman et al 2007.*

Are we seriously expected to believe there is no connection between this fact and the increased use of psychiatric drugs? Yet, nurses force these "medications" on those in their care.

Dr Phil Barker, Mental Health Ethics, Tony Warne et al state:

*"... 'contemporary and non-oppressive mental health nursing care' was conflicted by the personal decision making of the nurse in charge" and "...the 'moral distress' people experience when they make moral judgments' about the "right" course of action, but for whatever reason are unable to carry it out. The 'rightness' or 'wrongness' of her decision to lock the door was replaced by what Tirrel describes as a kind 'fittingness' of action and personal identity. This may be more familiar to mental health nurses as the use of defense mechanism rationalization. We rationalize why we behave in a certain way in a specific context to modify the internal conflict that would otherwise arise. For some mental health nurses ensuring that services users have a voice and are enabled to*

*articulate this will bring them into conflict with not only the organizations that employ them, but also the policy makers that shape and performance manage these organizations."*

John Connolly writing in 1840:

*"The attendants were to conform to the dictates of the institution – they were to study and obey the elaborate rules of the asylum."*

And -

*"Yet the morality of moral treatment was not relative but absolute-cleanliness, order, right habits, the expulsion of bad thoughts and the inculcation of the right ones ... the increasing permanence of the 'chronics' meant the priority of institutional values and absolute standards of behavior over individual treatment." (from Mark Finnane, *Insanity and the Insane in Post Famine Ireland*)*

Attendants, re-branded psychiatric nurses, now re-branded mental health nurses, in 1840s were being warned/instructed that the rules of the system came before the patient "in the patient's best interest". In 171 years, you tell me what has changed, outside of the colour of the paint?

Another doctor, reviewing the long-stay male inmates in 1898, found a 56-year-old former labourer who had been admitted in 1880 'quite rational'. But his account of their interchange expressed surprise at the man's attitude.

*"He is discontented for being kept here so long and becomes a little irritable and cynical if one suggests that he ought to like being here as he is treated so well."*

Jaysus, we, the mad community, despite being "quite rational" were ungrateful/lacked insight re force in 1880, and we are still ungrateful in 2011, but is anybody really listening even now?

Being ungrateful for being abused; is that a new disorder. If I were a psychiatrist I could be famous, get that extra disorder with the 600 in DSM V, the thousand in VI, OR the fifty thousand in DSM XXV, - life allowing for limitless disorders as we move forward!!

We, all of us, must change if we are to progress, but nurses have a special place in the hearts of the public, that makes you huge agents for change. Stop your representatives complaining about your pay and conditions, while using fear of patients and violence in wards to increase the fear and stigma of the mad community in society as negotiating tools to get you more money. That does you

NO honour. Refocus your hearts and efforts, on your patients rights and conditions, join in the campaign to highlight human rights abuse with Mad Pride, CVN and others, all our lives will improve together. Your working conditions, your patients living conditions - they are the same place. Some of you are as institutionalized as your patients. We could become free together.

### **The Medical Model**

In 2006, when Tim O'Malley Junior Minister for Health, a pharmacist, raised questions regarding "mental illness" and prescribing, attempted to raise a debate around the holy grail of psychiatry, six teaching professors called on him to consider his position.

Fear of consequence in asking questions again raising its head "in the patient's best interest".

Where were the so powerful voluntary agencies defending the minister's right to ask questions?  
Where were psychiatric nurses?

Are those promoting the medical model actually engaged in a negative campaign, using fear of consequence as a weapon? They conform to the status quo and as a result are appointed the respectable and recognised but damaging voice of the mad community in this debate.

The medical model of psychiatric force uses fear of consequence as evidence in courts and tribunals. The "doctors knows best" becomes "what if?" "What if" the doctor is right and this person "might" be a danger to himself or others; "What if" he does "something" if I let him out? Fear of consequence, "might" as proof now the modern version of "guilty" in the courts of justice for the mad community. Questions regarded as challenge, demands for answers to unanswered questions regarded as aggression.

We, the mad community, are seeking a peaceful resolution in this debate; the violence is all coming from the current medical model with its demand for force to treat.

*"It is so much easier to know what you are against then what you are for."* (Damien O'Donovan. The Wind that Shakes the Barley.)

That is so true in the area of Mental Health, - so easy to condemn the medical model, over-reliance on meds and force, all it implies. The challenge is always what we do instead.

We must find a table that will seat all sides, pro med and anti med, at the same round table. So we can talk and build respect over time, find a rights-, not policy-based solution. This, I suggest, is a golden opportunity for our new junior minister Kathleen Lynch and her officials. She has the authority to order this table to go into action. I hope she meets the challenge.

We are creating such a table as a side of Mad Pride Ireland with Critical Voices Network.

I could suggest the following as alternatives worthy of serious debate; out of that debate we may find a real solution.

Take the power of doctors to take our freedom out of the law.

Examine how the system would operate without legal force.

Have help-lines that respond to isolation and loneliness, these two at the heart of the negative side of madness. Help-lines that, like lifeboats, are manned by trained sailors who respond, not fearing the dangerous sea; who, when someone is drowning emotionally go to the home of that lonely human being, and sit through the night with them with love, as in the AA, alcoholics respond to alcoholics, from empathy and understanding comes strength. How radical!

I know of nobody with madness who does not feel the approach of madness; the itchy feeling at the back of the neck, the black dog always growls before he bites. Yet, we have evolved a system that waits for the crisis to emerge before there is intervention. What if we had safe houses staffed by the mad community? We have a total empathy with each other, where you go to, and look to, being held before the crisis arrives. Where anger is not feared but understood, where aggression is not tolerated, where bad behavior is neither condoned nor judged. How radical!

But a word of caution. The notion of early intervention is already being hi-jacked by the lads with the pills. I listened to a psychiatrist advise an EU summit on mental health in Brussels stating we need to “test” and “treat” our children early for ADHD as a matter of urgency. And they locked me up!

Primary teachers now being taught on how to “identify” the early warning signs so that our children may be drugged into correct behavior!

Let it also be stated, that I have listened to many other emerging psychiatrists voices, who are bravely stating that their profession is over-influenced by the pharmaceutical industry and are willing to engage in open debate on legal capacity.

What if the mad community were subject to the common law and unable to hide behind innocent by reason of insanity? What if the mad community went to jail when they break the law? Many of my friends in the mad community abuse the learned behavior from a system that states the disease is at fault and excuses rudeness, insult, aggression; takes away responsibility. The responsibility for our own actions is diminished by buying into the system. The system conveniently tells us it is "the illness, the disease in your brain", give us more pills and we wander home again.

Many of us in the mad community become addicted to being helpless and hopeless by this type of ignorant kindness. When you lose control of your emotions and fall into a system that tells you that you have an illness, a disease of the brain, a disability for life that you cannot recover from, it can be so comforting. The mad community must find the moral courage and compass to step up to the plate! The mad community have to stop being invisible victims and stand out as visible honored equal citizens. You earn your own respect.

But the status quo opinion is entrenched in the hearts and minds of those in power in this state, and they, that nebulous status quo, have unlimited funds to push and reinforce that entrenched opinion, which uses fear as its core message.

It would take a grand cooperative effort, not witnessed since the Civil Rights Campaign, to change that core message from one of fear to love. We have started that campaign. You, as an organized, official mental health nursing body, can decide to join us by instructing your representative body to support the campaign to stop forced ECT, remember, just forced ECT, as is presently legally undertaken, this abuse protected by the wording of 59b of the mental health 2001. We must delete 59b from the act.

## **Families**

The value of a good relative cannot be overestimated or overstated. The damage caused by a bad relative cannot be understated or underestimated. This topic is a minefield of indignation, and questioning/challenging in this arena is so often perceived as ingratitude. But the responsibility of physical and, even more damaging, emotional family abuse must be the subject of a wider national debate. So very often those family members that undertook abuse in the first place are the family

members that sign the papers to lock up the very family member they abused, because their behaviour is now too odd for them to live with. And the system accommodates that further abuse.

My wife loves me without judgment. It is so much of the reason I am alive. When medical advice from my team was to lock me up, when I was at the edge of the negative side of madness, aggression temporary, my love for her and she for me, strong and enduring. She found great inner strength and said "no." For that small word, NO, I will be eternally grateful.

I would not like to be at the other end of that judgment call within the present regime and range of services available to relatives, when they are faced with that stark reality.

I have so many friends who are relatives in despair for the lack of correct help, and fight for their loved ones outside the status quo, and I meet so many others who are at the opposite end of the paternalist scale, accept the comfort of the "mental illness" label as excuse to not fight for real change, who glory in the role of parental victimhood promoted by so many voluntary agencies as relatives representatives, and thrive on the comment "ye poor thing, you were sent an awful trial".

This stated as a fact in Shine literature: "Schizophrenia is not caused by bad parenting." How can they possibly know this as science? This type of statement accepted as an unchallenged fact is further evidence of the need for a clear distinction between user and carer voice.

Consider this statement if it came from the mad community. "Schizophrenia is caused by bad parenting!" How would Shine react to that stigmatizing remark, on behalf of parents?

'Lives Less Lived' (Documentary on One, RTE Radio One - by Liam O'Brien and John McCarthy) is the true story, told by the victim of rape and her brother, tracing the life of this young woman raped at seventeen and locked away by her parents, institutionalized by this state. She never committed a crime; her behaviour became so odd as she hid the rape for a time, diagnosed manic depressive, her rape and subsequent distress became a convenient disease of the brain, forgotten by most of her siblings, still alive, never got out at seventy six, still being "protected", cared for by the caring psychiatric system in Ireland in 2011.

Is this the result of good parenting?

You would have to ask how many generations of psychiatric nurses in sixty years "cared" for this lonely ashamed victim of rape; forced fed her, forced ECT on her, forced medications on her, restrained her, put her in solitary confinement. She states they beat her, this Irish

girl/old woman never committed a crime and generations of psychiatric nurses reared their own families against the reality of this lady's misery.

Article 13 of the Mental Health Act - still empowering arresting Gardai to bypass courts judge jury bail a fair trial, for Irish citizens based on opinion of odd behavior. A 'go to jail' card, where force treatment is legal for 21 days before you get legal aid.

Where is the Human Rights commission? When I approached them I was referred by the then chair Mr. Maurice Manning to the consultant psychiatrist on their board, Mr. Bob Daly. Silence. I rest my case.

I spoke to Mr Eamon Moloney in Cork University Hospital. He told me to redirect my efforts to raising funds so he could run a better service. I was good at that, he told me.

I lodged a petition with the petitions committee at EU. Silence. The U.N. rapporteur. Silence. The Bishop of Cork. Silence. So many politicians. Silence - with wonderful honorable exceptions

Memories of the Murphy and Ryan reports and the passing of the buck!

Families must challenge diagnoses without scientific test. Would you let a loved one go for brain surgery without test? Families must accept that some psychotropic drugs are addictive, and rigorously question the prescription. Families must question the treatment regime of overmedication that keeps a loved one compliant.

Families must find the moral courage and compass to step up to the plate!

The use of fear of the mad community is a constant defense for force being used by so many spokespersons of the system in the media. When sudden acts of violence occur the system failure is again blamed on lack of resources. The system not being effective, because of the lack of money, nothing to do with false ideology! If the system had more state money we could cure everything, they state. If there is any area of health in this country that deserves spending cuts it is mental health. At least cancer is showing improved results, the pill for every ill consortium is killing people. As we have increased diagnoses, increased prescribing, we have increased suicide, increased misery. We should shut down the funding tap to this failed system, until we see real change.

We must cleanse the past sins of the psychiatric forced care system in order to build a future loving system based on the equality of all human rights.

## **Recovery**

*"That crazy bastard might be the only sane one left"* – Dr Stubbs, speaking of Yossarian, in Joseph Heller's *Catch-22*.

I was an active member of the mainstream business community in Cork, member of all the right clubs, drank and ate with people of influence, pretension so much more important than intention. I had a three-piece suit and a briefcase, a dream existence, a nightmare, I hated it inside. I was so discontented internally, so jolly externally, as so many are. I am an ex-male-chauvinist, taught all my life to love my neighbor but never taught to love myself. I have learned the value and power of love through the positive gift of madness. If I spoke that simple statement in my old haunt at the bar I would have been thrown out of the gang and locked up as mad!!

When the notion of 'Recovery' first started to whiz around the status quo merry go round, I embraced it, - a great idea. When you are desperate you will buy/try anything.

I have not recovered. I never want to recover. I hate the notion. Why would I want to go back to when I was recognized by society as "normal", when I conformed despite all the inner turmoil that conformity caused me? The self-doubt, lack of unconditional love of self I had all my life?

No, I discovered the beautiful joyous, peaceful and creative side to madness. Why would I want to recover and give back all the gifts that being at peace with madness bestows on me and my family's lives!

There is great peace to be gained from understood madness. Jesus, we are told, went into isolation in the desert, saw visions, heard voices, spoke to God *and heard the answer*. By today's standard of DSM, Jesus in hearing that answer was a paranoid schizophrenic, and would most certainly be forced by kind psychiatric nurses obeying his doctor to take depots of Haldol, after involuntary ECT, unless, of course, Jesus admitted he lacked insight.

I am frequently asked, "does what you propose exist in any other jurisdiction?" The answer, "No, not completely but Ireland can be the first." But I would direct you to Finland, where they are beginning to look at a new drug free way, to Berlin where the Runaway House has provided sanctuary for many in a non-judgmental way, to the revival of the Soteria experiment in Alaska, Healing Homes in Sweden. There are many others. It is beginning.

May I appeal to you as educated caring loving human beings nurses!

Might I be so bold as to suggest a proposal to be put to this house today, in this debate, that the first multi-disciplinary team be established led by a senior mental health nurse who cannot prescribe and that the doctors on that team must consult before any prescription be

written, and only written as a last resort after full discussion with the entire team including the patient or their representative nominated by legal advanced directive, re a different solution outside medication.

That psychiatry find a place in the team but not at the head of it. Psychiatry has lost the right and the moral imperative to lead. Psychiatry must step back and learn to be led. It would be good for the entire profession of psychiatry, especially forensic /forced psychiatry and child psychiatry, to go back to the heart and out of the head. Psychiatry needs to go back to its root. Psychiatry, from the Greek, means healer of the soul/mind. No mention of the brain. You, as nurses, must help the lost souls in psychiatry to find peace; it is your duty as carers.

Is it possible that the future role for psychiatry and drugs is that of A/E and all we understand A/E to be, and behind psychiatric A/E lies a whole different evolving system of loving care administered by mental health professionals who cannot or do not need to prescribe psychotropic drugs to care, control or cure?

New-age Irish mental health nursing could lead this break from the exclusive over-reliance, over influence, of drugs and medical opinion. It is time for new thinking, new attitudes within and outside of the old outdated system that dictates the doctor knows best.

Of all the areas of health, in mental health that statement “doctor knows best” is so blatantly not true. In mental health, we need listening ears and time to use them, not the ‘fastest pen in the west’ mentality. Traditional nursing practice of nurturing the patient is often forgotten in the rush to be as arrogant and as authoritative as some of your doctor colleagues. Love, and all it implies, gentle kindness allowing for difference, might just be the new wave needed in the paradigm shift in the care of the mad, - those who need care, while we celebrate those who don’t, allow all to walk with pride into the future free of fear or stigma. Rather as proud equal Irish citizens.

And how bad, how hard, how mad could that be?

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