

Original Paper

Being Sectioned

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When coming into first contact with the mental health system the idea of being locked up is going to be there alongside the symptoms they are suffering. Yet they will be equally scared by both. It is up the social worker to reassure them that they are not in danger from split personality schizophrenic psychopaths before they are compliant with the system and in going into hospital. A large number things outlined here could help with this.

Being ‘sectioned’ is a very frightening experience for patients and their family as they are all worried about being locked up in a dangerous unstable asylum from which they are never going to get out. The stress of this can trigger a relapse of schizophrenia and make the whole illness worse.

If there is any insight we will know that what we are experiencing is an illness so we won’t be so frightened by “hospital. Some on the spot Cognitive Behavioural therapy could help here and some Valium as hospital and the illness are both terrifying”. This could be backed up by family who will recognise that it is just an illness and reassure you.

The nurses can display compassion for the suffering and look caring instead of confining. This should have a calming effect on your nerves about being admitted as you know there might be some therapies here, we must make this clear too. Compassion therapy can be furthered in hospital and you might be able to deepen this with professional support.

We need to be able to tap into the insight that exists with someone new to the illness as they will have at the back of their minds they will have the intuition that something is wrong. This will be recognisable to the nurse or social worker and the patient can see that in their eyes, so admitting they have a problem will become manifest.

Yet there are dangers with admitting you have something like schizophrenia as there is a massive stigma connected with the label you are putting on the person. There has to be a relationship of trust involved before they can admit to themselves they have a problem.

The biggest worry is created by the Jeekyll and Hyde image that schizophrenia means a split mind and form there a split personality half of which is psychopathic. The person will need the help for the courage to look inwardly to find this is not true and then will be able to talk more openly about the illness.

People stigmatise because they are frightened of getting the illness themselves so they will keep quiet about what they are experiencing. It needs to be made clear that they can talk openly about this and do not need to hide it by getting across it is an understandable problem.

It then has to be got across in spite of the stigma that what they say has to be confidential once this label has been placed upon the person. It needs to be made clear that the nurse or social worker is not going to tell everyone and this can be best established by getting across the idea of mental health.

At this point it is necessary to get across the idea that the CPN is there to nurse you and doctors to cure you. You in a hospital because you have an illness. People are diagnosed not certified and admitted not committed. You are on a ward not a cell and you are free to come and go so no confines. Further a CPN is a community nurse not a hospital nurse and an Out Patients is there to see doctors out of the hospital. Once we begin to understand we have an illness we can get to the point that we can take on the idea there are medications available to cure it. Just as we might have a psychical health problem we know that there are treatments for it and it is salvation to know that one third of people are cured out right.

Being admitted means you are safe from the stigma and away from the big bad world that blames you for your own problems, by being too weak to stop being driven round the bend or round the twist. In hospital feeling safe allows you to open up your emotions on the maslow tree and you can enjoy the socialising.

From here we can see we are not ourselves to blame from having developed schizophrenia and there is no shame from having been driven mad. Connecting emotionally on a ward allows us to have the chance to restore our self-esteem with help from the other patients allowing us another valuable coping strategy. What starts out as a lifeline ends up as a stepping stone and once you are stabilised on medication there is much help on getting life back to normal within the society. Instead of being thrown into the looney bin you will be discharged into a mental health day centre which will help establish social contact and prepare you for work.

Bringing literature from MIND and RETHINK could help get their message across to patients and their family and it might help families to be more accepting though this may take some time to digest. This can be reinforced by talking to your mental health professionals and like patients will go through a process of understanding it all.

The evidence also suggests their campaigns can help reduce stigma so the society which paints the whole mental health world in black, but which is slowly becoming safer and more inclusive. Schizophrenia affects one in a hundred people so you will realise you are not to be an abnormal freak or social outcast. Seeing other patients face to face can help make you realise this when in hospital and you will know that you are part of large social group.

The whole world of mental health is there on MINDs and RETHINKs website, in a potted version, and you can read inspiring stories on the courage many people display with the illness despite the stigma of having been too ill to deal with it in the first place. Then we can build this up ourselves step by step through supported graded exposure.

One thing that particularly struck about the medication which you get accustomed to was the drug clozapine which cured many people when the usual anti-psychotics failed. There seems to be hope here that there maybe another wonder drug maybe developed and with billions spent on research there are breakthroughs being made all the time. All of this will suggest the system can help though it needs to provide care until then.

You can look hospitals on the internet and as Metallica sang: “there are no locked doors no windows barred nothing to make by brain seemed scarred”. There are no men in white coats or high walls surrounding the hospital and with the modern décor it looks more like a hotel.

The caring side of the hospital is there in many ways in that the food is good and you get your own room so you can bring you own Walkman or DVD player. You get a named nurse who is responsible for caring just for you and you will get to know him or her the better the longer you stay.

Instead of the staff being notionally there to lock you up because you have dangerous beliefs they are there to offer you emotional support to help you cope with them. The contrast could not be more stark and will be manifest from the start when we first meet a nurse or social worker and see what they look like face to face.

The person first experiencing the symptoms will have to realise this and that may mean balancing the professional image of the doctor with the negative media image and the label. A doctor will speak with some authority but this can be undermined by the media image.

One particular example of this is in the movie *The Terminator* where Doctor Silverman diagnoses the character Reece “In technical terminology he is a loon.” This destroys the scientific and medical authority of the psychiatrist as does the song by Anthrax “white coats to bind me out of control.”

It is best to just be as open as possible about the diagnosis and try to provide as much information as possible. For instance, explaining what is known about brain chemistry creating an imbalance of dopamine causing the symptoms and the scientific basis of this, especially that it is known authoritatively to cure a third of people.

The notion of a hospital needs to be got across as well as concentration in asylums was easy to stigmatise. It was never thought patients would survive outside the institutional help which is why people would vanish into them never to be heard of again. This has all changed now and these places have closed down. Instead of a confining institutionalisation you are not just left to vegetate and there are activities on offer to keep you busy and distracted which also cushion the effects of being in there. Instead of feeling locked up the whole thing is designed so you can look after yourself once discharged.

In many ways hospitals are the best place to be in the early stages of the illness as it is often said you cannot know what it is like unless you have had it yourself. You can share the fear and pain you are experiencing and realise you are not the only person trying to deal with it all. Then learning to cope is possible however overwhelming it might seem at first.

At this point you will be sensitive to the suffering of others and want to help each other, instead of being wrapped up in your own problems. It is easier to give compassion to other people than it is to yourself and this is the best place for learning how to do this as other people will show you deserve it.

There are no long stay wards anymore and you have got to get across the idea of care in the community that hospitals are for short term acute stages of the illness. Most admissions are not lengthy as care is provided by day centres on discharge. These can be tried out while still on the ward and will make us realise there is life in store for us once we are released.

From here we will be reassured the once you are In you cannot get out as Metallica sang: “welcome to where times stands still no one leaves and no one will”. This in turn leads to a consideration of language where we have seen people trying to prove their sanity and trying to escape from a lunatic asylum. Anthrax underlined this point when they sang “its a madhouse, or so they claim, its a madhouse am I insane?”

The word insanity is the most difficult label and stands out as it among the rest as it signifies danger alongside being deranged and unstable. Yet all it means is just not sane. Similarly going mad is just the loss of reason and lunatic is for a time when schizophrenia was thought to derive from changes in phases of the moon!

Saying it is mental health is going to cause some problems as it stops us getting across the idea of chemicals that cause and cure the illness. Some people find that saying the causes are mental not physical obscures that it a chemical and not a thought that it causing the problem. The problem is organic not in the mind.

Some reference to positive media images might help with the use of language and labelled and though the overall image is negative where there is insight this could help things again. We can laugh together about being crazy and the approach of political correctness needs to be combined with cognitive behavioural therapy when first coming into contact with the system. The labelling can help with developing insight.

Zoe Tate in Emmerdale talks to another patients and surprised to find she is in there voluntary. There is a danger here when experiencing a first admission in that many admissions are forced and the social worker should be careful of using the word sectioned. It needs to be clear it is not the same as being committed.

The best way of explaining about padded cells and straight jackets and the associated labels of being confined is that statistically this is extremely rare and you stand more chance of being struck by lightning. This might be a bit more effective than trying to explain the language.

If the symptoms are severe it needs explaining that the promise of being fed and keeping warm could make you realise that hospital will keep your physical strength up. It should also be pointed by a nurse or social out this will help you with the emotional draining suffering with the symptoms.

You can get nerve tablets and sleeping tablets which again will help keep your strength up even more. The contrast with the experience of the illness outside of hospital can be so frightening the institution can

help in lots of ways. There is social contact and activities on offer to distract yourself, taking your mind off things for a while, and the compassion can make stronger too.

From here we can see that even if we believe the psychosis is real there are ways of developing coping strategies which will help build enough strength to deal with the fear and pain it causes. This will allow us to re-establish functionality to eat, keep clean and do domestic tasks like cooking and cleaning and we can begin to see the benefits of incarceration and how it can improve our quality of life.

At this point we may remind ourselves of the Simon and Garfunkle song “Mrs Robinson” which states “we would like to learn you how to help yourself.” Yet this is exactly what happens now when they are released back into the community with support for living independently.

Instead of confinement there is much possibility to be allowed out of the hospital on leave so you can go back home to your families house which will help prevent life on the ward become too monotonous. I was able to visit the village I had grown up in and this had a soothing effect on me, my nerves and my mood.

More than this I was able to go shopping in the local town and visit my favourite restaurants and coffee shops. I could treat myself by getting new clothes or computer games and feel part of the crowd instead of feeling isolated from the society when on the ward.

Interestingly there were some lovely walks around the river with beautiful historic buildings like a castle and cathedral in our local town and some sun and fine weather added to the calming therapeutic experience. This was refreshing was essential to getting life back to normal on the ward.

Something else which had changed with mental health that needs pointing out is that as we have seen hospitals are places “where time stands still.” Nothing could be further from the truth as when living outside in the community you can make friends and partners and do all the thing that normal people do like travel, shopping or eating out without anyone else knowing you have an illness.

On the initial diagnosis of having a mental health problem this can seem like the end of the world so we will not be compliant with getting help. Yet if we understand how the process of hospital to day centres work with getting life back to normal even if we are delusional we will go along with things and sectioning will not be necessary.

It further needs to be known that such places are quiet and restful and not bedlam: “a state of uproar and confusion.” On a ward you can recuperate in a soothing atmosphere helped by getting your own room if you need to be on your own. This is part of the healing process to weigh up everything that is happening. It might be if you have been exhibiting strange behaviour hospital was safer and this was the idea behind a lunatic asylum which as the name suggests involves sanctuary. With the climate of stigma the consequences of the terror outside might make the hospital seem a refuge from a hostile world. This too might need some explaining.

Instead of being locked up a social worker can show you that when you are eventually discharged they can find you safe places to live, as in sheltered accommodation. They can also provide ways of making

social contact and educational opportunities in and out of hospital and after or during incarceration life will carry on as normal.

Ultimately the system can support you in formulating and achieving your goals in life and like the character John Nash in the film *A Beautiful Mind* you can get to be a high achiever. This can seem like a distant dream but there is hope here which can be built upon so far.

In particular the more we calm down about the symptoms and become compliant with the need to get help the more we will have the strength and motivation to try and again with life and formulate new goals. This may also involve picking up where we left off and getting back on track again.

Day centres are very important to the end of the healing process since as we calm down with everything we can concentrate better and do educational courses. We will build self-confidence again by getting qualifications and meeting new and interesting people and this might prepare us for going back to work. Hearing voices is another symptom that might make people stay quiet about the illness especially where the voices are giving commands to hurt other people. This ties in with a lot of media reports where the voices have been acted upon and cause harm to other people. So again, some explanation to the person affected is needed.

The person will now in their own heart that they are not capable of doing something like that and can use their own voice to speak out against the hallucination. You can say to the voice you are not capable of doing such harm and the more you know yourself the more you can resist what you are hearing.

Again, you will begin to think the nurse or social worker might regard you as dangerous on these grounds and might want to lock you up. So, the recognition that you have some resistance to the voice and you are obviously not capable will ease the fear of confinement.

The voices are very powerful in shaping our beliefs about ourselves and when they are criticising ourselves and we may want to commit suicide rather than seek help. Some compassionate intervention may be needed at first so they will want to go into hospital rather than to die.

The voices may tell you that you do not deserve any compassion so the nurse or social worker will have to intervene here by compassionate eye contact to establish the truth of this. At this point the person can step back from what is happening and see their compassionate side so that they will then be in a position to ask for help.

Experience delusions can cause very similar problems and in my case I thought I was responsible for 9/11 and that again made me feel worthless and suicidal. Yet at the back of my mind I knew I was not capable of any such thing and having help to locate that doubt again made me realise I was ill.

Here it is helpful to reflect on the stigma such paranoid beliefs can cause as the person experiencing them will know how they look to other people. They do not appear normal and they are at the same time not logical, are counterintuitive and do not make sense. These stigma thoughts will be uppermost in the mind and can be best worked upon to question the psychotic belief so we will know we need help with them.

This together might make us realise what we are experiencing is an illness, which can have a powerful influence on our perceptions, but often there will be a nagging doubt that it cannot be real. It may be necessary to focus on this first before we realise it is really there then we can see the need for help.

All in all, the social worker or CPN should explain the whole workings of the mental health system so compliance with it is less bewildering and stressful. This should provide much reassurance that they are not in any danger at a time when the other service users are experiencing voices, delusions while despite stigma can get to be strong enough to get their lives back on track. The system can help in so many ways and this needs to be got across at the earliest opportunity so we are less frightened by the diagnosis.

Appealing to Get off a Section of the Mental Health Act

Getting off a section is difficult as if things are severe enough to be under section in the first place it is going to be difficult to convince the panel you have reasons to be let out. This especially since I didn't have family support on my side. All the same I came close to achieving this and it is instructive to consider why. Sometimes the system can get the sectioning wrong, and this is taken very seriously as you will have been forced to being locked up.

The onus is on the patient to show the section should be overturned and this may fly in the face of the professional medical opinion that you need to be in hospital. Challenging what a consultant psychiatrist thinks is going to be very difficult especially when your social worker and named nurse are not on your side. All the same it is significant that this can be done and is instructive to know why and how as this account shall explain.

When in hospital I was sectioned under the mental health act but I had been in hospital before and had been ill for a long time in and out of the place. I felt I understood if an admission would be helpful or not but with all the suffering arising from the fear and pain my family were witnessing they were anxious to get help for me. This was despite my previous experiences of the place and the symptoms I was getting. This suffering had to be answered medically for both my family and the psychiatrists.

The symptoms were that I thought people were passing on information and surveillance about me my back to the CIA through having caused 9/11. The psychologist explained that this would frighten anyone and so I needed help. The problem was that going into hospital meant coming into direct contact with these informants and I had to stay away from people to soothe the terror. That meant wandering the roads at night to escape them which was deemed to be unsafe for me and I was sectioned.

Then when in hospital a new problem emerged. There was nowhere to run to escape the paranoia of the people in there and I started screaming. I was in much emotional pain with the fear and the suffering was very visible. My psychiatrist described these symptoms as particularly severe. The nurses didn't know what to do. The psychiatrist was called out in the middle of the night which I thought was an unusual occurrence and again this was a measure of severity.

I was screaming until I was hoarse and was so frightened, I could barely move. The fear had sapped my strength, so I remained prone with my metabolism racing round at a hundred miles per hour. The

psychiatrist waited with me until the medications had a chance to take effect and his presence was reassuring that I wasn't on my own with what was happening, reinforcing my insight. Unfortunately, the suffering continued and they had exhausted the medical possibilities of the tablets that could be used.

I was exhausted but full of adrenalin so I couldn't sleep. The added fear made me pass out eventually. The good thing was once I was asleep, I had a chance to rest, and this provided an answer to the symptoms which were usually gone by the morning. Fortunately, the paranoia was not causing any nightmares, and, in the morning, I was quite refreshed. This helped with any relapse, and I knew that it was only the time prior to crashing out with the exhaustion when I was going to be ill in there.

By the look in his eyes, I could see how serious he thought it was. Schizophrenia is often thought of as a journey through the valley of the shadow of death. This if you like was example of the real thing. The impact on my psychiatrist was striking and we exchanged a glance which demonstrated the truth of this. At this point appealing to get off the section was going to be more difficult even though it was apparent I knew the seriousness of what I was going through.

The nurses too were looking very concerned, and one said take this Mark. That recollection stayed with them, and they kept a close eye on me in case the same thing happened again. After this my symptoms stood out into their minds and when I tried to appeal the section this concern came through very clearly in the nursing report.

Even with insight I was absolutely terrified at this point. I did not stop the screaming which went against me during my appeal as the thing was not deemed to be a one off. The psychiatrist thought that my insight was greatly reduced at these points but with the look I gave him I had enough experience to know what was happening to me. Yet the suffering and screaming continued which suggested I still believed what was happening to me was very real.

At other times I felt that the symptoms were too severe, and I tried to escape back home during the worst of it. Unfortunately, there was nowhere to go, and the police were called and took me back to hospital. Again, this underlined the seriousness of what was happening, and they were motivated to alter the medication. All the same they allowed me out of hospital on unsupervised leave the day after and the panel looked closely at this.

The stress and pressure of being on the ward for nine months began to take its toll and may have been triggering off the psychoses. It was important to relive this during such a long admission as things were bad enough. Again, there was some trust in my insight, and they would try anything that might have some impact on what might have been triggering the psychoses. Yet despite this freedom the section remained in place.

I was given a mixture of tablets including haloperidol, diazepam and sleeping pills but none of it worked. This was another reason why I wasn't allowed off the section as even the various emergency medications were working at the crisis times. After this they had to find another drug that could tackle this and there were plenty to choose from. Each one took a period of time before it was changed, and I was sectioned for nine months while they were on experimenting with this.

One night something serious happened again and I began thinking the only way out of the dilemma with the CIA was to commit suicide. The thought had already been at the back of my mind, but I was so preoccupied by answering the voices and delusions it never really occurred to me to try it. I had an overdose and was promptly rush off to a physical ward in the local general ward to deal with it. I learned then I didn't have the strength to go through with it with all the fear symptoms I had so it was not a real risk after that.

At another point I had been on the intensive therapy unit. There I was tearing at my ears until they were bleeding trying to stop the voices. I think by this point there was some agreement amongst the doctors that the existing medications simply weren't working, and I was trialled on an atypical called zotepine. Eventually after only a week I was discharged from this unit and ended up back on the ward. It was only at the crisis points that things were getting so intense.

All the same having been admitted to this ward was something that would have gone against my appeal to get off the section even though I was only on it for a week. The crisis episodes were extreme and needed some intensive therapy. All the same I was getting through this on the normal ward, so it looked like I didn't need the extra intensive help and I didn't have to go back to the confines of the intensive therapy unit.

When being confined on ITU the psychiatrist came down after work to see how I was having just been admitted in there. He learned about me tearing at my ears and gave me the same look on sight that the nurses had done when he was called out during the night. Again, I could see in his eyes the recognition of what I was going through and how motivated he was to do something about it. That once more convinced him to keep the section in place.

It was thought that being on the ward all the time was having a serious effect on my stress levels and mood, so I was allowed out under my own supervision. This was another act of desperation on the part of the doctors as the evening terrors were so extreme. They were willing to take the risk of a relapse with this if it reduced the suffering during the intense crisis times but even so there was no way they could have allowed me out of hospital completely.

I was given some emergency medication including a Valium but event this didn't work. Eventually I fell asleep through exhaustion. Sometimes this was helped by the sedative in the anti-psychotics, but this took a while to kick in. Just to make things worse I was getting uncomfortable side effect from it but fortunately this tended to last for only up to forty minutes or less. I learned to put up with the side effects as eventually the medication got me back to sleep.

It turned out there is a small group of people that the diazepam was not effective, and this kept me in hospital longer while they looked for another solution. It all had to be down to the anti-psychotics but finding the right one was a matter of trial and error. Each drug took a while before it would become apparent if it was having any effect. Eventually I was given some clozapine which was considered the best one and they have kept me on it to date.

I was prescribed Valium even despite its addictive qualities together with being trialled on clozapine which the best drug. Still the episodes kept happening, but they weren't getting any worse. It was thought I was stabilised here albeit still apparently very ill. I was asked to go in front of a panel of doctors for a discussion of what to do about the best drugs available and despite much disagreement about safe dosages and combinations a consensus emerged.

After a while the research showed it might be beneficial to trial clozapine with another anti-psychotic and it was mixed with Abilify which was a very new drug at the time. I was fortunate here that the new drug had very few side effects and these can be as severe as the illness itself. All the same it still had no effect on me but the hope was with the advances in medication was eventually something else might work. I was grateful to be on the clozapine even so.

Some psychological strategies were suggested such as breathing exercises and safe place imagery, but these were only effective with the continual anxiety I was having about the next relapse. If only schizophrenia was that simple I thought but they were still recommended. These techniques were thought to be very effective even so but again in my case they didn't work at the worst times which was another indication of their severity.

Although I kept having the screaming episodes, they eventually got used to them. Then the doctor wasn't called out in the middle of the night anymore and I was even asked what are you screaming for? Eventually I was discharged with this as I got through the episode each time but still the section remained in place as the search for the right drug had to be continued. That took nine months of being under section. I looked visibly ill with sunken hollows in my cheeks and emaciated. Again, this underlined the severity in the eyes of the psychiatrist. I had been eating properly so this was all down to the fear I was experiencing. I was completely drained of energy and the fear sapped all my strength for dealing with the problem. As this went on it became increasingly obvious the medications weren't making me more functional including the anti-depressants for the emotional pain I had.

Most of the time in between episodes I was ok, but they found as the nurses said one of the most disturbing things about the illness was how quickly the symptoms could deteriorate. So my normal state during the hearing didn't impress that much. I tried to explain that usually one I had got to sleep my symptoms would have gone the next morning. I wanted the right to deal with it in my own home and then I would come back to hospital in the morning.

Staying in hospital was eventually doing a lot of damage after I had month of it. A pleasure diary was suggested but being hospitalised and with much emotional pain this didn't improve things and would have stood more chance had I been at home. Doing courses and getting off the ward to my local day centre helped a lot but I couldn't be distracted by any activities when the symptoms struck, even though this sort of thing is generally recommended as a coping strategy.

The symptoms were going from one extreme to another. I was ok for a while and then in crisis and then back to normal again. The doctors seemed perplexed by it as if they hadn't seen anything like this before. Eventually they got used to it and I was discharged despite what was happening. Given the extremes of

what was happening this took them a long time and as I said it was nine months before they were confident enough to let me out. Even then it took a lot longer before the close supervision was deemed unnecessary.

Even though I had eventually been asked what are you screaming for they never let me out and it took a further six months before I was discharged. The appeals panel still also kept the section in place even when the nurses were getting used to me doing this. The nurse who did the report was still very concerned about me even though the extremities had been questioned by one of her colleagues. Unfortunately, the nurse who wrote the report hadn't been named for me for long enough to get to know my subjective experience of the illness and was more familiar only with the appearances of the crisis times.

Hospital was just making things worse but that was a price I had to pay for keeping me safe in there. I think the thought on the part of the psychiatrist was that despite the deterioration I just had to get on with things until they found a cure. That was easy for the doctor to say because they were not the one experiencing the symptoms and my experience that being at home was more soothing for me was superseded by the urgent need for inpatient treatment.

I was doing an information technology course which make me look functional and was allowed out on my own every day. In addition, the psychiatrist pushed for doing this even when I might have an episode in the class. He also trusted me to have unsupervised leave every day but kept the section in place. I found I could concentrate in class and thinking about the problem solving involved which were all useful skills in thinking about the psychoses and the insight I had.

I showed some insight in the appeal which impressed them, but the psychiatrist said this could be reduced at other times. I talked about stigma with them and showed some insight with this in my writing about it. The psychiatrist on the panel was impressed with this as I could put down what I was experiencing on paper to the point it was getting published. This would have been hard enough under normal conditions, but I was able to do it when ill enough to be sectioned.

The panel was split but one of them was convinced. If they are being nice to you it is a sign they think you are ill but one of the panel asked rudely what are you plans for the future? To this I had a sensible reply that I just wanted to go back and finish my research. That made me appear that my life was on track and had goals despite suffering the illness had inflicted. I hadn't given up on life and still had plenty of motivation so that the illness was not the end of the world for me.

The panel looked at my intelligence in understanding the insight and severity, but the psychiatrist again said this could be severely reduced. So my appeal to get off the section was doubted along these lines. I tried to explain I had insight during the crisis times but given the severity of the symptoms it was questioned how far this went. I had much initial disagreement with my new psychiatrist about this but eventually he accepted this point more so.

My writing was based on getting across what schizophrenia was like to the lay person which was a very difficult task as you cannot know what it is like unless you have had it yourself. I could demonstrate I understood the severity of what was happening to me and could explain the best coping strategies I had

found for dealing with it. These made sense to the panel but were not enough to get rid of the symptoms so it was thought I should stay in hospital.

I pointed out that previously I had been a voluntary patient for a year in a different hospital so even with my severe symptoms they didn't lock me up. All that time I could understand the need to be in hospital and didn't try to escape. I tried to get across the point that I knew I had schizophrenia and was compliant with the medication and the unusually long stay I had been undergoing. Nothing had really changed with the new section and if I thought it would have helped, I would have been compliant with it.

I did most of the talking and not my lawyer which further gave the impression I knew what was happening to me and its severity. I could articulate it well from what I remembered but unfortunately there were bits I missed so my lawyer still had to step in. Again, this may have gone against my appeal, and I should have made a list of everything I needed to say before going up in front of the panel.

The independent psychiatrist supported my appeal. It was noted that I was dressed smartly in spite of the serious symptoms and could talk about the symptoms coherently. I told him the symptoms I was experiencing made me very ill, but I still wanted to be let out. I was able to make clear to him looking back on these night-time episodes and could gauge that I could come through them even when out of hospital.

I felt the timing of the appeal was very good. Initially for one month and the next at six months. Anything longer than that and I would be completely sick of the hospital environment. Having to wait the next six months under section was going to take its toll on my mental health and I may end up with depression as well. Appealing again in a weakened emotional state would have been much more difficult.

The reports of the nurses and social workers were excellently written and provided much relevant material. My lawyer was also very good and supported me in a way that matched the nursing and social workers reports. This was essential as it was difficult to talk about everything when put on the spot. Even so I knew enough to be able to talk about most of it so was able to get my point across that I knew what was happening to me.

I felt these reports got across what was happening very well in terms of the severity of the experience even though you cannot truly know this unless you have had it yourself. They also had a good grasp of my need to get off the ward and even my argument about getting back home was acknowledged. It was just as members of the caring professions they could take any risks with me by removing the section.

I felt I was right about wanting to be let out but with such severe symptoms there was no way they would let me. Yet eventually they got used to me handling the condition and I was allowed out with the paranoia. It wasn't thought I was in any danger, but that realisation took a lot of time given what was happening. It was a very gradual process as they could see that I had ways of hanging in there and getting through the problem which otherwise would have made things even worse.

What emerged was that usually in the morning if I had been ill the night before the symptoms had worn off. All I had to do was get back to sleep which was very possible being on clozapine which was the most powerful sedative. It proved correct that it didn't matter where I was even though when extremely

difficult. I had crashed out with the exhaustion. It had not caused a nervous breakdown and I hadn't snapped with it which eventually went in my favour.

The section was lifted two weeks after the appeal even with the same symptoms, so it was no wonder the panel was split. Instead of not being allowed out because of the severe times the doctors had got use to them and didn't think I was in any danger. This is what I had tried to tell them in the first place. Unfortunately, things were so severe some of them weren't going to take the risk of letting me go home all at once and so my place on the ward was being kept if I needed it.

They couldn't keep me in there forever and as with any schizophrenia there was the possibility of relapse. then I would have to get help myself. Although relapse is a common problem with schizophrenia and even though the symptoms were so severe with any potential relapse, they had to let me out at some point. Thankfully being let out of the hospital meant things were less stressful and I was able to cope better. In the end I didn't have to be readmitted.

All the same I had regular meetings with the psychiatrist and community psychiatric nurse, and it was also thought that the staff at the project I was living in could keep everything well enough. My family checking on me was another factor. Also having been trialled on the best drugs I think it was thought these were really working only so far so this observation was very important in my case. A relapse with these symptoms could have been serious.

So, although I had been released off the section and my point about it didn't matter where I was enduring these symptoms, they kept a close eye on me. Eventually the psychiatrist who opposed my appeal began to trust my judgment with this and if things started to get worse again it didn't mean another section. Overtime the need for constant checking on me was reduced and relations with my psychiatrist became more relaxed.

In particular, I had been a voluntary patient for a whole year under a different hospital and doctor and it was noted if I needed to be in hospital, I could ask to be admitted myself. Much later this happened and I asked to be so admitted and it was thought I could judge the severity of things myself even though my level of insight was varying at these times. Then they began to take my opinion very seriously and the necessity of being sectioned was greatly reduced, though not completely avoided.

This included my opinions on whether I felt the medications were working as well as they might. At one point I was taken off even the clozapine due to the side effects it was having but I asked to go back on it as the symptoms were getting worse. My opinion was acknowledged, and I asked to go into hospital to manage the transition. This was accepted and they kept me in for three weeks until the drug has a chance to take effect. Everything worked out and I was discharged.

What the problem then became was that I was eventually transferred to a new psychiatrist and all this history and understanding was lost, albeit some of it in my case notes. The worry then became if the symptoms started to get on top of me again, I would be required to go back into hospital, even if I explained it might just make things worse. Schizophrenia is prone to relapse, so this was a constant worry.

I tried to explain it all to my new community psychiatric nurse who was very supportive of my opinions, and she understood what had happened very well. She was able to spend more time with me than the psychiatrist and could pass it all on to the doctor and put it in my case notes. That meant any change of CPN could refer back to this and take it into account. All the same with a new nurse you had to start again explaining it all and if visibly suffering the same problems of being sectioned would arise again. Eventually the situation of relapse happened and the CPN who was assigned to me when I got out of hospital saw I started panicking about the paranoia. At this point once again, I was given some Valium to calm me down but this time it worked. The CPN recommended I should be admitted and this time the insight I had was enough to agree to this. Fortunately, this episode passed again soon and there was no need for sectioning. The psychiatrist duly noted I had gone along with the advice.

If all this had been noted by the appeals panel, I think what I had to say would have been more believable to them as the level of insight would have been seen to be enough. At that time some of the panel were convinced by my descriptions of what was happening. This together with the changing professional perceptions of my psychiatrist and nursing help would have been a lot more evidence to consider, even in spite of opposition from my family.

To do this it was important to tell as much as possible and to be as open and honest about the severity. This included any suicidal thoughts or feelings I might have had. It was important for the psychiatrist to know how I was coping with the most severe times and how it was affecting my daily functioning and self-care. The nurse explained to me that families worry unduly but as they know you best their opinion was still very important.

It was noted that most of the time the illness was manifest as a continual paranoid anxiety which didn't require inpatient treatment. Yet that once again it was going into crisis. As I had already been discharged from hospital while still experiencing this it was thought that if I needed help, I would be in a position to ask for this. All the same I was placed under much supervision from services in case my insight deteriorated too much.

By this point even during a crisis episode I wasn't thought to be in any danger as all that it meant was, I would be hiding and trapped in my room. The medical perception had changed, and I was not in any danger from wandering the roads to taking an overdose. This was partly learned through experience with me by conversations I had with my CPN about what was happening to me with going up and down and partly through the demonstrable insight I had in questioning them.

This was reconfirmed by going to see a specialist in cognitive behavioural therapy and we worked on ways of testing out the beliefs I had about 9/11 and the CIA. I was able to tell him that sometimes I wondered that if the neighbours were spying on me and passing information back why hadn't I been assassinated by them. This realisation turned out to be only periodic, but it did turn out to clam me down so far and I tried to remember about it during a crisis.

The problem was at these times that the fear was so uppermost in my mind that thinking about anything else was very difficult. Using it to be distracted from the psychoses was going to be very difficult as the

terror was mind numbing and was too weakened to confront the terror at these times. All the same the thought did occur to me when watching what was happening with the voices and delusions and this helped take the edge off things a bit, though again not enough for the psychiatrists.

Later in my psychiatric history I was shown new treatments and strategies for dealing with the psychoses including compassion focused therapy. It was explained that compassion could soothe the effects of emotional pain and fear caused by the schizophrenia. This would make it more bearable, and I began to wonder if it might have stopped the screaming which was so visible as the reason for my section. All the same I would still be having the delusional thoughts about the CIA so it might have been usefully combined with the CBT.

If I was able to stop the emotional override and mind-numbing fear during an episode, I might have been coherent enough to think about the questions that the cognitive therapist had discussed with me. Depending on how much increased insight was possible here I might have had the added strength to deal with the fear more. Then through supported graded exposure I could build up to tackling the worst times head on so I could get off to sleep a lot easier on the sedatives.

The problem with the compassion therapy was that it opened the door to having to take responsibility for 9/11 which could have made me suicidal. I would have to be prepared to accept whatever the punishment the CIA was going to inflict on me and so suicide was a way of avoiding tortured. Even with this thought and the possibility of soothing the suicidal pain I still didn't have the strength to go through it. So again, I wasn't a real danger to myself in spite of the perceived risk here noted by the psychiatrists.

At this point another problem emerged with learning to being compassionate in that there were certain psychological traits that stopped form developing it. This has been developed at length in an article on Schizophrenia, losers and compassion focused therapy by Mark Ellerby published in the journal Psychosis by Taylor and Francis 2014. Yet if it had been possible the most visible signs of the suffering would have been eased and these were the reasons for the section.

Once I got out of hospital, I was discharged into a mental health project and having got used to the communal living on the mental health project I found this very congenial. It helped a lot with the constant anxiety that I might relapse and have to be readmitted. The psychiatrist noted this development, and I reassured him that things were getting back to normal with the stress induced schizophrenia and it once again it reduced the risk of being sectioned with a relapse.

All the same the paranoia about the neighbours spying on me and passing information back had not gone away and I was afraid to go out. This time it was easier to hide than run but this was still viewed by the doctors as a condition of severity. so once again I was under close supervision as the confines were concentrating my mind on the voices. This may have triggered another relapse but in time I was helped through supported graded exposure and eventually I was able to go out fi someone came with me.

This led to being more able to cope in extreme situations of fear so when I went back into crisis, I was more able to use courage to deal with things. The problem was that the symptoms about the CIA were going to torture me were so frightening this took a lot of practice but taking one step at a time I began to

make some progress with it. That helped me keep a lid on things, so I didn't completely flip out when the delusions struck me though it was still terrifying none the less.

I needed help with going out and that meant coexisting with the fear of people passing information back to the CIA about me. Then during a crisis episode, I could try the same thing at home and if necessary, when being around people on the ward. Either way I could stop screaming and the need to be in hospital or away from it would be less visible. I only had to endure it until the clozapine kicked in which didn't take long so the experience was a bit more manageable.

In the end by using these techniques and being able to be at home instead of hospital it has meant I have not had an admission for fifteen years, though at certain points I have come close to being readmitted. My psychiatrist was much more convinced over this time period that I could judge what to do with a crisis whether that means I want to be admitted or stayed at home and has been very interested in my writing on this subject. I now feel listened to which has reassured me greatly about being sectioned again.

Conclusion

Looking back, I could see the concerns about being let out of hospital that the psychiatrists had with me. This given all the different ways the illness looked so serious and placing myself in their shoes I would have acted as they did too. But that is looking back. At the time things were so severe that getting out and back home would have helped the suffering I was going through to the point any alleviation of it would have been worth the risk. Yet this was something the system could never allow.