

**DIGNITY
AND AUTHENTICITY: THE MHO ROLE AND MY RIGHTS**

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Hello everyone

Thank you so much for having me here to talk with you today – I had better give some explanation and introduction before I launch into my talk. My name is Graham Morgan; in my normal working life I work for the Mental Welfare Commission but at the moment I am speaking in a personal capacity and later today as a member of the Scott Review. I used to work in collective advocacy helping people like me speak out for what might be called justice. For the last two years I have been the joint vice chair of the Scottish Review into mental health legislation. Today I am talking in none of those roles, just as me, someone with a diagnosis of schizophrenia who has been on a CTO for the last twelve years or so and who is a part time writer, a not quite father to two lovely children and partner to Wendy, who gives me a joy I once did not know I could experience.

I have two themes I want to talk on today, they are also some of the themes of the Scott Review and I am sure will be the subject of debate by people far more clever than me for years to come. These themes are dignity and authenticity. I am not entirely sure what they mean but will explain that more later and will hastily say that when I talk about authenticity today it is not in the sense of the authenticity or voluntariness with which people like me come to make decisions but more the way in which we interact with each other.

Before I relax into what I really want to say I will also mention that somewhere in my box of papers is the paperwork for my next tribunal; I think it is due sometime in March and I think I really should read through it soon, but I don't want to, just as I didn't want to read through the determination to extend my CTO.

The essence of all human rights legislation is the basic dignity of every human being; that is what underpins it and makes it so wonderful; not dignity in you have to earn it but dignity in that we all have the right to dignity and have a series of rights built around us to preserve that dignity whoever we are, and whatever we have done. We do not have to do anything to have our rights and we do not have to act responsibly to retain our rights though they can be restricted and some rights have a degree more status than others.

As far as I know each one of you have, at the core of your work, the preservation and the explanation of the rights that people like me have when our freedom and autonomy is taken away.

I have such mixed feelings about my freedom and my ability to decide on my treatment and equally mixed feelings about my dignity and the various conflicting rights that apply to me. I do not agree that I have schizophrenia but at the same time

I do and cling to the hope that that explanation, rooted in illness, is an explanation of the precarious hold I sometimes have on life. I hope it means that I do not have to face up to the beliefs I have about what I really am and which, when I stop taking my medication, make me determined to die despite the wonder that my life contains.

Dignity is something we all think we know, somehow we think we know how to treat someone with dignity and know how to preserve that dignity but it is a word that the more you repeat it the less meaning it seems to have.

When my tribunal comes I will lose my dignity, not because of the oppressive behaviour of the panel or my MHO or my psychiatrist and not because of my own behaviour but because dignity is so hard to preserve in such fraught situations. It will be an interview on the phone, I cannot imagine how that will work; somehow three people; strangers, will quiz me down the phone and if it is like all past occasions, they will commune together and decide that for the next two years they can restrict how I live and decide how I will be treated.

My innermost life will be up for examination; my most shameful moments. Facts will be passed around and if it is like any other occasion some of those facts will be wrong. There will be an earnest attempt to obtain my opinions and my partners opinions and yet I will feel small and alone and I know I will say things that make my legs shake and my voice quiver and I know I will be thinking of anything I can that stops me realising where I am and what is happening and I will also know that everyone will be wanting what they think is the best for me.

I will be exhausted afterwards. I will want to cry and I will want to speak but I will say nothing much at all. If we are lucky and do not have the children that night we will escape to an air B&B to get away from the seriousness of the day because unlike most people subject to these processes we have enough money for us to have a nice meal and for me to drink too much whisky. For a number of days I will be out of sorts and wanting my own company.

I hate these times of year and I hate all that it says about me and my life but sometimes there are likely to be hints of liveliness at my tribunal when Wendy will make a joke or dash the dog walk into the room feeling bored of looking out the window at the neighbouring cats.

Many people would say that the tribunal to come is all about preserving my dignity, that without my medication and the intervention of the state I would no longer be able to work, probably no longer in the relationship and family that have made the last eight years shine with delight. Not only that but I would struggle to speak or to delight in the day and instead would find myself on a precarious cliff of the despair that those that love me fear that I will ever reach again.

And me, I think I agree with that but at the same time I so yearn not to be seen as ill, not to have to see people such as you, not to have to feel the jag of the needle every two weeks, not to wonder if my sometimes blunted bleak life, so far from spontaneity and creativity is actually not a result of my illness but a consequence of the medication I continue to say I do not want to take.

I am very, very, used to the leaflets and explanations of what I am entitled to at these times and I am also very used to the reality of my life when I am in hospital.

I am going to say something I am sure that you all know. When I am in hospital my every waking thought is about dying and harming myself. I tend to be trying to persuade the people there that I am so toxic that when I am dead I need contained in the equivalent of a nuclear storage facility to stop the emanations from me that cause global warming and contribute to covid and the coming destruction of all that is good by people like me.

At such times I can still take in information, I know what it means when I am told I cannot leave a ward, or when I am put on one to one observations. I know what a tribunal, an advance statement and an advocate is and I know what a section is but and it is a huge 'but'; it feels totally irrelevant and unnecessary to me: to me the world is falling apart and someone is trying to tell me about my rights?

Why on earth would I want to listen to them at that point or any other? It is like I have been thrown out of a car and am lying bloodied and dying on the road and some passer by is asking if I would like a read of the newspaper that they happen to be carrying.

I am of course not telling you not to tell us our rights and they can be especially important to those of us bewildered, taken into hospital by the police for the first time, unsure what a psychiatrist is and never having heard of an MHO before but I would return to the theme of this talk – dignity – you may not be able to give me a leaflet about dignity but you can preserve my dignity and uphold it in tiny ways that I might remember.

There are many small moments that have struck me and made me feel cared for and respected; made me feel that people are looking out for me even when I do not want them to.

I will mention just a few; the weight of my key nurse when she sat on the bed besides me over those months and we would talk, or more, she would talk and I would feel connected and treasured, just the proximity of her to me and the sense that she was doing more than a job; that I was more than a patient; someone who once had hopes and dreams and wonder in his life.

Or those days when I felt so humiliated having to go to the toilet with whoever was on obs staring at me, there was one nurse who would draw the door as close to closed as she could and while she was watching me obliquely, was showing me that she was trying not to stare at me. She became the one whose shift I waited for before using the loo.

My MHO who came to assess me for something or other and found me with a bunch of visitors and said it was far more important for me to enjoy the company I had and that she would see me the next day instead. The same MHO who went to the trouble of getting my paper work from when I was first admitted to hospital in Edinburgh and was, to my astonishment, able to tell me that all those years ago I had also been sectioned then, when I had had no idea that I had been.

The student nurse who sat with me at three in the morning and listened to me saying how much better off my son would be when I died, that he might find some happiness with me gone; who was able to talk to me about what it had felt like to her when she was a child and her mum too was suicidal. There was something so tender and respectful in her voice and that challenge, that wake up call so helpful, even if I couldn't listen to it.

The physio therapy assistant who got me giggling so much when later in my last stay I had been allowed out for a walk with her and how we had got lost in the woods so that we were hopelessly over the permitted time I was allowed off the ward. Just giggling about who would be in more trouble when we returned.

Moments when you can giggle, or feel the wind on your face, grass under your feet these are all about dignity and respect. I remember many, many, times when giggling was the last thing on my mind and when dignity seemed ripped away from me but I do remember those people who broke through the barriers of professionalism and made me feel treasured and valuable; who made me feel that there might be a chance life might get better; that the grief of losing all contact with my son might not weigh so heavily as it did at the time.

And this is the time, nearing the end of my talk, when I bring in authenticity. I am not too sure what it is but I like it, maybe something about truth perhaps or being true to yourself and the people around you.

I do not think authenticity is the same as honesty as honesty can be devastatingly brutal and damaging and I do not mean that weird appearance of care some of us have. I am sure you will know it: a head cocked just a little to the side, a half-smile on the face, all the appearance of listening to your views and feelings but non-committal; neither denying nor agreeing with what seems to be the nonsense people like me say.

I can see why people do it; being non-threatening and open and so on is great but it can also feel like an assault; a nothing you say will surprise me or shock me but also nothing you say will move me, make me feel for you. I struggle with that hugely. How do you become authentic with people like me in a good way when much of your role is perhaps geared to something impossible; where you need distance and objectivity whilst appearing to show something else?

At my most vulnerable I need to feel liked and valued. I need my own self hatred not to be confirmed by the small actions of the professionals around me and how do we create the balance?

I am acutely conscious that however much people like you know about me, whatever moments of vulnerability and need I share with people like you and however much I might think you care for me and like me that it would be unheard of me to go to dinner with my MHO's family, or to share a drink with her in the pub, or meet up on the weekend for a walk with the dogs.

I have met workers how have managed that balance. I remember a CPN I had for a number of years who we knew looked forward to coming to my house to give me my

jag. It took me ages to trust her but for maybe the six months before she left to another job, I felt able to both confide in her and participate in the discussions she had with my partner about spa days or the with the children about Disney land. She was authentic, she saw beyond me and the situation we were in, to me as an individual. She was sharing some of her life with me and though her actions were all about me retaining my hopes and my dreams, there was never a moment where that was made obvious and I was relegated to the role of the helped and helpless person.

I don't know if this has been interesting to you. I hope it has, I can send a copy of this speech to you if you wish and if you are especially keen there should be an article by me on a similar theme in Mental Health Today at the moment. I hope you have a lovely conference and I look forward to seeing some of you in some of the workshops.