

“This letter was emailed to The Chief Executives of NHS Wales and NHS Scotland on 17.05.2024.”



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Dear Caroline Lamb/Judith Paget,

I am hopeful that you have already engaged with the material attached to the first email of this thread (the initial delivery and handover of the crisis in question: no regulated dual-diagnosis treatment, care and recovery pathway, as delivered on 1st May 2024). I am not certain anybody has picked this up and moved with it because no one is responding to emails yet, not even parliament, and it has now been over two full weeks since the formal handover of this crisis took place.

I am forwarding [the communication sent to Amanda Pritchard, Chief Executive of NHS England](#), for one reason, I cannot keep writing the same thing, and there is much that is important for you to know in the email. I have been hounding the NHS for close to 5 years now (4 in writing), and something has to change for the patient before my world can be restored to what it was before NHS-negligence-by-proxy ended my young, beautiful life as I knew it. *I have had years stolen from me.* It took three family members [REDACTED] during the years of deliberate NHS negligence, and the damages resulting directly from the total abandonment of a patient's medical needs, well, they are abhorrent and must come to be counted, remedied, and avoided by NHS UK in the future.

In the end, the only reason many NHS staff members did their jobs is because I had to force them to do it by scaring them with ultimate consequences. Half of the time, staff did not believe that I would follow through with my 'promises' (I never make threats, they are empty, I always tell people what I will do, but they never trust I have the gall or guts) and they still broke the law (in full awareness and after fair warning). To me (and The Justice System, I feel certain), they are criminals, and their imprisonment and loss of medical licences is all that I will feel to be justice; it may take years, I do not care. These 'professionals' knew exactly what they were doing and they did not care for the patient's wellness, safety or medical truth, as the evidence can reveal instantly.

Alas, after 5 years of staring death in the face and fighting like hell, I am scared of nothing. I lost it all already, even my health and capacity to work. So yes, I am ready to battle to the death, not of any human, but to fight to kill the cold, heartless system that is fully harming vulnerable clients of The State, as well as their carers. I have been writing letters for over 4 years now, I am well practiced, and the next collective of recipients will be The United Nations and UK Human Rights Organisations, who I feel will be interested in the evidenced and visible breaches of human rights legislation, even more so, should zero safeguarding measures be taken by the NHS and the government herein.

In truth, I live on the hope that the NHS will respond with action, and determine to meet the needs of a vulnerable group within the realms of regulated, safe, ethical practice. The risk to life is too great to ignore, Madam, and with your staff now potentially discharging unsafely, and within *your realm* of full

awareness, well, I trust you see your own duty of care here and I do not need to be crass about it. I do not know you and I can appreciate this is out of the blue, but for me, it is the conclusion to a long, harsh war, fought, but not yet one, *for my loved one is still being treated unsafely and unethically in an unsuitable, underqualified paradigm*; is there anything *not* negligent about that? Can the same not be said for the rest of the dual-diagnostic patient demographic in the UK who dwell in the unknown waters of unregulated practice, as they struggle for breath and drown before their loved ones' eyes? *That* is the consequence to zero NHS intervention, which one would expect to begin with a plan of similar strength to, [The Manifesto](#) (see email at the beginning of this thread, sent to parliament and NHS Chief Executives, which is now formally readdressed to you).

Should you speak with Ms Pritchard, I feel certain she will confirm, having hopefully engaged with the material on the RIO entry system, that a number of Human Rights violations have occurred for the patient and family, and for that, I seek ultimate justice, and I will not stop until I do. This must be known, for I will not disappear, just ask ██████████ NHS Foundation Trust, who spent years ignoring me, thinking that was an okay thing to do... *imagine how they must feel once justice comes to meet them where they stand... in ignorance, an unsafe perspective, and a criminally negligent paradigm*. Other professionals stand there too, I will find their victims eventually, and this will all come raining down. *It is up to the NHS whether it rains down with more injuries, damages, and lives lost, or just with the injuries of ██████████*.

The way I see it, the NHS could be seen to be responsive to the crisis after being enlightened to it, via, [Manifesto for Change: Dual-Diagnosis and Disparity](#). Or, Chief Executives and Governing Boards can ignore me too (just like the last NHS Chief Executive I asked for such help from did; *who knows what will happen to his career once this all comes to light*), and thus ignore an entire vulnerable groups' medical needs, and therefore, their Human Rights to safety, health, treatment, dignity, independence, and more (*there's always more*). There can be no other reason than ignorance, prejudice, bias and stigma deciding the fates of roughly 80% of acute ward psychiatric inpatients, those known to have the comorbid diagnosis in focus (remember, A&E will be turning patients away at the glance of a blood test result because of their harmful prejudices too, so the numbers are almost certainly higher). 80%, that's a lot of patient needs to ignore, a heck of a lot. And so, when I ask you to help, I am also asking who you now choose to be, a professional who clings to the lies told through stories of the past... or a revolutionary who sees truth, science, *reality*, and chooses to fight for the law to be upheld for ALL of those they have a duty of care to see healed and recovered from life's darknesses?

Science can attest to the neurological, physiological, genetic nature of addiction, when that diagnosis comes with a primary disorder of psychosis, PTSD, depression, bipolar, or even acute anxiety, then dual-diagnosis becomes treatable under The Mental Health Act, it has been that way since 1983 (who knew, *definitely parliament*, did you too?). To deny the right to a dual-diagnosis treatment pathway is to deny lawful outcomes for around 4/5 of patients admitted into Mental Health Trusts for treatment and care (including as an outpatient, a client of The State who has the same right to a treatment outcome of stable, sustainable, long-term recovery from dual-diagnosis). My case is no isolated incident, as is confirmed by the huge numbers of carers making complaints, calling for help, all while being ignored, just like my family were.

This problem will continue to grow, it will not shrink, and I do feel, vehemently, that my job as advocate should be done. I suppose, as usual, *that is up to the NHS!* My life is in your hands now, and it cannot

take much more ruin, for there may already be no path back to full health for me, what with there being zero proven-to-be-effective treatment, care and recovery support pathways for my loved one (or me, apparently). In such a way, my own Human Rights have been violated, as I was forced to endure the literal torture of watching a family member decline and inch towards death (unnecessarily and avoidably), when all they needed was to be safely detained and treated for dual-diagnosis ([REDACTED]). [REDACTED], and no practitioner has yet impressed me with their comprehension of their comorbidity, or capacity to [REDACTED] treat the patient. I do feel that every professional, to date, has been supremely unqualified to do the job safely, ethically, and thus, *lawfully*.

I hope this can all change, for my family, as well as the other, potentially thousands of patients, waiting for this necessary, life-saving, *already legislated* treatment, care and recovery support pathway to come to full fruition. Please note, the patient I write for is a client of NHS England, but according to the CQC, neither NHS Wales or NHS Scotland have regulated Dual-Diagnosis pathways either. This is a UK mental health complex treatment and care crisis, one both parliament and the NHS are contracted to resolve, *if* they are to avoid further loss of life and sanity. I do hope the handover is soon acknowledged and taken as seriously as it must be. Lives must come to be counted soon too, of those already disabled and left to die by a negligently practicing NHS system.

I have the evidence backing up my claims, I will encourage the public to stock pile their evidence too, because these stories matter and must come to be told. Moreover, thinking ahead, to not empower the public to ask for newly arriving, accessible, life-saving help (when it finally arrives), it is akin to the negligence I have already witnessed (some of which would count as Gross-Negligent Manslaughter, had the outcome been 'death' instead of 'damage'), and I do expect to see the public enabled towards the safeguarding of their poorly loved ones in due course (perhaps in the same fashion as the fear-mongering Covid new reports).

Many parents, siblings, adult children, and perhaps even infants, are witnessing terrifying declines into psychotic illness and dual-diagnosis, which NHS responsible clinicians refuse to treat safely because of their own prejudice and bias. I have not once seen treatment refused because data accessed via clinical assessment and thorough diagnostic procedure thought it the right call. *It has always been negligence, prejudice, and perhaps laziness.* When A&E staff see a positive drug test in any patient, many just move straight to discharge. They, evidentially, do not care why 999 was called or what was happening to their patient in the family home or the community, and these unsafe discharges will need to be counted too, with the public's help. This is the pattern, many do not even make it onto the acute wards, meaning the statistics could be far worse than I fear. Potential deaths could be in their thousands eventually, something we can prove once family's learn how to record everything in real time, which I have already started teaching them to do via the website, Anamaria.org. [see [free letter templates](#) here, in the 'free chapter downloads' section].

I am as determined as I was on the day I set out on this journey, back in 2020 when I asked for a referral to a dual-diagnosis pathway (in writing). Here we sit in 2024, as I come to realise I was lied to, regularly, *for there isn't one... is there???* I fought hard enough to know it, now it is time for NHS UK to admit to their failings and save the lives they have been failing to save, *for many years*. The rest doesn't matter, for now. I will chase the evidence after the people presently dying have their right to life fulfilled. Ultimately, I pray that senior leaders invite such knowledge about the services they are responsible for

managing, and I can only hope that you, and every other responsible party, delves into investigating everything fully, *transparently*, and with a public call for feedback from the carers most of all (and any patients in recovery from dual-diagnosis, *if there is one*).

Yours faithfully,

Ana Maria Santuario.

SENT
WITH LOVE

sanctuario post

UK SPECIAL
EDITION

DUAL-DIAGNOSIS AND DISPARITY

A CRIMINAL ACT OF PARLIAMENT?

SINCE 1983, THE MENTAL HEALTH ACT HAS STIPULATED THAT ‘MEDICAL TREATMENT FOR [A] MENTAL DISORDER UNDER THE ACT (INCLUDING TREATMENT WITH CONSENT) CAN INCLUDE MEASURES TO ADDRESS ALCOHOL OR DRUG DEPENDENCE...

Since 1983, dual-diagnosis patients should have been saved, or at least enabled towards saving themselves. To this day, a time when The Mental Health Act (1983) is under reform, no regulated treatment pathway has been created and funded for this demographic; no medical speciality has been encouraged by the NHS or parliament.

It has been confirmed by a number of NHS Foundation Trusts that they do not have an in-house dual-diagnosis expert. Presently, a clinical nurse is the highest ranking member of a small team I have learned of, made up of approximately 10 members of staff; they attempt to treat dual-diagnosis across ALL of SE London. I do not know of another team who are fighting ‘from the inside’ for ethical treatment and care for this demographic. What is particularly frightening and inhumane, is that approximately 80% of all psychiatric-related admittances are for Clients of The State who have dual-diagnosis (meaning a treatable mental health condition AND addiction, another genetic, neurological, mental health disorder). With no ethical, likely-to-be-successful treatment and care pathway in place, no regulated complex recovery route either, it is likely that not one single dual-diagnosis patient has ever seen their Right to Life and a safe discharge upheld since it became a legislated patient right of our country people, *over 40 years ago*. How many have been left to die? How many have been trapped in grief because they were forced to watch their loved one being tortured to death by their own insides? How many did parliament abandon? Was there any reason other than prejudice, that we can discern of, for the total abandonment of a medical demographic of vulnerable human beings?



READ ALL ABOUT IT: FREE TO DOWNLOAD AT FAITHINCHANGE.COM
MANIFESTO FOR CHANGE: DUAL-DIAGNOSIS AND DISPARITY

SIGN THE PETITION FOR EQUALITY:

Petitions are the only way to speak in our masses. Let us tell parliament that this inequality, which threatens 80% of acute psychiatric ward inpatients, is utterly unacceptable. The law is the law. No excuses welcome! Please sign at AnaMaria.Org.

REPORT AN UNSAFE DISCHARGE:

When the NHS discharge one, one should be in a form of long-term recovery, and that means for one's mental health too! Should you have been discharged before you felt well again, you were likely discharged unsafely. Report it today!

REPORT AN UNSAFE PERSON:

Many who need treatment and care are being abandoned by the NHS; many who have a mental health disorder are left to a life of perpetual decline and never given the treatment they are lawfully owed, that which will return them to a quality of life acceptable under the Human Rights Act (1998). Should you observe a member of the community to be trapped in a state of unbearable suffering, report the situation to parliament today, with our help!

@ ANAMARIA.ORG

We are collecting data, without apology. Many make formal complaints to the NHS, complaints that go absolutely nowhere. Who is counting the damages? Who is keeping an eye on the consequences of underfunding, excessive ward and hospital closures, over-population, and the deprioritised mental health crisis? Well, we are now!

We cannot help everyone today, but we are able to build towards collective-action law suits, to call for parliamentary inquiries, and to find justice in the legal system for unsafe discharges, misdiagnosis, mistreatment, and other cases of common negligence. Your anonymity is always protected and preserved, do rest assured, *you* are our priority.

Note that every report will be sent to 8 senior members of parliament and the Chief Executives of NHS England & Northern Ireland, Scotland and Wales, the ultimate accountable parties. Let them save the lives that they are contracted and paid to save!

LET REALITY RAIN DOWN AND BRING THE STORMS WITH IT!