

“This letter was emailed to The Prime Minister on 14.05.2024, 2 weeks after initial notification of the crisis. It was also sent by Royal Mail on 16.05.2024.”



Dear Prime Minister of the UK, The Right Honourable Rishi Sunak,

I write to inform you of the recent crisis handover made to Amanda Pritchard, Chief Executive of NHS England (please see the email forwarded below, as sent on 12th May 2024). A more precise handover will be delivered later this week to the Chief Executives of NHS Scotland and NHS Wales, Caroline Lamb and Judith Paget.

I am writing directly to you for one reason, [on the NHS England website it is written](#) that The Prime Minister of the United Kingdom is responsible for deciding, ‘...how much money [the government] gives to the NHS. The Government also decides on top-level priority setting.’ I do not know whether the NHS requires your approval to turn The Dual-Diagnosis Treatment, Care and Recovery Support Crisis into a priority, but as you will surely comprehend, without an ethical and regulated treatment pathway, many discharging consultants and responsible clinicians will be knowingly breaking the law, determinably, and in full awareness, soon enough. Although, as we see it, and perhaps the courts will one day too, NHS Chief Executives are culpable since 10th May 2024 onwards.

Should the NHS Chief Executives alert their staff towards their professional common negligence and normalised lawbreaking, with regard to unsafe discharges of dual-diagnosis patients, patients presently left without comprehensive and likely to be successful treatment, at least responsible clinicians can be safeguarded and redirected towards practicing safely. In such a way, they are instantly protected from being named in the collective action lawsuit (at least on the count of practicing unethically while *in full awareness*). Practicing consultants, psychologists and nurses must surely receive a Cease and Desist Order with regard to any further unsafe discharges of dual-diagnosis patients, at least until comprehensive treatment can be offered and provided in full, and to the point of a sound recovery for such a high volume of complex psychiatric inpatients (and mental health outpatients, who may have a milder, less complicated form of dual-diagnosis).

Clinicians ignoring the dangers, risks to life, and to the community, well, that is most of what I have witnessed happening while under the care of **censored** NHS Foundation Trust, as the evidence will show in due course. I know we are not alone in our abandonment and acute pain, endured and survived as a tight-knit family. *This really is a crisis, just one smothered by red tape.* It is known that over 2000 patients survive in the community with [a formal diagnosis of psychosis] in my London Borough alone, should statistics be believed, potentially 80% of them will have dual-diagnosis, likely because they learned to self-medicate in lieu of any truly effective treatment and lawful outcome of long-term recovery. However, the introduction of dual-diagnosis treatment must extend beyond the realms of [psychiatric] illness paradigms. As laid out in The Mental Health Act (1983), ‘Medical treatment for mental disorder under The Act (including treatment with consent) can include measures to address alcohol or drug dependence if that is an appropriate part of treating the mental disorder which is the

primary focus of the treatment.' *When is it not? That's the question here really, is it not?*

Therefore, as legislated, when mental health disorders such as, PTSD, chronic depression, bipolar, and more, *present alongside addiction*, and the primary disorder cannot be treated effectively without the addiction being treated simultaneously (*again, when is that not the most ethical move?*), the patient will often need a complex treatment pathway to reach recovery. Perhaps not as complex and comprehensive a pathway as the one presented to you in, [Manifesto for Change: Dual-Diagnosis and Disparity](#), but still, a complex pathway nonetheless. In such a case as 80% of those 2000 patients diagnosed with [psychosis] presenting with dual-diagnosis, or even just 50% of them, well, you can see why it amounts to a national level crisis, good Sir.

I will wait as patiently as I can for the nation's intervention. I aim to write to all UK GPs and international teams of researching psychiatrists by the end of this week, to bring them into the realms of full awareness too. The patients need everybody to be in this together, and there is no time to waste while human life is the thing at stake. So, while you all decide what you will do, I will continue contacting anybody that I can, to make sure there are people ready to problem solve, ready to build new ethical medical paradigms that treat dual-diagnosis patients safety and into a legitimate, regulated, *protected* form of recovery.

In good faith, I hope to hear from Parliament regarding their full intentions soon. I also pray to see the public enabled towards the safeguarding of their poorly loved ones, those they are not duty and honour bound to save. That, Your Right Honourable Gentleman, is up to parliament and the NHS combined, as I hope you will agree.

Yours faithfully,

Ana Maria Santuario.

p.s. Please know that I only write in the manner that I do, *firmly*, because I have seen the sea of the dead and the dying, and it is who they need me to become today, and I make no apologies for that. Moreover, please consider the formal handover, emailed to every member of parliament on 1st May 2024, as officially re-delivered directly to you this day (see the first email of all forwarded for your specific attention).

INEQUALITY

FOR PSYCHIATRIC INPATIENTS

ARE YOU BEING REFUSED AN EFFECTIVE NHS DUAL-DIAGNOSIS TREATMENT PATHWAY?

Dual-diagnosis is a specialist area of medical treatment and care, the term refers to an instance when a mental health disorder presents alongside, and is complicated by, the additional diagnosis of addiction. There have only been two nurses I've met in 5 years that have had any specialist training in dual-diagnosis treatment provision. Both were seconded, during separate time periods, across South-East London as they attempted to reduce stigma, introduce fresh perspectives, and lead the way to change. It is not a high-impact position, as it is presently one man with a small team.



There is one hospital treating inpatients with dual-diagnosis under the Mental Health Act (1983) in all of the UK, it is called Sinoue Nightingale Hospital and it costs £20,000 a month. Moreover, they outright refuse to accept NHS funded referrals. *Inequality much?* Let's fight for our equality all over again, in a world already moved on from legislation created back in 1983, and sometimes even in 2020, since knowledge evolves so quickly these days. It must be understood that approximately 80% of acute psychiatric ward admittances are for patients with dual-diagnosis. Without a specialist treatment pathway offered by experts in the field, those with success stories behind them, these 80% of patients will never, not once, see their right to a safe discharge upheld.

READ ALL ABOUT IT:

FREE TO DOWNLOAD AT [FAITHINCHANGE.COM](https://www.faithinchange.com)

A 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!