

FITNESS TO PRACTICE AND FITNESS TO REGULATE

Summary

Hagen (1997) published a book 'Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice' and Wrennel (2010) an article 'Surveillance and Child Protection: De-mystifying the Trojan Horse' suggesting that invalid testimony of mental health professionals can feed injustices. This poster outlines shenanigans that reinforce these concerns, link to public safety risks and illustrate how HCPC processes can be misused to persecute whistle-blowers.

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Background

In line with global trends the regulatory powers of the British Psychological Society (BPS) were usurped around 2009 by what is now called the Health & Care Professions Council (HCPC) which has a counterpart in the General Medical Council (GMC). These institutions are ostensibly 'set up to protect the public'. There are worrying signs that rather the opposite is the case i.e. that malpractice is tolerated and whistle-blowers persecuted.

In the light of persistent criticisms of 'Court Appointed Experts' Forensic Psychology Professor Jane Ireland was funded by the Family Justice Council to research the matter. Her initial summary report in 2012 received widespread media coverage:

<http://www.telegraph.co.uk/comment/columnists/christopherbooker/9150659/Dubious-experts-are-paid-to-tear-families-apart.html>

The report developed new methods and contained anonymised report snippets that prompted several 'experts' who had authored these to trump up a HCPC 'Fitness to Practice' concern against Prof Ireland. After 4 years of uncertainty she was cleared of all allegations in an intense 1 week hearing where she had an outstanding legal team:

<https://researchingreform.net/2016/06/20/breaking-author-of-expert-witness-report-cleared-of-wrongoing/>

This poster outlines a chilling case (Kurz, 2015) where a Chartered Psychologist, acting as a volunteer advocate, tried to bring to the attention of authorities malpractice of mental health professionals who seemingly covered up a toddler rape through misdiagnosis.

Clinical Psychologist Interview

The advocate was informed that a young mother had a 'final' interview in a 'Family Court' process triggered by her attempt to report a sexual assault on her toddler. Police, Social Services and several Psychiatrists had dismissed the mother's account that she had been instructed by police officers to delay reporting of any sexual assault by several weeks (ostensibly to facilitate an 'Undercover Police Operation' to nail the perpetrator for life). The Clinical Psychologist generously permitted the advocate to observe the 2.5h session where the mother was clear and coherent throughout indicating sexual abuse from birth to age 20 and describing being sexually abused as a toddler by a downstairs neighbour. The assault on her toddler was not covered. A few weeks later the mother disclosed that she had a baby at 13/14 that 'disappeared'. This incident (which she had disclosed at the outset of the case) was not covered in the interview either.

NHS Psychiatrist Compromise?

At the first support visit the mother made disconcerting disclosures that suggested the operation of an Organised Ritual Crime Abuse Network (ORCAN) shielded by 'professionals' in positions of authority. On a further visit the mother opened up about the first Psychiatrist she was made to see who tried to 'section' her. In the presence of another Psychiatrist and two social workers at her home he reportedly made self-incriminating statements:

- *I have been outside your family's house.*
- *I know your parents are into devil worship.*
- *It is nearly impossible to escape such a cult.*
- *I was told 'a baby is coming'.*
- *I was asked by a friend in the senior civil service to diagnose you as 'schizophrenic, schizoid and paranoid'. I know this is not the correct diagnosis but I will do as I am told.*
- *Do not expect me to remember that I said this, or that I would remember this in court.*

The disclosures tallied with numerous other disclosures of the mother concerning the untimely death of 6 adults in their prime of life, disappearance of 2 new born babies and alleged rape of 3 toddlers. Furthermore there were numerous irregularities in the authority processes. The advocate raised a complaint with the Council calling for the investigation and arrest of the parents of the mother. Neither the mother nor the advocate were interviewed. For one session only a different judge presided making a useful contribution by adding the toddler's father to the proceedings. The Psychiatrist was not asked to give oral evidence.

Misconduct & Ethics

The Legal Aid funded solicitor of the mother refused to challenge the reports of the mental health professionals and concealed medical as well as police records supporting the mother's account. A Deputy Leader of the Council agreed to a meeting with the advocate but then withdrew on the advice of the Legal Department. The presiding judge failed to take receipt of a statement from another Clinical Psychologist attesting 'severe childhood trauma'.

Against this background the advocate felt obliged by the BPS Code of Ethics to raise concerns about the 'professionals' and initiated communication with the line manager of the Psychiatrist even offering an opportunity to arrange attendance at one of the childhood trauma disclosure sessions. The medical director acknowledged receipt of the email but did not engage with the subject matter.

HCPC Processes

The advocate submitted a HCPC Fitness to Practice concern about the fellow Psychologist based on the unacceptable 'omissions' in the interview process. Initial interactions with the HCPC were positive including an informal face-to-face meeting where the advocate emphasised that the 'missing babies' would have probably been killed in 'Human Sacrifice' ceremonies and that the perpetrators would probably be extremely well-protected through authority compromise. This process fizzled out when the HCPC case worker demanded to see 'permission of the court for report release' (which was impossible to obtain) and intense pressure to withdraw the concern from the employer (a well-known Chartered Psychologist).

In the court ruling the judge argued that the mother was 'delusional' about a, having a baby at 13/14 that disappeared and b, the sexual assault of her toddler. The ruling did not mention at all the mother's claim that she had been instructed by police to delay reporting. The mother's custody rights were terminated.

The advocate organised further disclosure and assessment sessions to support an Appeal. In an audio recorded session an experienced Trauma Psychologist listened to the disclosures and found no reasons to disbelieve the account given but felt unable to write a report due to triggering, overwhelming complexity, fear of reprisal and fear of HCPC persecution. The advocate organised reports from other professionals and informed the line manager of the NHS Psychiatrist of their findings including a detailed account of the case and an Extreme Abuse Dossier compiled from public sources:

<https://arsoninformer.files.wordpress.com/2015/06/ead-version-10-09-2013.pdf>

Another Psychologist tasked with investigating the situation concocted a vexatious 'Fitness to Practice' concern against the advocate which met the 'Standards of Acceptance' but was thrown out 9 months later. In parallel the advocate tried to bring about a re-investigation of the death of the boy's godmother who may have been 'bumped off' to facilitate the 'Child Smuggling' process – ignored by 6 police forces:

<https://arsoninformer.files.wordpress.com/2014/09/suspected-arson-murder.pdf>

References

- Ireland, J. L. (2012). *Evaluating Expert Witness Psychological Reports: Exploring Quality. Summary Report.* University of Central Lancashire. <http://www.ccats.org.uk/images/Expert%20Witness.pdf>.
- Kurz, R. H. (2015). *Differentiation of Complex Trauma vs Schizophrenia through Diagnostic Assessment of Ability and Personality Characteristics.* Poster at the 3rd Annual Conference of the European Association of Psychosomatic Medicine (EAPM) in Nuremberg.