



Mental Health Tribunal for Scotland

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# Members' Newsletter

## January 2025

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## Message from Laura J Dunlop KC



As I write this, we have just completed three days of induction training for our 16 new legal members. For the first time (we think), the training took place in our offices in Hamilton. Enormous thanks are due to Fiona and Scott for managing the many practical aspects of this, which they achieved with their usual consummate skill and modesty. So far as the content is concerned, Jane, Dee and Kirsty all led parts of the programme. I am very grateful to them too, and to Jenna for preparing the written materials. We much enjoyed spending time with our new recruits – in person – and it was obvious that they enjoyed spending time with each other (and with five locally-based medical and general members, who joined them for lunch one day). I know you will all welcome them when you meet, whether at an observation or once they start to sit on hearings.

Other significant privileges in being President of MHTS were particularly evident during the last quarter of 2024.

The conference in Stirling was, for me, a fascinating and very enjoyable experience. I am so glad to have had the chance to be with so many of you, and to share a full day of talks and discussion. All our visiting speakers made a major contribution to the day. The presentations by the Minister for Victims and Community Safety, the Lord President and Professor Oyebode are all available to watch, if you want to hear again the rich mix of topics covered. I attended the afternoon workshop on Early Intervention, and I watched the recordings of the other four afterwards. All five were very high quality: a distillation of three learning points from each appears on page 13. I am also pleased that, using WebEx, we were able to share the material with almost all the members who were not able to attend the event in Stirling. And last, but absolutely not least, there are two pages of photos taken on the day – I hope you like them.

On 30 October, I travelled to the V & A in Dundee, where the second of the Reith Lectures 2024 was being given. The lecturer was Dr Gwen Adshead; the title for the series was 'Four Questions about Violence'. Much of the content was informed by her long career as a forensic psychiatrist and psychotherapist. All four lectures are well worth listening to on BBC Sounds. And, if you only have four minutes to spare, then spend them listening to the start of the final lecture. If you do, you will hear one of the best openings to a formal lecture I have heard (though, admittedly, it did have a particular resonance for me). Here is the link: <https://www.bbc.co.uk/sounds/play/m00260wl>

Turning to the more day to day aspects of the Tribunal, you will see from the graph on page 8 that the period since the last newsletter has seen a further increase in the proportion of visual hearings. We are pleased to see this increase, grateful to all who travel (sometimes long distances) to make these possible and hope that the proportion will further increase in 2025.

This is a bumper newsletter, which, as ever, Jane and Jenna have assembled for us all, with skill and care. You will find the names of the new legal members, to accompany their photo above, on page 5. You are likely to recognise a number of them. We also include some regular reminders about various aspects of tribunal work, and an update from the Members' Association on its work is on page 10. On page 11 is an uplifting bulletin about the Barnardo's Spirit of Christmas Appeal, now a fixture in our calendar at HQ. Kirsty has written about a recent Judicial Review, in which MHTS was a respondent, on page 12. Finally, we have two very different articles from members; we are grateful to them for taking the time to share these reflections with us. Jenny Henderson has written about eminent psychiatrist, Sir David Henderson, her great uncle by marriage, on pages 15 to 17. Then, on pages 18 to 21, Carole Ferguson-Walker has set out her thoughts after a recent trip to Bosnia. It is a troubling read.

I hope everyone will find something of interest to them in this edition.

**Best wishes,  
Laura J Dunlop KC  
President**



## New MHTS members

The Tribunal is pleased to welcome the 16 new legal members who were appointed to the MHTS by the Scottish Ministers on 1 December 2024:

Eric Baijal	Katharine McKerrell
Bruce Beveridge	Colin Neilson
Joe Boyd	Ruth O'Hare
Stephanie Carr	Bobby Reid
Edward Christie	Ann Ritchie
Claire Currie	Amanda Sneddon
Susan Fallone	Laura Thomson
Sine Mackay	Agnete Wolff



## SUCAW and RMO/MHO forums

On 18 and 25 November 2024 the Service Users, Carers and Advocacy Workers Forum and the RMO/MHO Forum were held. As usual both were well attended and a number of different issues were discussed at each.

The notes of both these meetings are available in the Stakeholder Forums section of MHTS's website – [MHTS - Stakeholder Forums \(mhtscotland.gov.uk\)](https://mhtscotland.gov.uk).



## Conference moments





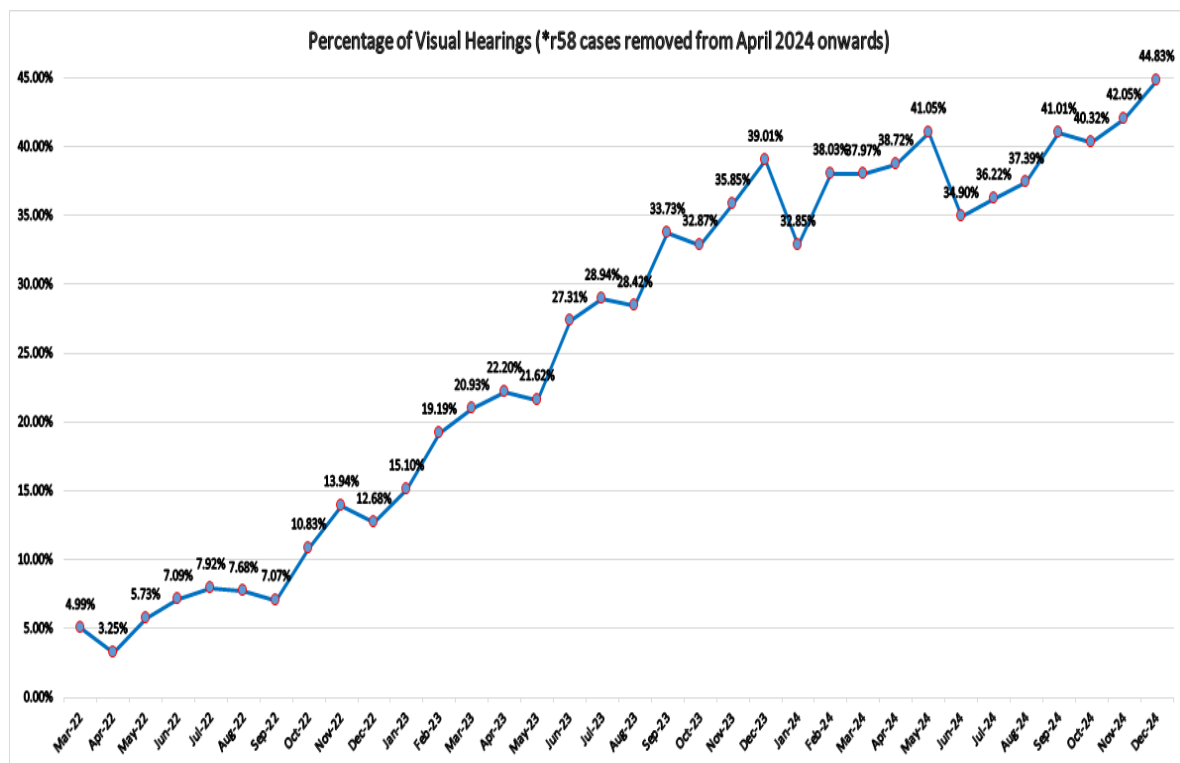




## Visual hearings

This is the latest version of the graph showing the number of visual hearings (either video conference or in person) since March 2022.

As you will see, in December 2024, the Tribunal held the highest number of visual hearings since the pandemic. Efforts continue to increase this figure. Three more hospitals, New Craigs (Inverness), Forth Valley Royal (Larbert) and Murray Royal Hospital (Perth), are now default in-person hearing venues.



## Identifying primary carers

In terms of the 2003 Act, before deciding most applications or appeals or reviewing extensions of orders, the tribunal is required to afford primary carers and other persons with an interest in the proceedings the opportunity of making representations or of leading or producing evidence. Usually primary carers and persons with an interest are identified and noted as such by the applicant in the written application or determination. Occasionally they are not. If the details of a primary carer or person with an interest are not noted in the appropriate section then the caseworker will not know to send them an invite to the hearing and they will not be notified of it.

If members realise from reading the substance of the application that there is a primary carer or person with an interest in the proceedings, who has not been identified, they are asked to contact the caseworker, by email only, to ask that this be clarified and any required invitations sent.



## Message from Finance - P60's

The Finance team would like to advise members that our payroll provider will soon be issuing P60's for the tax year 2024/25. You should receive this by the end of May 2025. If you have not received your P60 by mid-June 2025, please notify the Finance team at [opsfinancetribunals](mailto:opsfinancetribunals) and a member of the team will investigate for you.

**Your P60 is an important document and should be kept safe as you may need it when submitting any future tax return.**

Also to note - the number for contacting the finance team is 01698 390016. Please call this number for any finance queries you may have.



## Scheduling

The Scheduling team is grateful to all those who reply to the APBs (All Points Bulletins) for members to sit at short notice. Please note only those who are available to sit should reply to these APBs. While the team appreciates the consideration of those who reply to say they are unable to sit, this is unnecessary and adds to the already large volume of emails which the team receives.

It would be appreciated if members could ensure that webroster is kept up to date with availability and any changes in conflicts of interest. **If your availability changes at any time, please add or remove available days from webroster as soon as possible.**

Please ensure when adding your availability onto webroster, that you enter the shift as 'Day'. If this isn't selected, your availability will appear as a minute and the schedulers will be unable to allocate you dates.

As a reminder:

- Select on webroster **the week** you are available
- Select **New**
- At **Shift**, select the down arrow and select **Day**
- **Tick** the **days** that week which apply
- Select **Save changes**

# MHTS Members' Association

Currently there is NO COST to becoming a member of MHTSMA. All it takes is an email to Peter Bennie.

The Association continues to explore the issues of Pension Benefits and other employment rights. Further information regarding these issues was sent to members in September and November. If you have not received these emails, please can you contact Peter.

The MHTSMA AGM took place online on Tuesday 26th November. Thanks to all members who attended. The office bearers remain as Ruth Buchanan chair, Peter Bennie secretary and Caroline Ritchie treasurer. The post of vice chair is vacant. Additional committee members are Brian Dewar, Mary Jo Furlong, Joyce Mouriki, Rob Gray, Perminder Sihra and Morag Leck. Mark Dennis has agreed to continue as a co-opted member of the Committee. I would like to pay thanks to Maire Cooney and Lovely Rajan who decided to stand down from the Committee.

The AGM agreed one change to the Constitution, allowing retired members of MHTS to continue as members of the Association.

Much of the AGM focussed on discussing Pension Benefits and other employment rights including members suggesting ways in which MHTSMA might progress this. A Committee meeting was held on 15th January to discuss these suggestions further. The Committee agreed an email be sent to all members and the Committee plans to meet in March to review members' responses. A members' meeting is being planned for April.

If any member is interested in joining MHTSMA, please can you contact Peter Bennie (secretary) by email. Peter can also send any member a link to the MHTSMA Forum on Microsoft Teams.

**Ruth Buchanan**  
**General member and chair of MHTS Members' Association**



## Judicial Hub - Reminder

This is a reminder that tribunal members should sign up to and access the Judicial Hub on a regular basis to remain abreast of the latest news and learning opportunities [Judicial Hub: Log in to the site](#).

The Hub's news section is updated throughout the week and provides various articles relevant to all judicial office holders.

The Hub also hosts a Tribunals' section which includes relevant information for each Chamber, such as guidance on claiming expenses.

Information on the Hub is updated frequently and can be accessed from any computer or profile. If you do not yet have log-in details, or if your email address changes, please contact the Hub team at [Judicialhub@scotcourts.gov.uk](mailto:Judicialhub@scotcourts.gov.uk)



# Barnardo's – Spirit of Christmas Appeal 2024

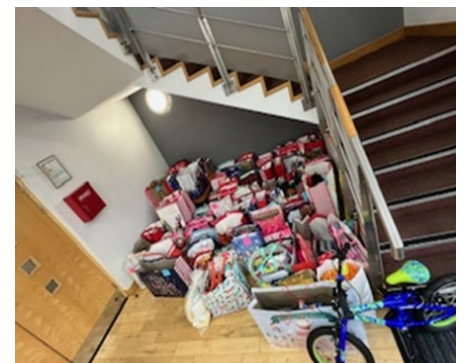
As you may recall from previous newsletters, the Tribunal's administration & MHTS President's Office staff have been donating to the Barnardo's Spirit of Christmas appeal since 2018, as an alternative to the office Secret Santa. 2024 was another successful year for us and also saw some tribunal members donating, which is very much appreciated.

Again this year we gave the option of donating a gift or making a monetary donation via PayPal. In total we handed over 218 gifts along with a few extra gifts which were donated this year too; including hand knitted blankets & cardigans, football tops, baby outfits and even a bike!! We also gave them £220 worth of Asda Vouchers which Barnardo's will give to families in need of some extra support. This is an amazing achievement all round and something we are all extremely proud of.

The Barnardo's staff who came to collect the gifts were overwhelmed with the amount of gifts & vouchers donated and they said it will really make a difference to the families, which is the whole reason we do this. They contacted us afterwards to advise that the baby blankets and cardigans were given to a girl they support who had just had a baby the week before and was struggling. She was ever so grateful. It goes to show that charities like Barnardo's are a life line for some people and our donations really do help. We would just like to say a massive thank you to everyone who donated a gift or money as without the help of everyone, this would not be possible!

Below are some pictures of the presents, but we think everyone who saw them will agree that you really need to see them in person to appreciate how many there were.

If you would like to help any of our future appeals please let us know.



**Gillian Hutton and Jenna Swan  
MHTS**

# Articles

## It's a no from low

Were the Tribunal wrong in saying that they were not able to accept a section 268 application from a patient detained in neither a high nor medium secure setting? This is the question a patient recently took to the Court of Session by way of judicial review.

### Background

The petitioner sought (1) an order requiring the Tribunal to read the relevant parts of the 2003 Act such that they were able to make an application, from a hospital not specified in the regulations as a qualifying hospital, for an order declaring them to be in conditions of excessive security; or (2) a finding that the relevant parts of the Act are in breach of their Article 14 rights in terms of the ECHR (prohibition of discrimination).

Patients wishing to move from high to medium or from medium to low can apply to the Tribunal under Part 17 of the Act and, if successful, the Tribunal would specify a period of not more than three months in which the Health Board must identify more suitable accommodation. The petitioner, already at the lowest security level, argued that the 2003 Act discriminated against them by not permitting them to make such an application.

### Decision and reasons

It was clear from submissions that the petitioner did not seek to challenge the conditions of their detention; the complaint was that they should not be detained at all. In bringing this judicial review, the petitioner was seeking a remedy which did not address the problem. This also meant there was an insurmountable difficulty identifying a relevant comparator for the purposes of Article 14. The remedy for those seeking to be discharged from detention is to seek an order under section 100 of the Act and the petitioner, having attempted this prior to the judicial review and once during the process, had their application rejected. No appeals were lodged.

The court concluded that the petitioner had not been able to establish that, in failing to provide for her to obtain a declarator that she is being detained in conditions of excessive security, the 2003 Act is in breach of her rights in terms of Article 14 of the ECHR. The Court therefore dismissed the action against the Tribunal and refused the petition.

### Comment

It may seem obvious to some but the Outer House confirmed that patients seeking discharge from hospital to accommodation in the community are not in the same position as those patients detained under high or medium secure conditions who are aiming to move to conditions of lower security. The latter group will remain subject to detention even if their applications are successful.

The issue of 'delayed discharge' is something that the Tribunal can and often does address via recorded matters. Where that is not enough, alternative causes of action may need to be considered. It is notable that in this case, action against the local authority had been considered before a decision was made to pursue judicial review. The full decision can be read [here](#).

**Kirsty Watson**  
**Legal Secretary**



# **The Conference workshops – 3 points from each**

## **Early Intervention in first episode psychosis**

1. This group heard about diagnostic uncertainty and the way that the Esteem team work through that. A diagnosis of schizophrenia should not be mentioned for the first time in a tribunal.
2. Prognosis of psychosis is directly related to the length of time before treatment starts. This resonated with something that happens frequently in the Tribunal setting, where a patient asks to be given a chance without treatment, to prove themselves.
3. We were asked to leave the workshop being aware that evidence-based treatments for psychosis should be available to everyone.

## **Eating disorders**

1. The group discussed significantly impaired decision making when we are talking about bright and articulate patients, diagnosed with anorexia. How do you determine that they do not have the capacity to make decisions? It was suggested that the person is in fact divorced from reality. They are hearing the risks of what they are doing but don't believe they will happen to them.
2. If there is any suspicion that autism spectrum disorder is part of the picture in an eating disorder then an assessment of that can't come soon enough. Awareness of that would help in the drafting of an appropriate care plan.
3. The group also discussed 'terminal anorexia'. To most people's relief, this has been rejected by the community. In terms of recovery from anorexia, that currently sits around 30%.

## **Economic, social and cultural rights – what could they mean in practice?**

The group was looking at the Conventions on Economic, Social and Cultural Rights and on the Rights of Persons with Disabilities, and in particular the right to health (access to things to help you stay healthy) and also the right to independent living.

Feedback points were:

1. The use of recorded matters. There were various views on how effective these were, taking account both of resources and of the limits on telling people what to do. But they do create a degree of accountability.
2. Ensuring appropriate legal representation by lawyers or advocacy, to better reflect what the patient wants. This is time-consuming and resource-intensive. Supported decision-making was recognised as a big topic, and that people can be susceptible to pressure from others, but this does not mean not trying to achieve it.
3. There may currently be no powers to implement the Conventions, but this is aspirational and need not mean that questions should not be asked about the issues in hearings. A lot of this is covered under our existing practice in posing

questions about these issues (for example, patients' wishes and independent living).

### **Families and carers supporting people with a mental disorder**

1. The importance of hearing what families and carers have to say. The Act and Tribunal rules require it. Be mindful of their experiences, the language the tribunal is using and the process of the hearing, and make sure that all is explained clearly to help their participation in proceedings.
2. Medical professionals should always hear what family members have to say even if, in accordance with the patient's wishes, they are unable to disclose information about the patient to the family.
3. Include families and carers as part of MHTS training. Some in the workshop considered that this topic should have been mandatory for all members.

### **Spiritual Care and Chaplaincy in mental health services**

1. A reflection on spirituality took place; the group learned that this is not always linked to religion. This can also mean peace, reflection, calm, connection, relationships, nature and hope for some patients. And it can lead to a sense of peace, fitting with someone's individual belief system.
2. Spiritual care is part of the care offered by the NHS. It is individualised to the patients. It is person-centred, with this being seen in the context of 51% of the Scottish population describing themselves in the most recent census as not having religious belief.
3. Spiritual care can be delivered in a number of ways - groups, one-to-one activities and individual sessions. A weekly timetable was shown by the chaplain from Broadmoor. This showed us the diverse work that the chaplains do weekly, working collaboratively and on a multi-agency basis.

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Just to remind you that links to all five workshop presentations and PowerPoints are available for you to review or watch in the Conference 2024 section of the Judicial Members' Area of the website.



# A Scottish perspective of the history of psychiatry in the first half of the 20th century

Professor Femi Oyeboode's lecture on The Future of Psychiatry at our recent conference included a historical perspective of psychiatry in the UK. It reminded me of the important and ground-breaking Scottish contribution made to psychiatry by Sir David Kennedy Henderson, in the first half of the 20th century.

I have a personal interest in Sir David because he was my husband's great uncle and is still remembered by the family as a kind, jovial, hardworking, and compassionate man, with a twinkle in his eye and a great sense of humour. Much of his approach to patient care and treatment he attributed to Meyer. Some medical members will remember in their student days Sir David's book: A Textbook of Psychiatry for students and practitioners. Members of the tribunal will also be familiar with Henderson Ward at Gartnavel Hospital.



**Sir David Kennedy Henderson**

1884 - 1965

Kt (1947) MB ChB Edin (1907) MD Edin (1913) Hon MD NUI (1958) Hon DSc McGill (1959)

**'...the most eminent psychiatrist in this country, and probably in Europe, between the two World Wars...'<sup>1</sup>**

Sir David was born in Dumfries; his father was a solicitor in the town and his early education was at Dumfries Academy followed by the Royal High School Edinburgh and Edinburgh University. He served as a Major in the First World War as a psychiatric specialist with the Royal Army Medical Corps (R.A.M.C) (1916 - 1919). He was President of the Royal College of Physicians of Edinburgh (1949 - 1951).

Sir David spent eight years of post-graduate studies with some of the most influential doctors of the day including Adolf Meyer in Baltimore, Alois Alzheimer, and Emil Kraepelin in Munich. He was appointed physician superintendent at Glasgow Royal Asylum Gartnavel in 1923. In 1932 he became Edinburgh's second professor of psychiatry, the physician superintendent of the Royal Edinburgh Hospital and a physician psychiatrist to the Royal Infirmary as well as having a private practice.

Whilst at Gartnavel Sir David introduced the first model of psychotherapy in the UK based on the work of Meyer, Kraepelin and Freud. It was described as a 'dynamic'

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<sup>1</sup> [Sir David Kennedy Henderson | RCP Museum](#)

psychotherapeutic approach. At the time the idea of psychotherapy was not considered helpful in the UK. He encouraged patients to tell their own stories and understanding of their individual mental health problems. He used a question-and-answer approach with a word-by-word recording made by a stenographer<sup>2</sup>. He also introduced regular staff meetings to discuss patients. Sir David challenged the way doctors were treating psychiatric patients where there was difficulty providing a diagnosis. He saw the person as an individual, stressing the importance of compassion and help for patients; rather than inadequate and inhumane care prevalent at the time, his relationship to patients was paternalistic. He always attributed his approach to Meyer. There is no evidence that he attempted to influence the mental health legislation in place at the time, however he did try to help his patients who, because of their unstable personalities, were at odds with the legislation.

There was also a NHS hospital named after him in Sutton, London. The David Henderson Hospital treated patients with personality disorders and adopted his unique approach to care and treatment based on his psychosocial model. The hospital closed in 2008<sup>3</sup>.

Perhaps less known, Sir David is credited with introducing occupational therapy into the UK<sup>4</sup>.

He championed the teaching of psychiatry to be part of medical training, and he considered it to be the other half of medicine. Sir David was a prolific writer publishing articles on syphilis psychosis, catatonia, and war psychosis, to name but a few. He also studied 'pre senile' dementias and psychopathic personalities. Sir David was keen to develop his students, some went to work and study with Meyer in the USA.

He advocated training for psychiatric social workers and occupational therapists. There appears to be no record of him influencing the training of mental health nurses. In the first half of the 20th century mental health nursing was in its infancy and the staff looking after the patients could be described as care assistants. They received little in the way of formal guidance or training. As late as the early 1970's there were few specific mental health nursing textbooks. Hairmyres Hospital School of Nursing, for example, included in its curriculum the Henderson and Gillespie textbook, by then in the 10th edition and second reprint.

As mentioned earlier Sir David wrote A Textbook of Psychiatry for students and practitioners with his Glasgow colleague R.D. Gillespie which for over 40 years (10 editions)<sup>5</sup> was a key learning resource for student doctors. The book took the unusual approach at the time of using case studies to develop an understanding of mental

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2 Morrison, H., 2016. Constructing Patient Stories: 'Dynamic' Case Notes and Clinical Encounters at Glasgow's Gartnavel Mental Hospital, 1921–32. *Medical History*, 60(1), pp.67-86

<sup>3</sup> [Lost Hospitals of London](#)

<sup>4</sup> Pentland, Duncan & Pentland, Brian. (2015). Sir David K Henderson and the origins of British occupational therapy. *Scottish medical journal*. 60. 10.1177/0036933015596143.

<sup>5</sup> Pentland, Duncan & Pentland, Brian. (2015). Sir David K Henderson and the origins of British occupational therapy. *Scottish medical journal*. 60. 10.1177/0036933015596143.

illness. His optimism and humanity shone throughout his book and he believed that facts should be presented using ordinary language.

He was known for his great clinical skills and was able quickly to get to the nub of the problem. He believed in the need for understanding the total personality of the person and always adopted an optimistic approach.

It is interesting to reflect how this quiet, intelligent and unassuming man was able to influence so many people when there was such resistance to accepting new ideas and ways of thinking. There was little in the way of available treatment, but he was willing to try different approaches. The message he leaves us with is one of common humanity and compassion and that a belief in and understanding of the individual with a mental illness is essential. This is something that is just as valid today.

**Jenny Henderson**  
**General member**



# Thoughts from a very random trip to Bosnia

**(Please note this article contains distressing details of war crimes)**

I found myself sitting at Loch Leven's Larder having a coffee one morning after the school run in September, escaping for a few moments into Neil Lancaster's book *Going Back*, where the main character Tom Novak (undercover cop) is sent back to his childhood home, Sarajevo. I heard for the first time the fascinating story of the Sarajevo Tunnel which has subsequently become a bit of a tourist spot. Looking up for a moment, I had a message on the platform which I'll always refer to as Twitter, from someone I was connected with there, but had never met, asking if I would be interested in taking part in a charity delegation to Srebrenica in Bosnia in November. I think it will go down as one of the most random moments I've experienced. I wondered if it was a hoax, and indeed I told David Hamilton that when we spoke days later and he explained a bit more about the charity arranging the trip, Beyond Srebrenica. And so, that is how I ended up flying, with a group of people I'd never met, to Sarajevo on 3-6 November 2024.

I grew up in a small village outside Oban. I'm not hugely well-travelled, and I've not travelled in a long time without the chaos of my children, so really it was all very odd and I was a bit discombobulated, but I was so interested in the opportunity to learn about what had happened in Srebrenica that I felt I just had to throw myself into it. So, with the support of my lovely husband (and an extra pair of hands from granny) I said yes.



Since I have come back, lots of people have asked me how it was. I've found it really difficult to answer the question and indeed to set my thoughts down. It's December as I write this. One of the reasons why it is a difficult question to answer is that there were, for me, two very different aspects to the trip. The first was the beautiful bustling city of Sarajevo, the old town of which I completely loved, and I really liked the Bosnian people I met - very 'no nonsense' and sensible and remarkably resilient. Whilst they want to educate others on the genocide that happened in Bosnia, they are also keen to show you and tell you of their wonderful country and culture. The buildings were wonderful, the food was amazing, the smells in the old town of Bosnian coffee (a seriously dark, thick affair) and spices and smoke from cooking were completely captivating.

On the other hand, our day spent in Srebrenica was nothing short of heart-breaking. One of those moments where you really question humanity and the depths of horror that human beings can inflict on each other. We went to the memorial centre there to learn about what happened. Local young people work there and do tours to tell of the

unimaginable horror which culminated with what happened there in July 1995, when in the course of a few days over 8,000 Bosnian Muslim men and boys were systematically killed by Serb Forces. The stories of what happened to them are full of trauma. Many had gathered in Srebrenica where a UN base was situated, seeking safety. They were taken from there and the men and boys separated from the women and girls, and loaded on to buses and trucks. After the horror involving moving them around, keeping them in different places, inhumanity and torture, they were systematically killed and their bodies buried in mass graves. Later those graves were dug up and they were reburied elsewhere to seek to avoid detection of the crime. Those activities ultimately meant that when the ICMP (International Commission on Missing Persons) tried to identify the missing, using DNA, they would have to ask families to agree to a burial of, in some cases, only a finger bone, such was the state of the bodies and skeletons after the barbaric process of seeking to cover up those crimes. One of the standout moments for me that day was looking at a picture of a digger, with all its technical specifications. A digger used to dig up mass graves and further dispose of bodies. The lack of humanity in all of it is staggering and it left me wondering what it was that would lead humans to treat other humans in that way, though we know from what we hear daily in the news that these types of actions are sadly never too far away.



One of those responsible for the actions of the Serb Forces during those days was Radovan Karadzic. He had trained and practised as a psychiatrist. He studied neurotic disorders and depression at Naestved hospital in Denmark in 1970 and then underwent further training in Columbia University in New York. After his return he worked in a hospital in Sarajevo. He served from 1991-96 as leader of the Serb Democratic Party of Bosnia and Herzegovina and president of Republika Srpska. The International Criminal Tribunal for the Former Yugoslavia sentenced him to 40 years in prison in 2016. He was found guilty of genocide for the massacre at Srebrenica, which aimed to kill "every able-bodied male" in the town and systematically exterminate the Bosnian Muslim community. He was also convicted of persecution, extermination, deportation and forcible transfer and murder in connection with his campaign to drive Bosnian Muslims and Croats out of villages claimed by Serb forces. It is difficult to fathom how someone who had studied and practised psychiatry found himself brutally leading forces seeking to exterminate other humans. You may also wonder what the UN was doing when all this happened, initially from their base. From what I learned, it appears the answer was nothing very effective.

At the cemetery we met some of the Mothers of Srebrenica, who explained to us firsthand the enormity of the loss they had suffered, being left with only their sanity. It was

heart-breaking but they are resolute in their mission to tell others of what happened there. It was unbelievable to hear from them that even now, cars drive past and throw bottles of alcohol at the Muslim cemetery walls, toot their horns and throw pigs' heads, and it becomes clear that hate is still not far from there.



We met and heard the stories of two survivors of the genocide. The story of the sheer horror of being on one of those trucks, which moved the Bosnian Muslim men and boys around before they were systematically killed (and perhaps tortured too) and being part of a group that were shot, and lay where they fell, and then... finding that in fact you were not dead. That was the story of Nedžad Avdić, a survivor and now an amazing activist in raising awareness of genocide. He and another man in the group were not killed but were injured. As they heard the next truck full of men arrive, they managed to escape and hide, and they survived. It was an incredible privilege to hear him tell his story. He wants to tell his story and for others to hear it.

We saw harrowing video footage of another group of men being killed which reduced school pupils, who were visiting the memorial centre the same day as us, to tears and sobbing.

I wanted to try to make sense of it, and really, I couldn't. I read a quote afterwards from a Holocaust survivor, Irene Weiss who said "man can turn into an animal in no time. All he needs is permission. As soon as the permission is given from higher-ups, from the government, it accelerates." And maybe that is it, maybe the permission and indeed instruction from the former psychiatrist Karadžić and his brutal colleagues was enough to set those events off. Human beings drove those buses and those trucks, they did the killing, they moved the bodies and tried to cover it all up. In some way, they felt they had been given permission to behave in that way. People from the UN were there. I was told there is a view that they did nothing to stop this.

I've not said anything yet about the women and girls. That's not because there is nothing to say, it's more that there is too much to say. I'm not sure there is the data or statistics that there are for the men and boys, but the horrors of war are there. Rape was used as a weapon of war; women were killed and their bodies discarded afterwards. Some were forced to carry the babies which resulted from rape as a part of the genocide. Some of them died by suicide.

The charity Beyond Srebrenica is doing wonderfully important work to support the Bosnian people to tell their story so that we can learn about it and in the hope that we will then continue to talk about it and that it may, in some small way, have an ongoing impact. It certainly has had an impact on me. Hopefully I've explained why it is that



the question - how was the trip to Bosnia? - is such a difficult one to answer, but here's the perhaps slightly surprising thing - if you ever have the opportunity to travel there, and to experience the brilliantly resilient, no-nonsense Bosnian people, their culture, their coffee and the bustling city of Sarajevo - I'd wholeheartedly encourage you to go. I am so glad I had the opportunity to go. I'm a little bit different because of it. Each of us in the group, because of our differing backgrounds took something different from the experience. It was actually really enjoyable to travel with a group of strangers and to get to know them and have this experience with them. I'm glad I didn't put that first random twitter message down as a hoax.

**Carole Ferguson-Walker**  
**Legal member**

# Useful Information

## MHTS

- **MHTS News**  
[MHTS - News \(mhtscotland.gov.uk\)](https://www.mhtscotland.gov.uk/news)
- **MHTS Guidance on the Provision of documents in Tribunal applications**  
(This guidance sets out the documents which will form the Tribunal papers in each type of application, review, etc, under the relevant sections of the 2003 Act)  
[MHTS - Guidance \(mhtscotland.gov.uk\)](https://www.mhtscotland.gov.uk/guidance)
- **MHTS Caselaw and Decisions**  
(scroll to the bottom of the page to find MHTS decisions table. The search function is helpful to find decisions under specific sections of the Act)  
[https://www.mhtscotland.gov.uk/mhts/Legislation\\_and\\_Caselaw/Legislation\\_and\\_Caselaw](https://www.mhtscotland.gov.uk/mhts/Legislation_and_Caselaw/Legislation_and_Caselaw)
- **Petition of MC (FE/LA) for judicial review [2024] CSOH 107**  
<https://www.scotcourts.gov.uk/media/kysbc4u5/2024csoh107-petition-of-mc-fela-for-judicial-review.pdf>

## MWC Publications

- **Continuing fall in numbers of young people admitted to adult wards for mental health treatment in Scotland, 12 November 2024**  
[Continuing fall in numbers of young people admitted to adult wards for mental health treatment in Scotland | Mental Welfare Commission for Scotland](https://www.mwcscotland.gov.uk/publications/continuing-fall-in-numbers-of-young-people-admitted-to-adult-wards-for-mental-health-treatment-in-scotland)
- **Highest number of detentions for mental ill health in Scotland, fewest safeguards in a decade, 31 October 2024**  
[Highest number of detentions for mental ill health in Scotland, fewest safeguards in a decade | Mental Welfare Commission for Scotland](https://www.mwcscotland.gov.uk/publications/highest-number-of-detentions-for-mental-ill-health-in-scotland-fewest-safeguards-in-a-decade)

## OTHER

- **Judicial Hub**  
<https://www.judicialhub.com/login/index.php>
- **Judiciary.scot – Judicial Ethics**  
[STATEMENT OF PRINCIPLES OF JUDICIAL ETHICS \(judiciary.scot\)](https://www.judiciary.scot/statement-of-principles-of-judicial-ethics)

## Clerks' Contact Details

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Darren Zuckett	07386687170	



## Useful Contacts

### Scheduling Team

**(including re-setting Webroster passwords)**

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### Finance Team

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### President's Office

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**Jenna Swan, President's Office Secretary**

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## Newsletter Contributions

The Tribunal welcomes contributions to the Newsletter from all members.

Members who wish to contribute to the Newsletter should contact Jenna Swan at [MHTSPresidentsOffice@scotcourttribunals.gov.uk](mailto:MHTSPresidentsOffice@scotcourttribunals.gov.uk)

The following timescales will apply for contributions\*:

**January edition:** contributions by the end of November

**May edition:** contributions by the end of March

**September edition:** contributions by the end of July

**\*Contributions may require to be edited**