

# **2019 Submission - Royal Commission into Victoria's Mental Health System**

## **Organisation Name**

N/A

## **Name**

Mr Rich McLean

## **What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

Educate the Drs

## **What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?**

Schizophrenia is a myth

## **What is already working well and what can be done better to prevent suicide?**

Nothing for me - I tried to kill myself after explicitly telling a Dr I was going to do so and then he did not offer me any support whatsoever and also gave me the lethal dose of opioids.

## **What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

"I am the human rights awarded author of 'Recovered, Not Cured, a journey through schizophrenia'. (Allen & Unwin, 2002). When this triumph was published, [REDACTED] ran an article called 'MY DESCENT INTO MADNESS', when I used to work for them. I was at [REDACTED] by then - and I was fired from my job."

## **What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

Stigma. Misunderstanding. The cult of psychiatry.

## **What are the needs of family members and carers and what can be done better to support them?**

"My family members are all toxic. They tried to support me but I'm afraid in the words of my brother, 'I would not hire someone in my company who is schizophrenic', with family like this, who needs enemies?"

## **What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

Start by paying people the sum of their experience. It is so valuable and is treated tokenistically.

## **What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

Fuck all. Capitalism isolates people and families.

**Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"Don't spend 200 billion on bombs - spend it on the most marginalised. You can tell a society on how it treats these people and unfortunately neo liberal bigots are in power. We need diversity in all forms, a treaty and also to redistribute wealth. Stop stigma."

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

Overthrow the government.

**Is there anything else you would like to share with the Royal Commission?**

"Yes. Even though I was sexually abused, which was the beginning of my mental health issues, I was the victim of a homophobic family and I had to hide my identity till i was 26. I went through mental illness on my own, I was ostracised and stigmatised, expected to be hetero sexual. Then I was, and I was shamed for it...which is the result of a toxic masculine hetero normative society. I came out and was shamed again. i have achieved a lot, spoken in parliament to dubbo to montreal - a documentary was made on my life - I have given keynote speeches and tried to help people...but all they were doing was taking advantage of a kind trailblazer who was yet to identify his child sexual abuse and toxic capitalistic society. I was forced to the bottom, but I am exacting my revenge by getting my PhD"

*'Apophenia means finding pattern or meaning where others don't. Feelings of revelation and ecstasies usually accompany it. It has some negative connotations in psychological terminology when it implies finding meaning or pattern where none exists; and some positive ones when it implies finding something important, useful or beautiful. It thus links creativity and psychosis, genius and madness. (Carroll, 2008).'*

Foucault argues: '...in the Renaissance, the mad were portrayed in art as possessing a kind of wisdom – a knowledge of the limits of our world – and portrayed in literature as revealing the distinction between what men are and what they pretend to be.

'...modern man no longer communicates with the madman ... There is no common language: or rather, it no longer exists; the constitution of madness as mental illness, at the end of the eighteenth century, bears witness to a rupture in a dialogue, gives the separation as already enacted, and expels from the memory all those imperfect words, of no fixed syntax, spoken falteringly, in which the exchange between madness and reason was carried out. The language of psychiatry, which is a monologue by reason about madness, could only have come into existence in such a silence. (Foucault, 1965, p. i).'

Lets get that: 'I'm mad' out of the way. With diagnoses of all of paranoid schizophrenia, bipolar, schizoaffective disorder, generalised anxiety disorder, anxiety, PTSD, diss associative states and panic disorder, I am, by some models, 'mad'. I have been however, happily 'sane' enough to: travel the world six times, write a human rights awarded autobiography, make and exhibit art for twenty years, lead a rock band for a decade, publicly speak on the role of art and recovery from Australian Parliament and the outback to Montreal, Canada at McGill University, be interviewed on all the TV and radio stations, (with varying degrees of success, (I'm

only human!)), narrate my own audiobook for national radio, do a BFA, Ass Dip, Very IV in business, then ran my own business, teach classes of art, work in mental health, run workshops, design web pages, perform keynote speeches, illustrate and design for major newspapers, exist both making the content for the newspapers and being a topic of the media myself, published both art books and a children's book, have a short documentary made upon my life, complete a Master in Education; and now finishing a PhD.

Wait, can 'mad' people do all that?

In the history of all my experiences with psychology and psychiatry, not one professional, and there have been many, did not want to not give me pills that made me overweight, tired, shake life a leaf, trouble ejaculating and sleep apnea amongst other hideous side effects.

Not one asked my sexuality, not one offered proxy forgiveness or atonement for my stories of grief sorrow or guilt of a life well lived with all its beautifully honest mistakes. I was storytelling narrative pornography for them that they intellectually masturbated and pathologised me with. This made them a lot of money, and a sense of righteousness and arrogance I only saw in retrospect. It's true that there is no difference between a psychiatrist and a god: mostly they both think they are gods!

Not a single one of them said: I want to find what's "right" with you, they only wanted to know "what's wrong". Not a single one of them said: "there is nothing wrong with you", they only opened up more or less common human wounds of existing to further extrapolate troubled navel gazing narratives and created a co-dependence in which they could be paid in cold hard cash and gain monetary wealth out of the most financially marginalised.

How do they live with themselves? If you got no cash, you get no help! Throughout this PhD, I have not had the money for a psychiatrist, even to feel out if they could help me in any way or oversee medications. Despite being a human rights awarded autobiographer on the subject, and on both sides of the media, publicly speaking in schools, universities, outback towns and even Australian Parliament-no one cares.

Not one of them validated anything spiritual or esoteric, which is one of the currencies of my language, outside the realm of rational western chemical science. Not one of them said: "I'm going to get you well enough that I put myself out of a job and never see you again!"

And at the age of 44, when I demanded of my psychologist I need someone like him purely to witness me coming off the pills, and that he need only bear witness to me getting my shit together so I fly my own spaceship of my own accord and put him out of a job and never seeing him again, did he in an ostracising way ask I reconsider what I am getting out of the sessions. The power play had flipped- I was running this fucking show and his sense of self appointed arrogant entitlement and importance was all but quashed and he utilised his psychologist tone of voice to shepherd me gently out of his office and his life which I gladly did.

The fact is in general psychologists and psychiatrists don't like you knowing more about the situation or literature than they do, and in my own opinion your self realised lived and atoned experience always, without fail, will give you more than they could possibly hope to eclipse in healing in the 45 minutes out of a whole life that they critically and pathologically assess you within.

Buy a dog, pat a friendly cat, draw pictures, get a job, go to the pub and get pissed with mates, read a book, research something new, have sex, be free, make friends

with your pain happiness sadness or voices. Just don't be a robot. Embrace the hot mess you are and only compromise if it's for your perfect unfolding of your life in the most generously lived way in both positive and negative ways. Own your thoughts however unusual they are...and if you give yourself permission to be loving, forgiving sad manic or ecstatic yet with atonement with your higher self just for existing, you made it out of therapy alive!

Just please be aware, psychology or psychiatry does not save you: ultimately you do.

When I finish this PhD, it will not be them I will be thanking.

- *"Imagine a society that subjects people to conditions that make them terribly unhappy then gives them the drugs to take away their unhappiness. Science fiction It is already happening to some extent in our own society. Instead of removing the conditions that make people depressed modern society gives them antidepressant drugs. In effect antidepressants are a means of modifying an individual's internal state in such a way as to enable him to tolerate social conditions that he would otherwise find intolerable."* — [Theodore J. Kaczynski](#)
- *"...it seemed to Kirsch that the most reliable guide to the mental landscape of a patient was the patient himself. He was better placed to explain his behaviour and his experiences than anyone else. Yet wherever Kirsch went, the patient was the very last person anyone thought to consult. Because, of course, the patient was insane."* — [Philip Sington \(The Einstein Girl\)](#)

## Author Bio

Richard McLean is the award winning author of 'Recovered, Not Cured, a journey through schizophrenia'. Richard has been practicing art most of his life and served as an illustrator for major newspapers in his hometown of Melbourne. He is also a long time exhibiting artist, mental health advocate and PhD candidate at Victoria University Melbourne.

Twitter: RichMcLean

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## The Shrink!... and you thought you were crazy!

*Richard McLean spent time on a psychiatric ward as a 'Consumer Consultant' (a paid member of staff). As a mental health service user himself, he shares with us, his unique viewpoint.*

It was my first day on the job as a Consumer Consultant. My autobiographical book, 'Recovered, Not Cured, a journey through schizophrenia', (Allen and Unwin, 2002), changed my life, and was the biggest job application I'd ever written.

I remember first walking down a long lino corridor. It led to the psychiatric inpatient unit, when I was fortunate enough to have the experience of being a 'consumer consultant' for a time, within the psychiatric service.

Hearing testing, eye care, the dentist, the doctors, and even the palliative ward where people go to pass over, are all located together in the hospital. However, in a seemingly symbolic way of representing the theme in society, the mental health ward was separate, isolated and distanced.

A new colleague pointed out the Electro Shock therapy rooms as went through locked door after locked door, to which I now have the key, or more accurately, an electronic swipe card. I had presumed that shock therapy had ended around the time of 'One flew over the Cuckoos Nest'. There was a lot to learn.

Walking inside, I felt a pang of guilt. I was intruding, I had never been in a psychiatric ward. A lot of the people I met there however, did not seem as 'sick' as I remember being.

I spent a lot of time in that place, yet I'll never forget my first impressions.

It was a pleasant warm day, yet I had a long sleeved shirt on, to impress. It was the kind Mum would refer to when she would always suggest, 'Wear one of your NICE shirts', to family functions. They made a change from the art-school-black-pop-punk-style I usually wore.

The most obvious thing about the psychiatric ward was what was referred to as the 'Fishbowl', or nurses and doctors station. It was a long, central room located behind locked doors and huge panes of glass.

It's where the computers were, where the doctors and nurse hung out, where the cigarettes were rationed out (one an hour to some). It was the place where I painfully witnessed person upon discordant person crave for attention through the thick glass, often in futility.

There were long corridors which lead to tiny rooms, each with a bolted down single bed and a small window. There was no décor or decorations. Just plain walls and a place to store some clothes.

Outside in the courtyard, there were a few plastic chairs and two tables. This is where most people sat and endlessly smoked what cigarettes they could muster, (or afford). They would pendulate between this environment that looked into the fishbowl, and the free-of-stimuli lounge, that only made an exception for a television.

Meals were on time, and everyone lined up with plastic plates and utensils. There was an increasing amount of art from arts therapy on the walls, which I thought needed to be budgeted for much more.

Everything was bolted down, secured, or too heavy to pick up, so nothing could be used as a weapon. The carpet was fairly grim, and the chairs tainted with piss. But oh, the wonderful conversations I had in that place. The term 'acutely empathic' comes to mind.

The people working in the field, from psychiatrists, to clinicians, to social workers, and consumer consultants, worked hard, with limited resources-and the beds were almost always full. It sat ill at ease with me though, when I would sit in on staff meetings, and the 'in and out' of people would be recorded and monitored, as if by a machine like entity.

Although the psychiatric drugs are used to treat the symptoms of 'mental illness,' they are also used to make the person more manageable. Time spent there for a person varied, yet it was supposed to quite short-from five days, up to two weeks.

This time in the ward was enough time for the clinicians to drug the person so that their symptoms would recede or disappear. It was just enough time to place people into a frame of mind, where they would fit into society with more grace and less burden. Drug company reps would regularly visit the staff, with all amount of pens, post it notes, and food, discussing the benefits of the latest anti-psychotic medication.

Any epoch of time in that place would make you feel discordant. Sometimes I left there walking up the long lino corridor back to my office with tears in my eyes and anger in my heart, and a feeling of relief I didn't ever have to endure that environment whilst I was 'psychotic'.

One consumer had lived in the inpatient unit for nearly two years. She has a dual disability I am told-she has a mental illness accompanied by an intellectual disability. At that point in time, there was simply no-where for her to go. So there she stayed, watching the affected and often familiar people come and go over the months, and

walking up to the fish bowl, pleading for cigarettes. I wish I had a dollar for every time she asked to see her case manager, or to be allowed to walk to the shops.

Seclusion was a room with a mattress. It was supposed to be used in the context of 'least restriction', and only when the patient was uncontrollable, actively suicidal, or as a last resort to treatment. It was a small room, with no clock or chair, just a bed with restraints.

To control aforementioned patient, she is threatened with seclusion. "If you don't behave-you'll go in there", the manager said. To be honest, the worker is trying to run a ward with limited resources, not enough funding, and also attempting to look after all the other patients. She had no choice. Still, it made me sad that the threat of seclusion would make her fall back into line, just like that.

So she obeyed. She was a solidly built European heritaged woman with huge googly eyes, always fondly calling people 'Daahling', and kissing and hugging everyone. I had seen and heard her being dragged to that seclusion room, and she could pack a lungful. An animalistic purge so raw, and powerful, it made you think twice about not paying her the attention she direly needed, when she asks to see her case manager.

It seemed her dream to be married, and she was fond of me. Another client whom must have been familiar with her, told me to tell her I was married to avoid the flirting and adoration. I did-and she rarely called me 'Daahling' again.

I always felt awkward when she asked me to see her case manager-that futile lament-the correct answer would have been: 'The outside world doesn't care about you. You are forgotten. Trying to reach a nurse, or your doctor, to get you out of here or even take you for a walk to the milk bar, will be futile. Just accept that you will be locked up forever, because in actual fact, I am as helpless as you are. My hands are tied, we are helpless, and the staff are too. The staff did all they could but there were simply not enough resources. But a person's home should not be an inpatient unit.

One day she appeared in the courtyard, carrying a Bible and ripping the pages out. I asked her to stop. Destroying books, in my mind, was an abomination. She insisted everyone take a page. She was making noises and invading peoples space as she violently thrust them pages.

Quickly, she moulded into something else altogether by saying, "The people here need to be more spiritual."

Months after the bible incident the most beautiful piano music, a classical piece, emanated from the coffee and art room. "Who's playing that piano?" was the discussion in that moment. After walking up - there she was, passionately belting out quite a complicated concerto.

This was a person, who was part of the character of the ward, and I will never, ever forget her.

Nor will I forget the first person I met on the ward, who was a character unto himself.

I only met him once. I wonder, as I do of a lot of people, where he is now-if he is even alive, and was he ever validated to find contentment?

I had walked out onto the grass in the sunshine, and saw a young bloke sitting looking out to the suburban landscape of Melbourne. He was the first psychiatric patient I spoke to, the first of thousands in my short lived career in that particular role.

"Hi!", I said, "Mind if I sit down?" He looked away after seeing the photo identification around my neck. I could tell he was thinking I was a clinician, in my 'nice' shirt.

'I'm the new consumer consultant', I said. He asked me what that meant. The moment I told him I have Schizophrenia and am here to listen to him, he had an instant rapport. This was usually the response from clients.

He had tattooed the words 'Pain', and 'Misery' on his forearms, and I was shocked to see the state of his wrists and forearms. They had deep wounds all across them, from years of self-harm. I didn't look twice.

We chat about a cream he has heard of that reduces scar tissue, "You should see how people look at me on the train," he said with disdain.

He originally went to another hospital because he decided, and believed, he was going to kill himself. After one look at his violent and uncooperative past however, the staff denied him access to the hospital and literally threw this meth-amphetamine addicted young man onto the streets.

He retold how he crossed the road, and walked straight to the shops, found the first sharp thing he came across, a fluorescent light, and began to slice up his arms, once more.

With no more money to satisfy his addiction, and years of being in and out of psychiatric inpatient units with no relief, I'd imagine he looked at the deep futile blood clotting wounds up his arms, and cursed his bodies durability.

He told me he then made his way to a friend's house, where he took a whole tray of an anti-psychotic medication prescribed to him. His mate found him when he arrived home some time later, and called an ambulance. He was unconscious. The paramedics quickly resuscitated him, and pumped his stomach, and he was then taken back to the very same hospital, where he regained consciousness. Once conscious he was whisked off to the psychiatric ward, where he ended up groggily sitting in the sun next to me that morning, on that devastatingly beautiful day.

"The cops are after me," he said. Ahh, I knew this all too well, having been familiar with delusions in my own past. I thought to myself: I am the perfect candidate for this job. But I asked why, validating the holistic concern of any delusion he might have, as experience had taught me there is a rhyme and reason to madness.

As it turned out, he was on a Community Treatment Order, (CTO), which meant he was legally bound to take prescribed medication, because he was considered a

danger to himself and/or others. He seemed to me blandly at peace, maybe for him it was a relief to be back in the familiar ward, 'off the grid'.

Under this CTO, he had to report daily to his psychiatrist, whom then confirmed his whereabouts to police. After his three- day spree of ice, he told me that most likely the psychiatrist had reported him missing to the police. What I incorrectly assumed a delusion, yet turned out to be totally valid and real.

I tried to think of the most appropriate reaction and a solution.

“Can you give your psychiatrist a call to make sure they know where you are? That way the police wont be looking for you”. He didn't mention any family.

He told me, that he could not.

I could empathise with this bloke, after some of my experiences with psychiatrists, I assumed dis-trust and non-compliance with his doctors. Yet I asked anyway why he couldn't call.

“I haven't got fifty cents.” He continued staring out into the landscape.

I took him inside to ask management for a fifty cent coin to make a phone call. Clients could only make a call from the ward phone, at a charge of fifty cents, and all mobile phones are banned.

I found myself looking for his nurse, or a doctor, or anyone to help, to no avail. I asked the kitchen lady whom I might speak to. She directed me to a nurse, darting down the corridor, avoiding the constant pleas of patients. The nurse informed me to look on the whiteboard. Every client was given a nurse under the nurse's name. Each nurse had the responsibility to address around six people during their shift.

I had no idea who this person supposed to be helping him was, and neither did the young man. When I finally located the nurse, and told her the problem, I am directed to his doctor. When I find his doctor, I was directed to the manager.

Finally, I spoke to the manager, and explained the situation. He seems embarrassed, even ashamed, and the young man is whisked off to the fishbowl, given fifty cents, and directed to the blue pay phone on the wall. The exchange was so swift that when we get to the phone he realises he does not know the number.

I felt helpless.

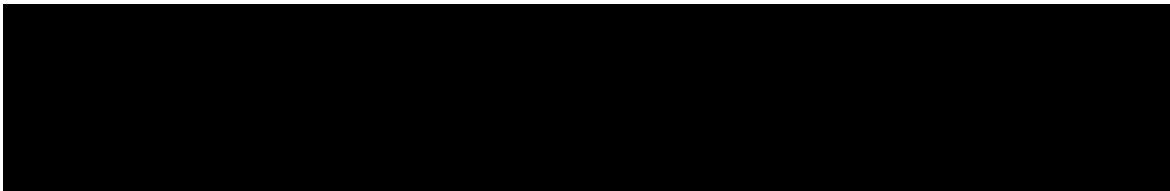
The next day I stormed into my office of my boss, where I proposed writing a feature article for a major metropolitan newspaper about the appalling state of these poor people, the total lack of understanding and financial resources. She is appreciative of my enthusiasm for the role, yet informs me of the issues of confidentiality. She tells me my job is on the line, and that it would be more appropriate I praise or improve the service than slag it off. I found it hard to work under such limitations, the red tape and bureaucracy, and the hierarchies.

As the weeks went by, I was deeply traumatised by what I saw and experienced. I would take these experiences home with me, angry and sad. Sometimes I was overjoyed too, let it not be forgotten to say. I had not learnt to professionally distance myself from my day job. I guess I'm not generally clinical, yet we still need all types of people to contribute to the mental health crisis as staff.

When I got home, I battled my own illness and had great empathy for those the same as me.

I loved those people, those characters I met, and mostly understood. It was such a wealth of shared experiences from the hum drum of 'normal' life...that opaque and ostracised little paradise of light, dark, struggling, hope, comedy, bravery, tragedy, creativity, and individualism. I saw things from their side.

**\*\* This is an extract from Richard McLean's book fourth titled, "The SHRINK! ...and you thought you were crazy!"**





**Shrink, by Richard McLean.**

I'd like to introduce this book, '*Shrink*', with a piece of writing i did when I was struggling with the responsibilities of being a consumer consultant and also my own illness, a few years ago, and have cut and copied the piece from part of numerous book/diary type novels I wrote at the time and have reworked.

I hope it gives you some sense of the history behind my mandate for a book such as this. Some of the cartoons are serious, some are stories from friends, and some are political or personal-but I hope you can get a laugh out of it!

A good friend, a man I've had a 'phone' relationship with for over 5 years, yet only met five or six times, suggested in one of our near-daily peer counselling session that I might like to draw some of my experiences to purge, express, and also sometimes delight in the ridiculousness of it all. As the book went on, the minimalist drawings had no purpose, hence the conversational bubbles.

Sorry if you cant understand my writing, I AM mad, you know. \*wink\*

Brad, thank you for your inspiration support and insight.

In a shameless promotion for Brad you can find him at [www.bradausten.com](http://www.bradausten.com) -where he shares his life through holistic CD recordings of mediations, and art. Sorry Brad I havn't listened to your '*Quit Smoking*' CD yet, I'm not ready. :P

### *First Impressions of the psychiatric ward.*

I remember first walking down a long lino corridor, that leads to the psychiatric inpatient unit, when I was lucky enough to have the experience of being a 'consumer consultant' for a time, with a psychiatric service.

Hearing testing, Eye care, the dentist, the doctors, and even the palliative ward where people go to pass over, are all located together in the hospital. However, in a seemingly symbolic way of representing the theme in society, the mental health ward is separate, isolated, distanced.

Its my first day on the job as a Consumer Consultant. My autobiographical book, *'Recovered, Not Cured, a journey through schizophrenia'*, (Allen and Unwin, 2002), changed my life, and was the biggest job application I think I'd ever written.

My new peer, M, points out the Electro-Shock therapy rooms as we go through locked door after locked door, to which I now have the key, or more accurately,

electronic swipe card. I had assumed that shock therapy had ended around the time of *'One flew over the Cuckoos Nest'*. There was a lot to learn.

Walking inside, I felt a pang of guilt I was intruding, I had never been in a psychiatric ward. A lot of the people I met however, did not seem as 'sick' as I remember being.

I spent a lot of time in that place... Yet I'll never forget my first impression.

It's a pleasant warm day, yet I have a long sleeved shirt on, to impress, the kind Mum would refer to when she would always suggest, 'Wear one of your *nice* shirts', to family functions, instead of the art-school-bleck-pop-punk I usually wore.

The most obvious thing about the psychiatric ward is what was referred to as the 'Fishbowl', or nurses/doctors station. It's a long, central room that is behind locked doors and huge panes of glass.

Its where the computers are, where the doctors and nurse hang out, where the cigarettes are rationed out-one an hour to some- and the place where I painfully witnessed person upon dischordant person crave for attention through the thick glass, often in futility.

There are long corridors which lead to tiny rooms, each with a bolted down single bed and a small window. There is no décor or decorations. Just plain walls and place to store some clothes.

Outside in the courtyard, there are a few plastic chairs and two tables. This is where most people sit and endlessly smoke what cigarettes they can muster, (or can afford), and look over the working class suburb in the west of Melbourne, a place itself saturated in stigma.

They pendulate between this environment, and the free-of-stimuli (except the TV), lounge that is inside, looking into the fishbowl. Meals were on time, and everyone lined up with plastic plates and

utensils. There was an increasing amount of art from arts therapy on the walls, which I thought needed to be budgeted for much more.

Everything is bolted down, secured, or too heavy to pick up, so nothing can be used as a weapon. The carpet is fairly grim, and the chairs tainted with piss, mostly from Slavika, (name changed). I had a soft spot for Slavika, a long-term inpatient.

Here, psychiatric drugs are used to treat the symptoms of 'mental illness'. They are also used to make the person more manageable.

But oh, the wonderful conversations I had in there. RD Laing's term 'accutely empathic' comes to mind.

Time there for a person varies, yet is supposed to quite short-from 5 days up to two weeks. The people working in the field, from psychiatrists, to clinicians, to social workers, and consumer consultants, worked hard, with limited resources-and the beds were almost

always full. It sat ill-at-ease with me though, when I would sit in on staff meetings, and the quantity of in/out people would be recorded and monitored, as if by a machine-like entity.

This time in the ward is enough time for the clinicians to drug the person enough that their symptoms recede or disappear. Enough time to place people into a frame of mind, where they will fit into society with more grace and less burden. Drug company reps would regularly visit the staff, with all amount of pens, post it notes, and food discussing the benefits of the latest anti-psychotic from particular drug companies, to the new psychiatrists.

Any epoch of time in that place would make you feel discordant. Sometimes I left there walking up the long lino corridor back to my office with tears in my eyes and anger in my heart, and a feeling of relief I didn't ever have to endure that environment whilst I was 'psychotic'.

Despite these ideal time frames, good old Slavika, has lived in the inpatient unit for

nearly two years. She has a dual disability I am told-she has a mental illness accompanied by an intellectual disability.

There is simply no-where for her to go. So here she stays, watching the affected and often familiar people come and go over the months, and walking up to the fish bowl, pleading for cigarettes. I wish I had a dollar for every time she asked to see her case manager, or be allowed to walk to the shops.

Seclusion is a room with a mattress. It is supposed to be used in the context of 'least restriction', and only when the patient is uncontrollable, actively suicidal, or as the last resort to treatment. It's a small room, with no clock or chair, just a bed with restraints.

To control Slavika, she is threatened with seclusion. 'If you dont behave-you'll go in there!' one of the high up workers says. To be honest, the worker is trying to run a ward with limited resources, not enough funding, and also try and look after all the other people in there. She has

no choice. Yet it made me sad that the threat of seclusion would make Slavika fall back into line.

So she obeys. She is a solidly built European heritaged woman with huge googly eyes, always fondly calling people 'Daahling', and kissing and hugging everyone. I have seen and heard her being dragged to that seclusion room... And does she pack a lungful... an animalistic purge so raw, and powerful, makes you think twice to not pay her the attention she direly needed when she asks to see her case manager.

It seemed her dream to be married, and she was fond of me. Another client whom must have been familiar with her told me to tell her I was married to avoid the flirting and adoration from her-which I did-and she rarely called me 'Dahling' again.

I always feel awkward when she asks me to see her case manager-that futile lament-the correct answer is to say: *'Slavika, the outside world doesnt care about you-you are forgotten, trying to*

*reach a nurse or your doctor to get you out of here or even take you for a walk to the milk bar is futile. Just accept that you will be locked up forever, because in actual fact Slavika, I am helpless. My hands are tied, you are helpless, and the staff are too.'* The staff did all they could...There were simply not enough resources. But a persons home should not be an inpatient unit.

Validating my own cliched bigotry for a moment, I think to myself she looks ugly, sounds stupid, looks like this is where she belongs at first glance. I'm angry with myself. But looks and sounds can be deceiving.

One day she appears in the courtyard carrying a Bible and ripping the pages out-I asked her to stop, for destroying books, in my mind, was an abomination. She insists everyone take a page. She is making noises and looking ugly, she invades peoples space violently thrusting them pages.

Then she moulds into something else all together by saying, *'The people here*

*need to be more spiritual'.*

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Yet the first person I met on the ward was someone else all together.

I only met him once. I wonder, as I do of a lot of people, where he is now-if he is even alive, and was he ever validated to find contentment?

I walk out onto the grass in the sunshine, and see a young bloke sitting looking out to the landscape, in these western suburbs of Melbourne. It will have been the first psychiatric patient I speak to, the first of thousands in my short lived career in that particular role.

'Hi!', I say, 'Mind if I sit down?' He looks away after seeing the photo ID around my neck, thinking I am a clinician, in my 'nice' shirt.

'I'm the new consumer Consultant', I say. He asks what it is, and the moment I tell him I have schizophrenia and am there to listen to him, his rapport and features are instantly welcoming-this is usually the response from clients whom feel they can relate to someone who has experienced similar experiences.

He has negative words tattooed on his arms in an old english font. I'm shocked to see the state of his wrists and under his forearms. They have deep wounds all across them, from years of self harm. I don't look again.

I am instantly stoic-I can handle anything-and we chat.

We chat about a creme he has heard of that reduces scar tissue, 'You should see how people look at me on the train', he says in disdain.

He originally went to the Alfred hospital because he decided, and believed, he was going to kill himself. One look at his violent and unco-operative past however, the staff denied him access to the hospital, literally throwing this meth-amphetamine addicted young man onto the streets.

He retold how he crossed the road, and walked straight to the shops, found the first sharp thing he came across, a fluorescent light, smashed it, and began to slice up his arms. Once more.

With no more money to satisfy his addiction, and years of being in and out of psychiatric inpatient units with no relief, I'd imagine he looks at the deep futile blood clotting wounds up his arms, and curses his bodies durability.

He told me he made his way to a mates place where he takes a whole tray of Zyprexa, the anti-psychotic prescribed to him. His mate finds him when he arrives home some time later, and calls an ambulance. He is un-conscious. The ambos quickly resuscitate him, his stomach is

pumped, and he is then taken ironically to the Alfred, where he regains consciousness, is whisked off to the psychiatric ward, and ends up groggily in the morning sitting in the sun next to me, on that devastatingly beautiful day.

'The cops are after me', he says. Ahh, I know this all too well, having been familiar with delusion in the past. I think to myself: I am the perfect candidate for this job. But I ask him why the cops are after him, validating the holistic concern of any delusion he might have, as experience has taught me there is a rhyme and reason to madness.

As it turned out, he was on a Community Treatment Order, (CTO), which meant he was legally bound to take prescribed medication, because he was considered a danger to himself and/or others. He seemed to me blandly at peace, maybe for him it was a relief to be back in the I'm sure familiar ward, back to a safe place, back to being 'off the grid'.

Under this CTO, he had to report daily to his psychiatrist, whom then confirmed

the police of his whereabouts. After his three day spree of ice, he told me that most likely the psychiatrist had reported him missing to the police. What I incorrectly assumed a delusion, turned out to be totally valid and real.

I tried to think of the most appropriate reaction and a solution.

‘Can you give your psychiatrist a call to make sure they know where you are? That way the police wont be looking for you’. He didnt mention any family.

‘I cant’, he replied

I could emapathise with this bloke, after some of my experiences with psychiatrists, I assumed dis-trust and non-compliance with his doctors. Yet I asked anyway why he couldn’t call.

*‘I havn’t got fifty cents.’* He continued staring out into the landscape.

I took him inside to ask management for a 50 cent coin to make a phone call. Clients, or ‘consumers’ as we called

them, (as in a ‘consumer’ of a mental health service), can only make a call from the ward phone, at a charge of fifty cents, and all mobile phones are banned. When you’re in the ward, you’re ‘off the grid’.

I find myself looking for his nurse, or a doctor, or ANYone to help. To no avail. I ask the kitchen lady whom I might speak to. She directs me to a nurse, darting down the corridor, avoiding Slavika’s constant pleas. The nurse informs me to look on the whiteboard- every client is given a nurse under the nurses name. Each nurse has the responsibility to address around 6 people during their shift.

I have no idea who this person supposed to be helping him is, and neither does the young man. When I finally locate the nurse, and tell her the problem, I am directed to his doctor. When I find his doctor I am directed to the manager.

When I talk to the manager, and explain the situation, he seems embarrassed, even ashamed, and the young man is whisked

off to the fishbowl, given fifty cents, and directed to the blue pay phone on the wall. The exchange was so swift when we get to the phone he realizes he does not know the number.

I feel helpless.

The next day I storm into my bosses office, where I propose writing an article for ‘██████’, about the appalling state of these poor people, the total lack of understanding and financial resources. She is appreciative of my enthusiasm for the role, yet informs me of the issue of confidentiality. She tells me my job is on the line, and that it be more appropriate I praise or improve the service than bagging it. I found it hard to work under such limitations, the red tape and bureaucracy, and the hierarchies.

As the weeks go by, I am deeply traumatized by what I see and experience, and take these experiences home with me, angry and sad. Sometimes I was overjoyed too, let it not be forgotten to say. I had not learnt to professionally distance myself from

my day job. I guess I’m not generally enabled with clinicism, we still need all types of people to contribute to the mental health crisis though.

When I go home, I battle my own illness and have great empathy for those the same as me.

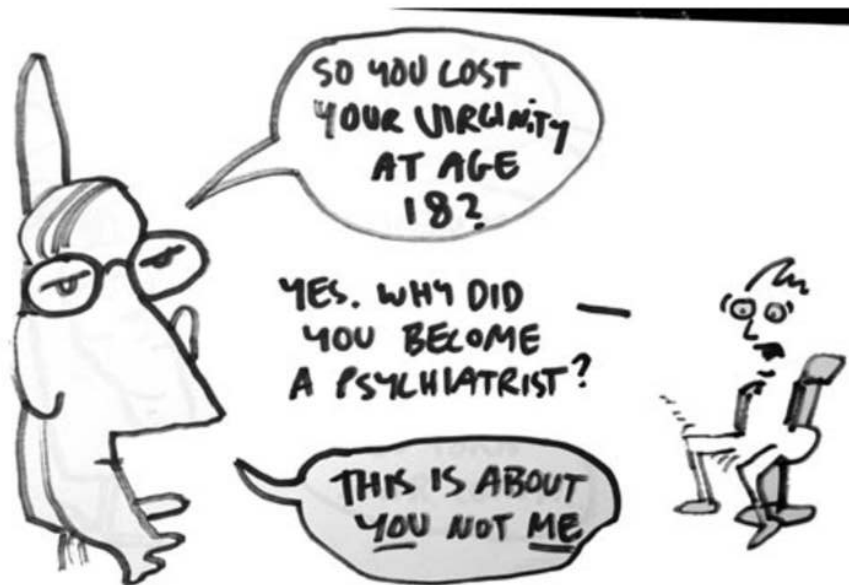
I loved those people, and mostly felt I understood them. It was such a wealth of shared experiences, different to ‘the outside’, the ‘normal hum-drum world’... that opaque and ostracized little paradise of light, dark, struggling, hope, comedy, bravery, tragedy, creativity, and individualism.

Maybe in this quirky little experimental book you might be able to see it from their side too.

*Richard McLean, March, 2009.*

***SHRINK***  
***A DOSE OF  
MAD PRIDE!***







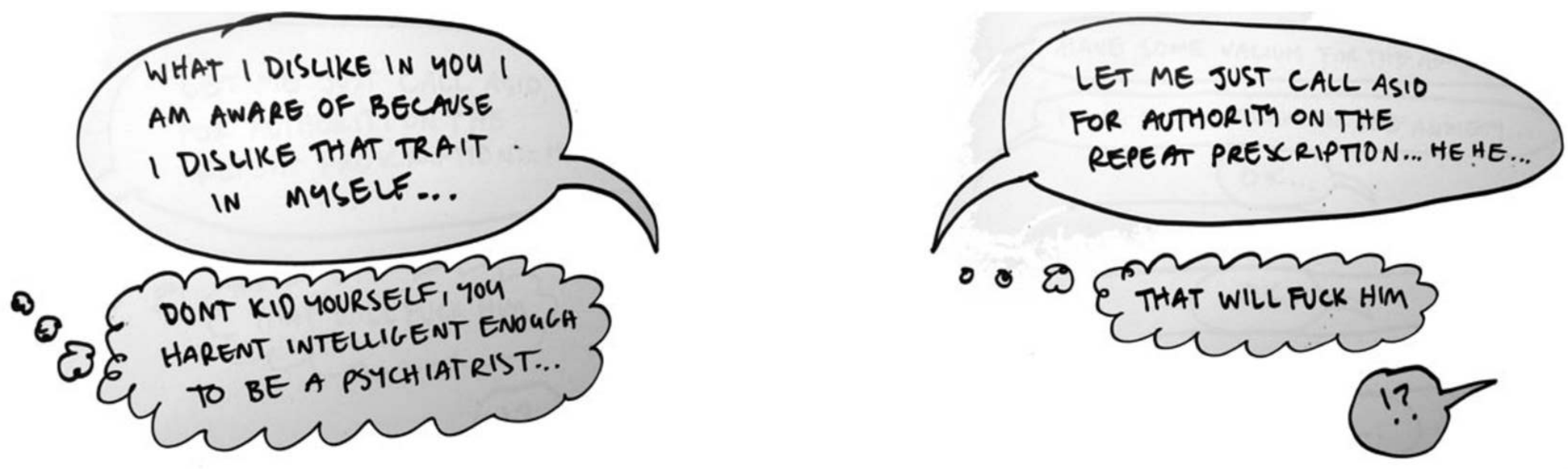
I FUCK WHEN I LIKE, DRINK,  
GAMBLE, TAKE DRUGS AND  
TALK TO ANGELS WHILST  
BEING TOTALLY FREE...

OK, I'M ENVIOUS

ARE YOU ENVIOUS?

HAVE YOU EVER TRIED  
KEEPING A 'MOOD-DIARY'?

YEAH IT WOULD SAY 'PISSED OFF'  
EVERY APPOINTMENT-SEE  
YOU NEXT WEEK...



WHAT I DISLIKE IN YOU I  
AM AWARE OF BECAUSE  
I DISLIKE THAT TRAIT  
IN MYSELF...

DONT KID YOURSELF, YOU  
HARENT INTELLIGENT ENOUGH  
TO BE A PSYCHIATRIST...

LET ME JUST CALL ASID  
FOR AUTHORITY ON THE  
REPEAT PRESCRIPTION... HE HE...

THAT WILL FUCK HIM

!?





I THINK YOU'RE UNDER  
A PSYCHIATRIC CULTURAL  
DELUSION OF YOUR OWN...

WHAT!?

HAVE YOU TRIED D.M.T.?

IF IT WASNT FOR YOU  
I'D BE DEAD...

GLAD I COULD HELP

I LET YOU HELP ME,  
DOESNT MEAN I STILL  
DONT DISAGREE WITH YOU...





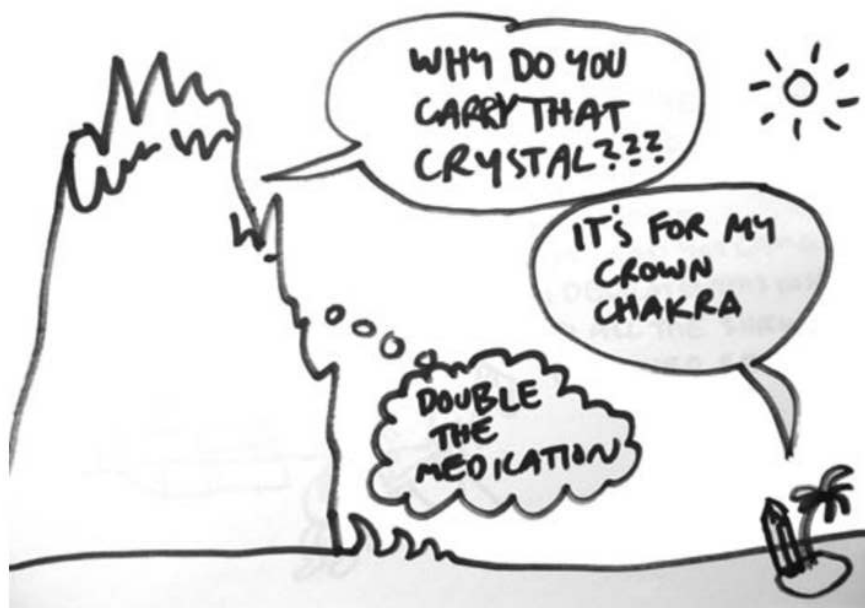




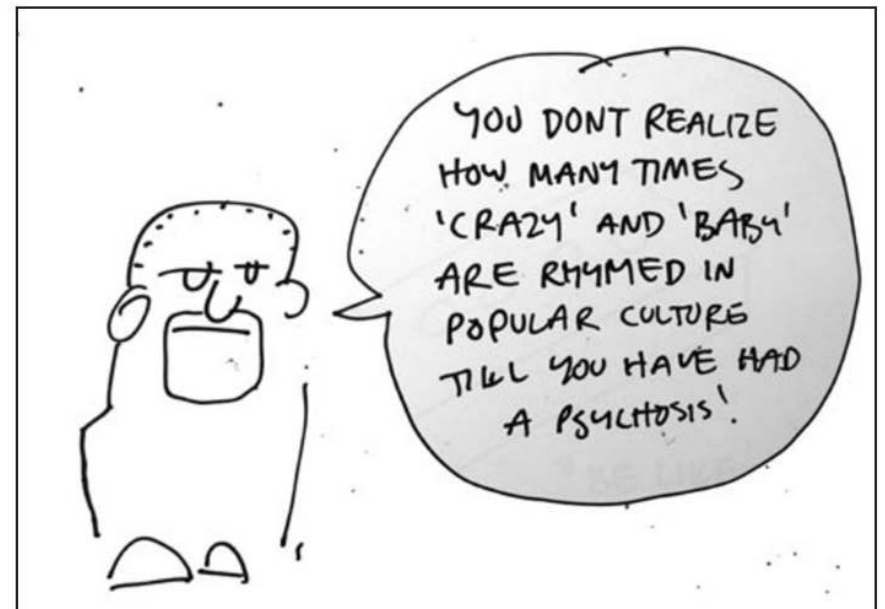
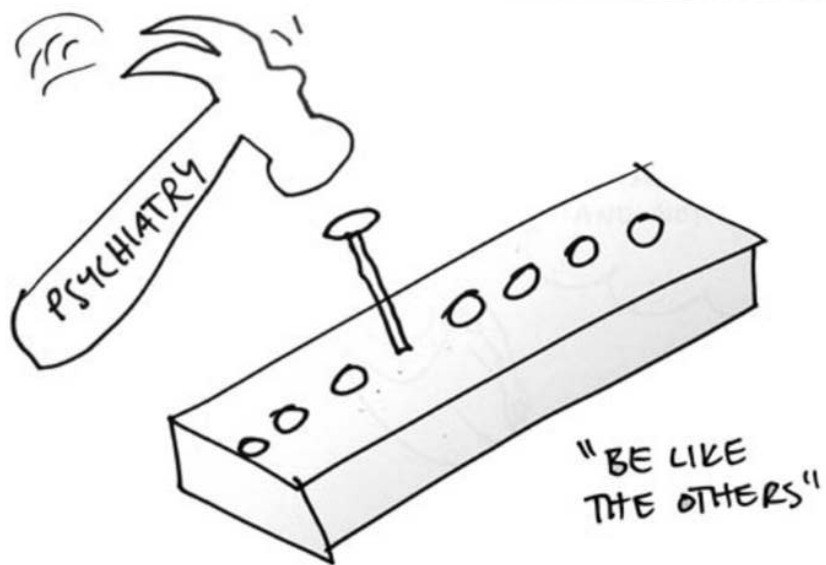




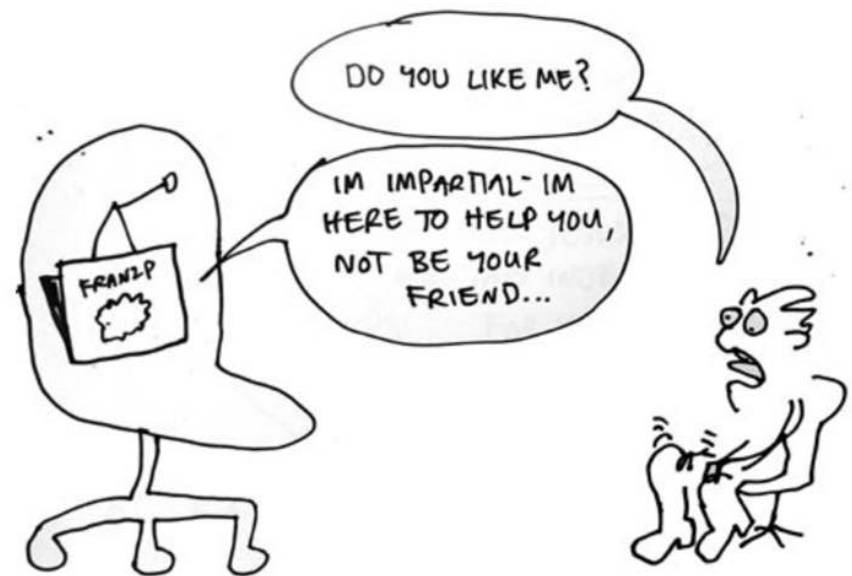
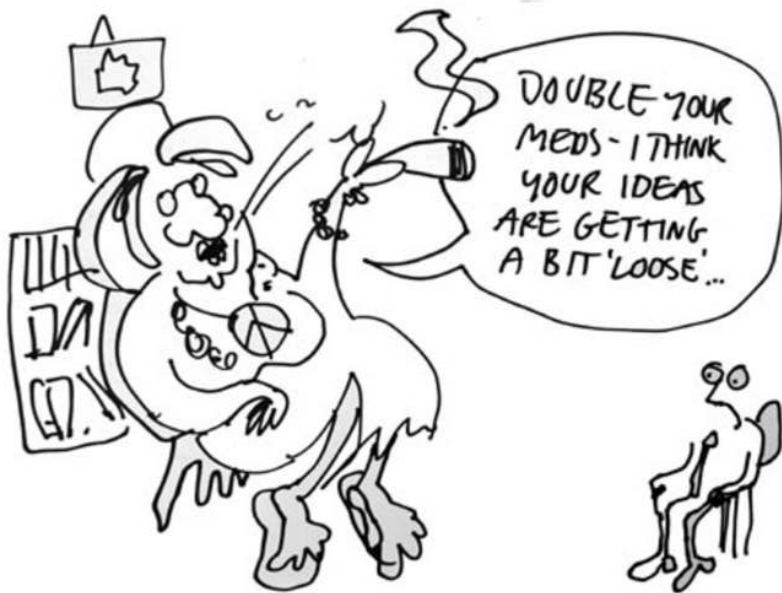


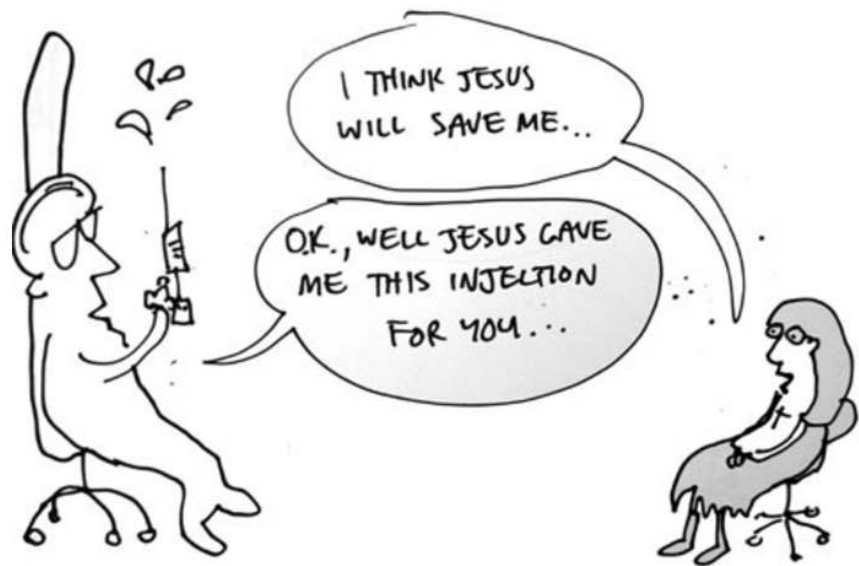


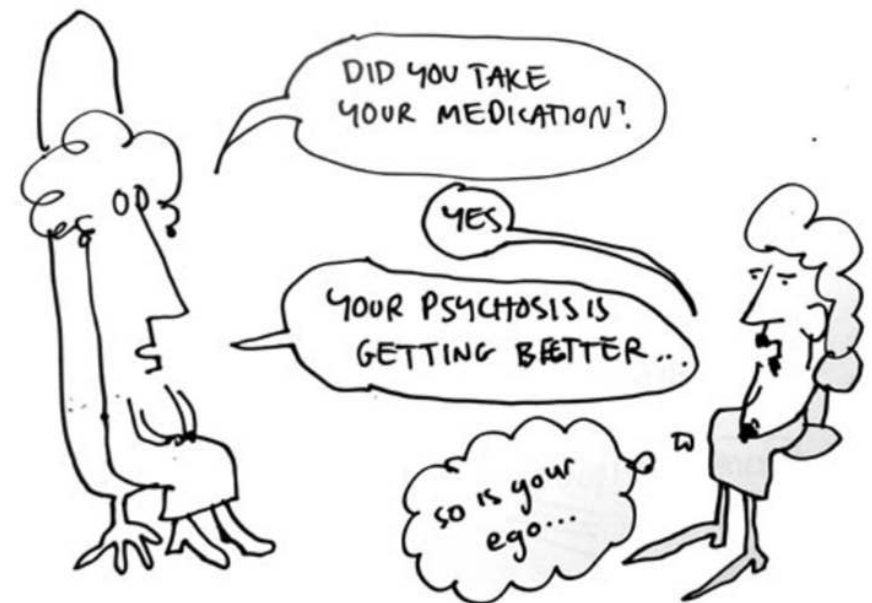




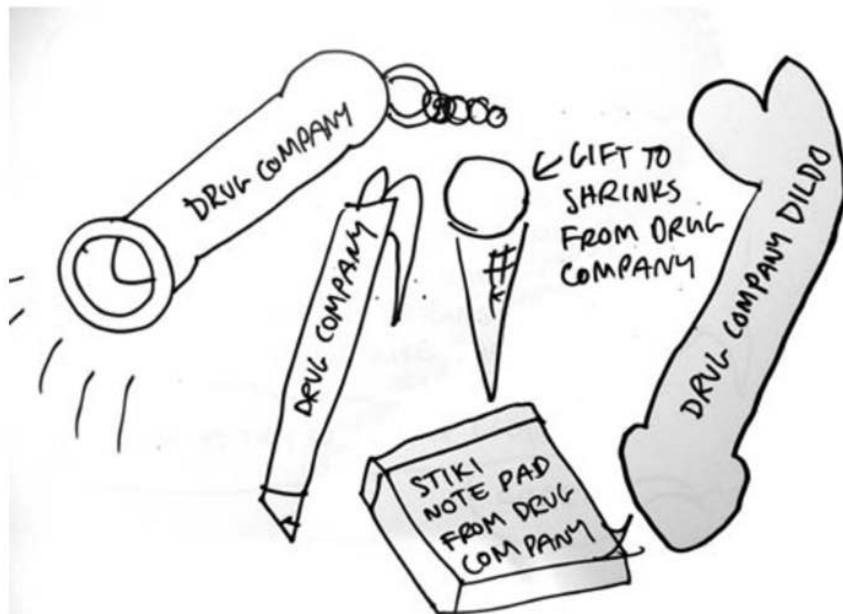


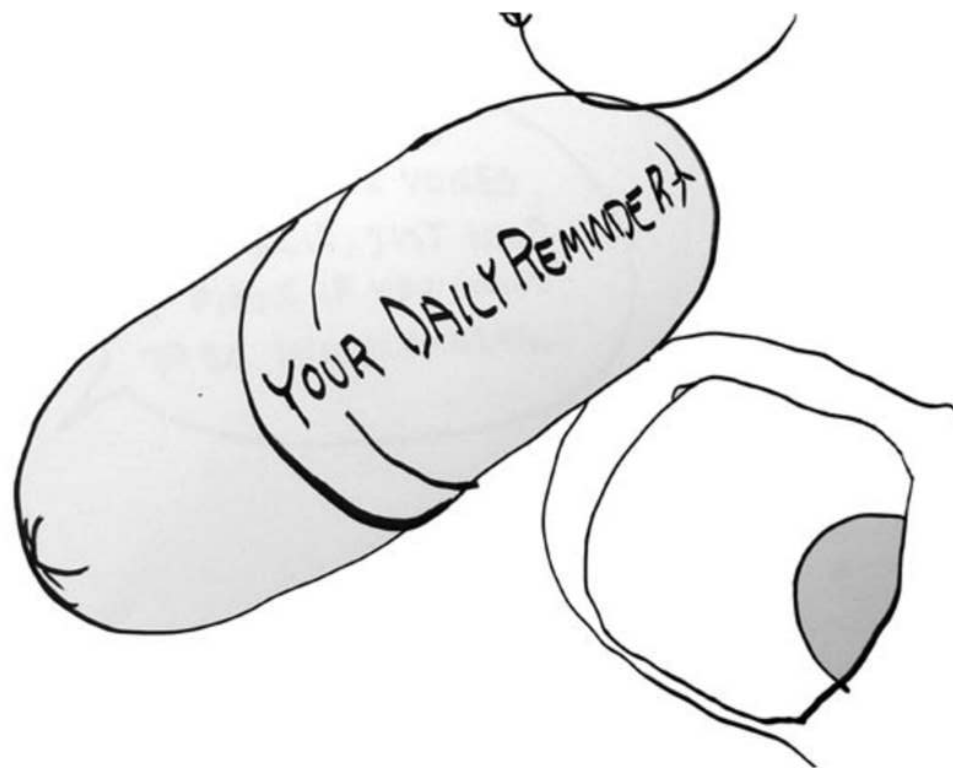












AT THE PARTY...

I'M AN ACCOUNTANT,  
WHAT DO YOU DO?

I HATE THAT  
QUESTION...

MY AIM IS TO  
PUT MYSELF  
OUT OF A JOB  
WITH YOU...

WOW! YOU'RE THE  
BEST PSYCHIATRIST  
I'VE EVER SEEN!



I THINK YOU'RE  
STABLE AT THE  
MOMENT...

STABLE? STABLE?  
AFTER WHAT I'VE BEEN  
THROUGH IM A FUCKING  
WALKING MIRACLE!

WHAT DOES IT MEAN:  
"THOSE THAT LIVE IN  
GLASS HOUSES  
SHOULDN'T THROW  
STONES?"

MATE, I HAVE NOWHERE  
TO LIVE! WHAT ABOUT  
CONFUSCIOUS SAY "MAN  
WHO PAINT TOILET NOT  
NECESSARILY SHITHOUSE  
PAINTER?"

THANKS...

I THINK?!?

SEE YOU NEXT WEEK.

YOU JUST HAD A CIGARETTE!  
YOU DON'T NEED ANOTHER ONE  
JUST BE STRONG!!!

DONT HOLD ME UP TO 'STRONG',  
IT CONSTANTLY REMINDS ME IN  
A NEGATIVE WAY ABOUT MY VICES...

YOU'VE GOT CO-DEPENDANT  
PERSONALITY DISORDER...

ALL I WANT IS  
SOMEONE TO HOLD  
AT NIGHT...

IM WORRIED ABOUT  
THE END OF THE EARTH,  
THE SEAS RISING, AND NUCLEAR  
WAR ... AND ALSO...

NORMAL PEOPLE DONT  
WORRY ABOUT THAT,  
HAVE SOME XANAX...

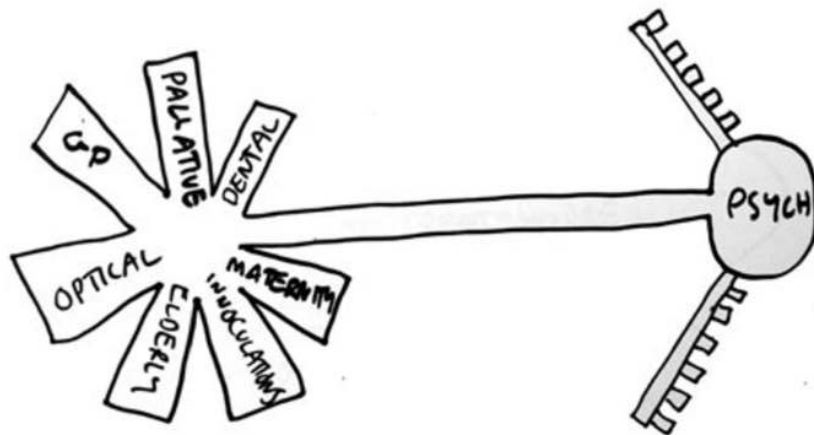
THE STATE OF THIS SERVICE AND  
INPATIENT UNIT IS PREPOSTEROUS!  
I HAVE SOME MEDIA CONTACTS,  
PERHAPS I COULD SHED SOME  
LIGHT PUBLICALLY ON HOW DIRE IT IS...

I LOVE YOUR COMMITMENT TO YOUR  
ROLE AS CONSUMER CONSULTANT BUT  
YOU'RE HERE TO HELP US WITHIN A  
CONTEXT; NOT GIVE US A BAD REP...

SORRY, SMOKING HAS BEEN  
BANNED IN PSYCHIATRIC INPATIENT  
UNITS-

WELL IM FUCKING ADDICTED AND  
THE GOVERNMENT JUST ABOUT  
SEES THEM TO ME!

HOSPITAL OUTLAY FROM ABOVE...



ITS BEEN TWENTY YEARS OF BEING  
ILL - AND I CHOSE IT TO MAKE  
ME A STRONGER PERSON

NO, ITS AN ILLNESS WE NEED  
TO TREAT - YOU'RE  
DELUSIONAL.

IM NOT DELUSIONAL, I'M VERY  
ALIVE, MAKE NO MISTAKE, I CAN  
EDUCATE YOU IF YOU WERE  
OPEN TO IT...

THE THREE 'R'S.

YOU NEED MY HELP...

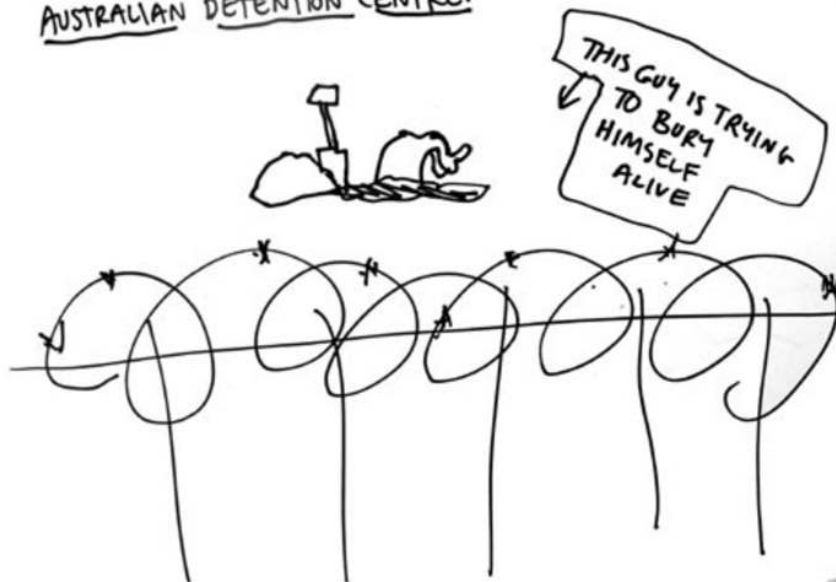
MAYBE SO, BUT ULTIMATELY I HELP  
MYSELF AND I CAN PICK AND CHOOSE  
IF I ALLOW YOUR ASSISTANCE...

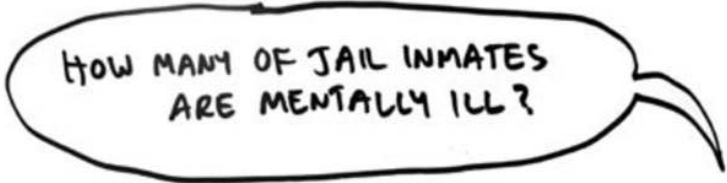
HI, I HAVE A DISABILITY.  
WHAT'S THE WAITING  
TIME FOR SUPPORTED  
ACCOMMODATION?

15 YEARS.


I COULD BE DEAD BY THEN!!!

AUSTRALIAN DETENTION CENTRE:






HOW MANY OF JAIL INMATES  
ARE MENTALLY ILL?




WE DONT SPEAK OF 'THE DARKNESS'  
OR TABOO ON THE OUTSIDE...


" IF YOU BELIEVE IN GOD  
THEN YOU'RE RELIGIOUS...  
BUT IF GOD SPEAKS TO YOU,  
YOU'RE PSYCHOTIC! "



I GAVE AWAY MY STORY  
AND ART AND OPINION  
AND TIME, AND I FORGOT  
TO LEAVE SOME FOR ME...



... WHAT ARE YOUR THOUGHTS?



MY THOUGHTS ARE MY  
GREATEST FEAR


MAN, I JUST LOVED  
THAT BOOK YOU WROTE  
--- IT WAS **SICK!**

I'D PREFER 'ACCUTELY EMPATHIC!...


I HURT SOMEONE.

WHO DID YOU HURT?

MYSELF



I'M GOING TO PUBLISH  
A BOOK!



I THINK YOU'RE MANIC AND HAVE  
OUT-OF-PROPORTION IDEAS OF  
WHAT YOU'RE CAPABLE OF....

'I'M ON BLACKLISTS FOR WHAT  
I EXPRESS & BELIEVE IN "

MAHATMA GHANDI SAID: FIRST THEY  
LAUGH AT YOU, THEN THEY IGNORE YOU,  
THEN THEY FIGHT YOU, THEN YOU **WIN!**

DO YOU JERK-OFF  
LIKE THE REST OF US?

THATS CLASSIFIED....

ARE YOU HAVING SEX?

WELL, NOT RIGHT NOW BUT  
YEAH I LOVE SHAGGING HEAPS...

IM SERETLY JEALOUS

YOU HAVE A SEXUAL ADDICTION...

YOU WANT TO KNOW  
WHAT ITS GOD-DAMN LIKE?

YOU TAKE THE PILLS!!!

THATS UNETHICAL...

UNDER THE COMMUNITY TREATMENT  
ORDER, YOU MUST TAKE THIS  
MONTHLY INJECTION.

CAN YOU TELL ME WHAT IT DOES  
AND HOW IT WORKS???

WELL... NO.

FICTION IN THE PSYCH WARD

IM DEPRESSED AND WANT  
TO KILL MYSELF...

Oh! you poor dear! Give  
me a hug and come  
have a cuppa!

THE JOB INTERVIEW

This has gone really well, can I  
ask you why you left your  
old job?

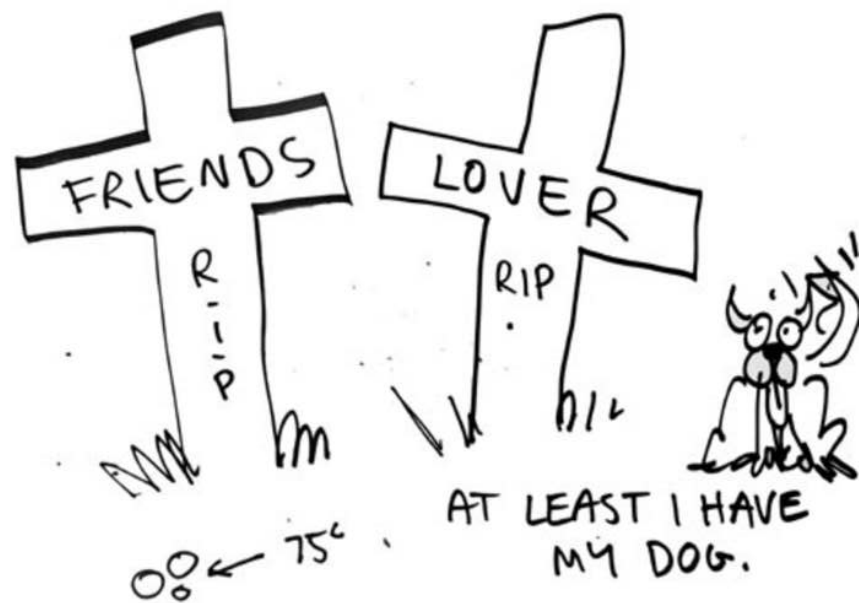
UM...ERR...

TRUE MADNESS:



MORE TRUE MADNESS





The world aint going to  
fall over over this.

EVERYTHING IS GOING  
TO BE OK.

ANY BOOK BY A SCHIZOPHRENIC  
BAGGING THE PSYCHIATRISTS IS  
UNTHANKFUL, EVEN PREPOSTEROUS!  
ESPECIALLY AS THEY SAVED  
YOUR LIFE!

YOU DONT GET IT, DO YOU?  
I SAVED MY LIFE, BUT I ACCEPTED  
HELP OF PROFESSIONALS...

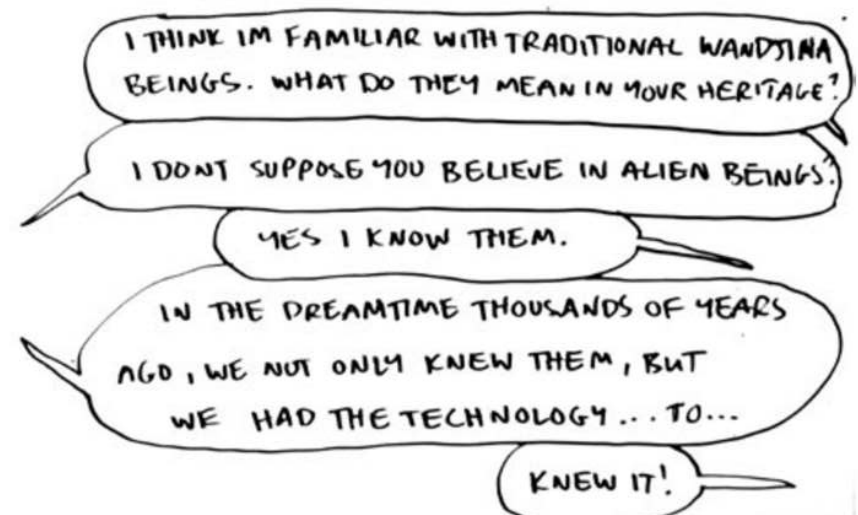
WHY IS IT THE PEOPLE THAT  
NEED PSYCHIATRIC HELP THE MOST  
ARE ALWAYS THE ONES ON THE  
POVERTY LINE WHO CAN'T AFFORD IT?

TAKE THESE AND TRY AND  
RELAX - YOU DONT APPEAR TO WANT  
TO HARM YOURSELF OR OTHERS AND  
THE INPATIENT UNIT IS FULL ...

### RESPONSIBILITY FOR SELF



### THE HOMELESS INDIGENOUS MAN



TIMELINES.PSYCHIATRIST:

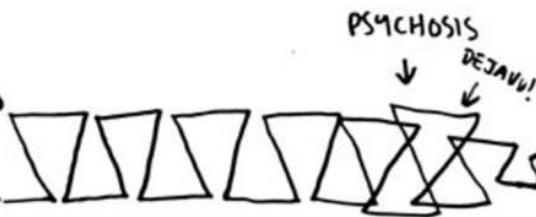
TIME SPENT THERE →

TIME SPENT HERE ---

SCHIZOPHRENIA:

TIME SPENT THERE →

TIME SPENT HERE...



WHY IS THE HUMAN RIGHTS  
CHARTER DECORATING  
THE TOILET FLOOR?

THERES A REASON  
FOR THAT....



1 X DAMIANA AND CHAMOMILE  
TEA WITH SOOTHING MUSIC  
AND SWEETENED WITH  
HONEY IS BETTER  
THAN 1 X 1mg XANAX.

YOU SMOKE ALOT OF CIGARETTES?

YES. } —

SMOKING BLOCKS VITAMIN C, WHICH IS  
IMPERATIVE FOR B3 B6 and B12 UPTAKE.  
IF YOU NEED TO SMOKE, TAKE 1-2000mg  
OF C AND B3, 6, AND 12 DAILY.

YOU'RE THE BEST CHIROPRACTOR EVER!

IM NOT SURE THE MEDICATION  
IS WORKING...

WHY NOT TRY A POPPY TEABREW,  
A VIAL OF VANILLA ESSENCE,  
AND A NUTMEG MILKSHAKE?

22

### PSYCHIATRY:

TO WHAT EXTENT ARE VOICES THERE  
WE NEED TO STOP THEM!

### SHAMANISM

WHAT DO THE VOICES SAY AND  
WHAT DO THEY MEAN TO YOU?

CAN I GET A SECOND OPINION  
ON THAT?

SURE, BUT YOU'RE NOT LOGICAL  
ENOUGH TO COMPREHEND TWO.

IM GOING TO ASK MY SHAMAN.

YOU'RE SOO FREUDIAN...

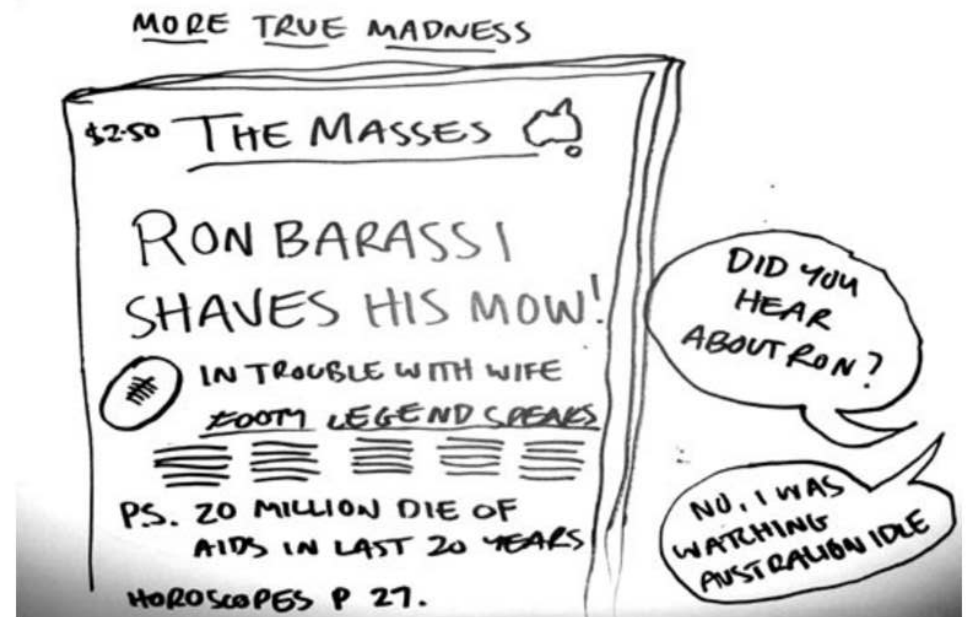
YOU'RE SDO JUNGIAN...

IM A SCIENTOLOGIST!

IM A JEW!

WANT TO PLAY GOLF SOMETIME?

SURE!



IN REGARDS TO SCIENCE,  
INTENTION CREATES REALITY,  
SO--- ARE YOU SAYING I HAVE  
AN ABILITY, OR A DISABILITY?

WELL, ACTUALLY YES, I'M JUST  
TRYING TO FIND STUFF **WRONG**  
WITH YOU ...

CAN YOU TELL ME  
IN THIS LINE-UP WHICH  
BEING 'ABUSED YOU'?



ARE THERE ANY OTHER  
RECCOMENDATIONS FOR  
KEEPING WELL APART FROM  
THE MEDICATION?

WELL, YOU ARE WHAT YOU  
EAT- SO AVOID FRUITS AND NUTS...



WELCOME TO CENTRELINK DISABILITY  
SUPPORT AND CARERS LINE. IF YOU  
HAVE RECIEVED A LETTER FROM US AND  
THERE IS NO CHANGE, YOU DO NOT NEED  
TO SPEAK TO US - AND YOU CAN 'SIMPLY  
HANG UP'!



NOW THAT WE HAVE  
DIS-EMBOWELLED YOUR  
WHOLE LIFE TRAUMA AND  
EMOTIONS, WE'LL GIVE YOU  
THESE PILLS THAT WILL  
MAKE YOU FAT, SHAKE  
LIKE A LEAF, SLEEP ALL  
DAY, AND IMPOTENT.  
SEE YOU NEXT WEEK!

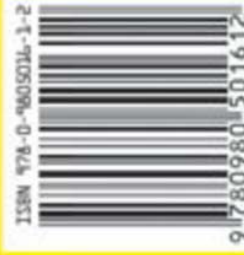


Have you ever seen a shrink and thought:  
**'They're crazier than me!'**  
- Well you're not alone!



Dedicated to the affected,  
and all the shrinks I've loved,  
(and pushed the buttons of!) before!

[www.egoandsoul.com](http://www.egoandsoul.com)



'Double the medication!' - FRANZP  
'Crazy for you baby!' - MADONNA  
'Show me a sane man and I'll cure him for you' - CARL JUNG  
'I don't get it' - SOME RANDOM SANE PERSON