**Appendix 1**

**Submission to the Parliamentary Select Committee in support of my NZ Mental Health Care Petition**

**Fact 1 -** One in one hundred of everybody in the world will come down with the illness of schizophrenia. That is a total of 75 million people - 45,000 of them in New Zealand.

**Fact 2 -** About one third will recover quite soon; the second third will never recover; the last third will have ongoing mental problems for the rest of their lives.

**Fact 3 -** For 150 years prior to 1992 every person duly diagnosed with schizophrenia would in effect become a ward of the state - simply because it was recognized that the sufferers with this illness would never in their lives be able to cater for themselves. For charitable reasons asylums were built throughout our nation. The relevant legislation also ensured that crimes committed by them would be excused because of their illness; and that the few of them who were suspected of being dangerous could be contained and treated against their will.

**Fact 4 -** The Mental Health (Compulsory Assessment and Treatment) Act 1992 superseded previous legislation. All the previous rights and privileges enjoyed by schizophrenic sufferers were cancelled - as was society's right to apprehend and contain any dangerous schizophrenic person.

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The enactment of the Lunatics Ordinance 1846 aimed to "provide safe custody and the prevention of offences by persons dangerously insane and for the care and maintenance of persons of unsound mind" (Ernst, 1991, p.68; Lunatics Ordinance 1846).

All later mental health legislation in New Zealand subscribed to that general aim. My petition seeks for a Royal Commission to determine to what degree the philosophy inherent in the Mental Health (Compulsory Assessment and Treatment) Act 1992, and the consequential closure of our residential, mental institutions, has harmed our schizophrenic population.

I wish to paint the very big picture about schizophrenia - the ignorance today about the condition is profound. You will not understand the relevance of my petition unless the history of insanity is clear in your mind. Following that I shall comment on our New Zealand experience.

Schizophrenia, madness, lunacy, insanity - call it what you will, is an illness which is an integral part of mankind. The incidence of the illness is the same in all peoples, civilizations or tribes in every corner of the world, namely just under one per cent. When we caught up with the original Australians again after their 55,000 years of isolation we found the exact same rate of incidence of insanity here. Now that can only mean two things: 1. Lunacy has been with mankind, unchanged, for the whole of its existence; and 2. It is no ordinary illness - because had it been, it simply could not have lasted for that length of time (as any geneticist will explain to you).

Until only a few hundred years ago people lived together in tribes or families - schizophrenia then did not present much of a social problem. Less than 1 per cent of the population come down with it - and the degree of severity varies enormously. In cases with profound mental enfeeblement a patient would probably not live long - but most cases level out at a more manageable stage. So, in stone-age tribes an obviously insane person would really be quite a rarity at any one point of time. The sudden or gradual change in the behaviour of a youngster would certainly be noticed - but would have been accepted as yet another inexplicable happening in the lives of us little helpless creatures, struggling to survive from day to day. 10,000 years ago cities and villages arose - but people still lived together in families such as farmers, merchants, artisans, soldiers, clergy or whatever. A schizophrenic sufferer would eat with the rest of the family, would find a corner where to sleep - and would most likely find a simple, useful job to do to help their family or tribe.

But in Europe something brand-new appeared: industrialized cities. Here the human individual suddenly was on his/her own. For the first time in human history an individual could exist without help from family or tribe. For the first time a single human individual was free. And we took to that freedom with enthusiasm. "Die Stadt macht frei" said the old Germans: The city makes you free. The amazing creativity of the human individual was unleashed - and we in the 21st century are so luxuriously well off as a direct result of that.

But now suddenly there was a social problem with our insane individuals - because the only thing such sufferers cannot ever do is to plan their own lives, generate their own income or procure their own daily food and shelter. Here in New Zealand, away from family and friends in far off England, insane immigrants were immediately noticeable because of their inability to look after themselves. In effect, our problem is caused by the very nature of the sort of cities we now enjoy.

The asylums solved society's social problem with our schizophrenic population for the next one hundred years to everybody's satisfaction. The institutions were viewed as a worthy and necessary investment for the taxpayer; nursing staff there were exempt from war duties because their work was regarded as an essential public service; the institutions grew together with the increase in population. The legislation meant that everybody diagnosed with schizophrenia in effect became a ward of the state for the remainder of his/her life. Many such sufferers were sent back to their family on trial leave when, or if, they improved (one third of all new cases recover completely within a very short time). Legislation determined that if a committed patient could and did live for 3 months away from the institution without coming to the notice of authorities he/she was automatically discharged from the committal. All others remained wards of the state for the rest of their lives - and settled down in the institutions, much relieved from no longer having to participate in a community which is alien and quite irrelevant to them. It is very important to note that charity was the driving force behind the building of asylums. In 1864 a select committee of the Otago Provincial Council advised that *"lunatics should be regarded by the state as objects of tended solicitude, and that no pain or expense should be spared in ameliorating their condition. They wholly condemn their being treated as paupers or prisoners"*  (Te Aro Encyclopaedia).

In the mid-1950's tranquilizing medication appeared - which transformed our mental institutions. I began work in mental hospitals immediately afterwards (1959) - I remember that old staff were still overawed by what they had experienced : patients who had been unable to communicate for decades, overwhelmed by their tortured thoughts, would now look at you and respond to you. Medication meant that they were relieved from the pressure of many of their frightening symptoms - life became so much easier for them - they could even begin to enjoy life somehow. I remember the optimism which pervaded psychiatric hospitals in the 1950's and early 60's : perhaps schizophrenia was curable! But very soon it was realized that was not the case. Medication never cured anybody from schizophrenia - it just made life so much more bearable for its sufferers.

But in the 1960's a wave of anti-institutional feelings spread both here and in the rest of the western world. The patients now seemed so well on medication; many of the late-onset types of schizophrenics (whose intellectual deterioration is markedly less) could now manage on their own in the community on permanent invalids' benefits with a minimum of supervision - and often preferred that to the institutions; it was felt very deeply that it was not right to deprive people of their freedom simply because of a diagnosis of schizophrenia. Many books and films, such as "One flew over the cuckoo's nest", influenced a lot of idealistically minded people, although giving a wholly distorted view of insanity. The ideologues won the day : the Mental Health (Compulsory Assessment and Treatment) Act 1992 was enacted - thus facilitating the closure of all residential hospitals.

At the stroke of a pen, the rights and privileges which insane people had enjoyed for 150 years under previous legislation were cancelled, namely the right to lifelong protection and care as wards of the state - and the right to special treatment under the law for criminal deeds committed. Also cancelled was the right of society to "provide safe custody and the prevention of offences by persons dangerously insane" (as the Lunatics Ordinance 1846 had spelt it out - see above). It is important to note that the 1992 Act was driven wholly by ideology - there was neither science not pragmatism behind it.

Today's New Zealand is in exactly the same situation as before the Lunatics Ordinance 1846:

**1.**  A large number of our schizophrenic sufferers are again in prison. Tony Bouchier, President of the NZ Criminal Bar Association, in an RNZ interview Feb. 18th 2016, stated, *"One of the main reasons the prison muster is so high is that our prisons are our proxy for our mental health institutions which we no longer have. And everybody in criminal law will tell you this, from judges through to defense council, if there was another way to deal with these people through proper mental health facilities our muster would be a lot smaller".*

**2.** Insane people again live aimlessly in the community, the only difference now being that we pay each of them a weekly sum of money called sickness benefit (which many of them cannot handle anyway).

**3.** Society is again unable legally to apprehend and contain "the dangerously insane, [thus] preventing their offences". This effect of the 1992 Act is to my mind the most terrifying: just this last year we have had many murders of completely innocent victims as a direct result of the legislation change : the WINZ murders by Russell Tully in Ashburton, the triple killings by Ross Bremner in Waikato, the murder of Joanne Pert by Tevita Mafi Filo and others. It is agonizing to contemplate that these killings would almost certainly not have taken place under legislation as we had it prior to 1992.

I believe that only a Royal Commission is able to determine how big a role the 1992 Act has played in the plight of our schizophrenic sufferers today. I suspect the Act has been very harmful to them - the closure of the hospitals perhaps less so. I know there is presently a call from our mental health authorities for an inquiry into mental health - but I am sure that only a Royal Commission can be truly independent. An inquiry by mental health "experts" would be an absolute waste of money, I believe.

In Australia their Mental Health Commission wrote an huge such report in April 2015 - to which the Australian government responded about a year later. Apart from a few minor innovations that inquiry produced nothing new - just demand for more funding (which they didn't get). One cannot expect an unbiased report from a body of people asked to criticize the very framework of a system within which they have worked compassionately all their lives. Jonathan Coleman has turned down requests for a similar inquiry here in New Zealand - I agree with him.

I have some necessary, further comments to make to this Select Committee: In presenting this petition I presume that each and every member of the committee "knows" in his/her bones that old mental institutions were bad, that institutionalization of the mentally ill was bad, that community care of the mentally ill is good, that physical and sexual abuse of patients in the old mental institutions was rife. Such sentiments are grossly misleading - are, to put it bluntly, the outcome of societal indoctrination by grossly ignorant and uncharitable ideologues. There was never any systemic abuse of any patients in the old institutions - but, yes, some staff are quite unsuited to care for totally vulnerable people. In my experience (over 30 years' work as a staff nurse and psychiatric social worker in several mental hospitals both here and in Australia) abuse or cruel treatment of patients were never tolerated.

The schizophrenias are qualitatively different from all other mental afflictions, including (of course) intellectual disabilities which eventually became equally numerous in the old institutions. And as a matter of fact, they are much less vulnerable to abuse because they have normal intelligence and can speak up for, and defend, themselves if need be. They were always able to look after themselves if faced with abuse from any staff - so nobody dared abuse them. And because institutionalization suited them so well they never caused any difficulties in the old hospitals. They were also quite unlikely to be sexually abused because their illness renders them practically asexual.

I respectfully wish to draw the attention of this Committee to the fact that my petition exclusively addresses the concerns of people with schizophrenia. Thus it differs from each and every other recent mental health petition and inquiry (including the major Australian effort mentioned above) which all insist on dealing vaguely with an all-inclusive "mental illness" problem. It is of utmost importance that we again learn clearly to differentiate between common human insanity and all other mental illnesses and afflictions such as the depressions, autism, attention deficit disorders, the neuroses, anxiety etc. All those disorders may at times be as crippling to a sufferer as is schizophrenia - but they nevertheless remain qualitatively apart. And yes, I would agree that, excepting perhaps some people with autism (especially childhood schizophrenia) or various personality problems, community based treatment for those other mental illnesses is much to be preferred to treatment in residential institutions.

The American diagnostic system of psychiatric illnesses (DSM) has now dropped the word schizophrenia altogether - and our NZ psychiatrists will obediently follow suit. That development is wrong : insanity can be diagnosed with almost complete certainty. It was diagnosed by simple observation and common sense in all human societies for 100,000 years. It is ludicrous, actually plain silly, that we now pretend that there is no such illness! It is frightening to observe that intelligent and well-meaning people can be led astray by pure, head-in-the-sand ideology to follow such uncharitable and unrealistic ideas.

The findings of a Royal Commission (as envisaged in my petition) will cut through all such nonsense, I am sure.

Let me repeat: the most realistic and humane treatment of most (but not all) chronic, schizophrenic people consists of institutionalization. Our mental health legislation must be amended so that we again provide individual care and protection for each sufferer of schizophrenia. All they want and need is to be given food, shelter and ideally some useful daily occupation none of which they can ever procure on their own - such is the terrible nature of their illness. That fact is completely disregarded by our present mental health authorities who insist that these people must "live in the community" and must be forced to learn to cater for themselves - even encouraged to get ordinary jobs! And they (our present mental health authorities) even falsely insinuate to schizophrenic people that their illness is of no great impact - and that they may be cured. Any such notion is an ideological illusion amounting to heartless cruelty to the unfortunate sufferers, which I believe, has driven many patients with insight to commit suicide.

The fundamental error in our present treatment of the schizophrenias is that we are basing it on a philosophy of recovery - blithely ignoring the fact that these chronic sufferers will not ever recover. We must again choose to apply common human charity in our treatment of insanity - one of the cruelest illnesses known to mankind.

Yours faithfully,

Andy Espersen, petitioner