

Dear Mental Health Inquiry,

Submissions to your inquiry are about to close - and now there is an enormous task ahead of you sifting through and somehow discerning meaningful patterns in the many thousands messages you have heard from New Zealanders. I venture to say that my final submission here is different from them all :

Looking through the information about you six panel members as it appears on your website I note that all except one are “mental health experts” - in as much that you have spent many years working in mental health related fields. I examined the background of the members of the panel appointed by the Australian Mental Health Commission which 3 years ago produced an huge mental health report similar to the one you will present in October - they likewise were “mental health experts”. Alas, apart from a few very minor innovations their mammoth document produced nothing of value – just demands 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.

If history is a guide, this inquiry really cannot be expected to produce anything startling new, simply because of the very expertise which got you there in the first place. That, of course, is why Royal Commissions are so much more able to get to the bottom of things than other inquiries : they are truly independent. Only Josiah Tualamali’i can carry no pre-conceived ideation. He is therefore, to my mind, more likely to see things clearly (and I suggest he could learn more about the realities of human insanity from his elders in Samoa than from asking the rest of the panel). The question remains, of course, whether he will be swayed by the combined “wisdom” from the rest of you older members who have so much “mental health expertise”.

Last year I had a letter from a prominent New Zealand academic (on whom I had practiced my usual sermon!). He actually agrees with me that many schizophrenic sufferers would benefit from some sort of institutional support. But I was taken aback when, at the end of his letter, he wrote “I do not however wish to turn the clock back, violate fundamental human rights and institutionalize thousands of people in last century style asylums/ psychiatric and psychopaedic hospitals”.

In that brief sentence, simply because I have personal experience of 60 years of changing public opinions about mental institutions and about human insanity, I recognised instantly the tragically stereotypical phrases : “turning the clock back”, “violating human rights”, “institutionalizing thousands of people”, “last century style asylums”. That is just how every right-thinking mental health professional looks at this; and, by inference, I presume all of you (excepting Tualamali’i) subscribe to those sentiments. You “know in your bones” that institutionalization of the mentally ill is bad; you “know” that community care for mentally ill is good; you “know” that patients in the old hospitals were horribly treated and abused. However, it is clear to me (who have more experience and real knowledge about human insanity and old mental institutions than all of you put together) that you, since childhood, have been the unfortunate victims of societal indoctrination by grossly ignorant and uncharitable ideologues.

Please, over the next four months, ponder on this :

Fact 1. Asylums were never prisons. Anybody who wanted to leave would be

discharged (unless deemed dangerous to self or others). I am here only talking about schizophrenic patients - many of the "better" IHC patients and the epileptics were very unhappy in the institutions, and could not leave.

Fact 2. The old mental asylums were built for charitable reasons only - the "fundamental human rights" were protected by legislation which made sure that the (necessary) taking away of an individual's freedom must be done in a court of law.

Fact 3. Insanity is no medical condition. No science exists about it. For 100,000 years it was diagnosed by the surrounding communities by observation and common sense. It is grossly unfair on our psychiatrists that they are now expected to determine whether or not, or when, to treat the sufferers.

I sincerely wish you success with this important inquiry.

Andy Espersen