

**November 2017**

**The NZ Press Council has just released its judgement on my case against STUFF website for unethical journalism (full details on its rulings can be found on the Council's official website). I initiated my complaint in the interest of insane killer, Askhay Chand, his family and friends - and in the interests of New Zealand's 27,000 sufferers of chronic schizophrenia (and the Mason Clinic).**

The Council did not uphold my complaint - however, the reason given for this decision is interesting and revealing. The Council does not fault, or even attempt to fault, the logic behind my complaint (which was that no legitimate public interest existed for them to publish an article about an insane killer visiting an Auckland library). It simply declares that "[The complainant] has not provided the Council with his credentials or authority for his information [about schizophrenia". Only "mental health authorities", as the Press Council puts it (what exactly does the Council mean by such vague definition?), can "know" about insanity. 60 short years ago an intelligent panel such as the Press Council, consisting of retired judges, mature journalists, independent consultants, etc., would not have come out with a statement like that. Let me explain :

In those days, before tranquilizing medication, before sickness benefits and, most importantly, before our insane population moved from the residential hospitals into the community, society's perception of chronic schizophrenia was altogether different. Everybody knew only too well about insanity because of the huge, highly visible mental institutions, with their many thousands inmates - and because of the enormous cost to the public purse. And people knew that was where "lunatics" lived. However, the primal fears and ignorant prejudices about these unfortunate people, so widespread during the middle ages, had practically disappeared because of the success of housing schizophrenic sufferers in institutions separate from the "community". It was well known that many insane people had proved to be extremely dangerous - but it was also known that once committed to a mental institution where they could, and would, be forcefully contained if advisable, they never (or hardly ever) hurt anybody. Every thinking person felt that insane people were to be pitied and compassionately protected. The mental institutions came to be known affectionately as "loony bins" - but, unlike today, nobody feared the residents. People living in the hundreds of homes surrounding these institutions never locked their doors, day or night - though thousands of insane people lived there in open wards, and often walked around town. The Medical Superintendents at the hospitals were highly regarded and trusted. It was taken for granted that if some erstwhile murderer was given "town parole" from the hospital he/she would be OK. And no self-respecting journalist would even imagine writing about such mentally ill person.

Imperceptibly, over the last 50 years, society's attitude to schizophrenia has changed radically. The realistic, charitable notions concerning the sufferers from this illness have disappeared. The 1992 legislation ratified this change by nullifying the legal status of the thousands of "state wards", thus enabling authorities to discharge them to fend for themselves. The humane, charitable policy shown to these sufferers since the Enlightenment was thus cancelled. A consequence of the Act, aptly named the Mental Health (Compulsory Assessment and Treatment) Act 1992, is that a court of law can now no longer determine that a person is insane - so is no longer able to commit a mentally ill person to lifelong care and protection (as well as immunity from crimes committed). From now on psychiatrists are responsible for deciding the degree of insanity sufficing to commit a person to full care, protection and treatment.

For 100,000 years insanity (human madness, lunacy, schizophrenia) was diagnosed by simple observation, common sense (and common charity). It always was, and still is, an either/or diagnosis. Today it probably takes a great deal longer to reach a definite

diagnosis because of the easy availability of drugs. The patient has often been seen by a GP earlier and will be on some medication or other which will skew the clinical picture - but sober observation, together with information from the patient's friends and nearest family, should produce a reliable diagnosis within a few weeks. The notion, as implied by the 1992 Act with its "symptom clusters", that you may suffer degrees of schizophrenia (thus sometimes qualifying for treatment and care, at other times not) is simply wrong - it is an ideological illusion, nevertheless now subscribed to by all mental health authorities and psychiatrists. But, of course, there is an enormous difference in the clinical manifestations and severity of the illness in different individuals.

A society's treatment of its insane population is necessarily a question of ideology, philosophy, charity and politics - science cannot come into the picture because no science exists about schizophrenia. And yet, we now somehow have come to imagine that we need to consult psychiatrists to "learn" about schizophrenia or have it "explained". Psychiatrists have studied, and can diagnose, the many various functional and organic mental illnesses and know how to prescribe the best medication and treatment to ameliorate (or even at times, cure) each patient's condition. However, all they can "know" about schizophrenia is the clinical observations and knowledge handed down through generations.

The illness is mysterious, incurable and permanent - and it is terribly cruel to lead its sufferers up the garden path by suggesting otherwise. In my experience this causes many patients to commit suicide as they are overwhelmed by despair from being unable ever to succeed with the many "rehabilitation plans", "recovery schemes" or "anti-addiction programmes". Moreover, it is legally wrong that we now defer to the vagaries of a medical profession to determine, on the basis of vague, debatable psychological criteria, if and when to contain, assess and treat an adult New Zealand citizen. In a civilised, free society the taking away of a person's liberty must logically be done in a court of law - as indeed we did it until 1992. And in this criminal case, adhering to the (in my opinion legally contestable) 1992 Act also proved fatal : sweet and kind-hearted Christie Marceau would not have died her gruesome death under old legislation when the NZ State would have been Chand's permanent guardian some considerable time before the murder. It should not be psychiatrists' job to decide how to deal with an insane person - for 100,000 years this was done with the surrounding community's mutual consent, common sense and charity (since civilized times, of course, in a court of law).

The Lunatics Ordinance 1846, and public opinions as they prevailed until the 1960's, gave the NZ State the moral and legal right to protect and care for people diagnosed with schizophrenia. This illness, so clearly definable and diagnosable, is qualitatively different from any other human illness because it destroys an individual's ability to act rationally in his/her own best interest. Schizophrenic people (0.6% of our population) are handicapped to the extent that they will never in their lives be able to participate in our industrialized community on an equal footing with the rest of us. The ambition to get on in life, the ability to plan one's life, the ability to work a normal job for any length of time, the ability to function as a normal spouse or parent, etc. are all missing if you suffer from schizophrenia.

The Press Council's judgement does not accept that the article only serves to further stigmatize schizophrenic sufferers. It is not at all appreciated today that most of the primitive fears and ignorant prejudices about insane people, prevalent in the middle ages, had actually been laid to rest as a result of the success of the residential hospitals. New Zealanders had come to feel good about lunacy during the 150 years we had the asylums. We had learnt that schizophrenia was a knowable illness with a predictable prognosis - nothing to be scared of. A residential, mental institution is the most peaceful and safe place of employment you can imagine. This societal understanding of the illness is now

being eroded, slowly but surely. We are on our way back to the prevalent attitudes of medieval times because of this sort of articles. We are in witch-hunting territory again. I hate and fear it.

People today simply do not comprehend the difference between society's attitude to insanity now and 60 years ago. For example, it was then legally impossible to jail an insane person - today, with 20% of our prison population mentally ill (read schizophrenic), nobody protests or even takes much notice. This is particularly remarkable as article 15 in the UN Disability Convention, to which New Zealand is a signatory, expressly bans "degrading treatment or punishment" of handicapped people. Before 1992 we had not one single mentally ill person in jail – it was regarded as immoral. We now find ourselves in exactly the same situation we were in before the charitable legislation of the 19th century : 1. a large number of mentally ill are again in jail; 2. schizophrenic sufferers again live aimlessly and unprotected in our cities; 3. society is again legally unable to apprehend, contain and treat the small number of schizophrenic people who are terribly dangerous.

We, as a society, must rediscover the need to treat our permanently mentally ill population with charity and compassion (as in a hospice). They only need asylum.

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