



MENTAL ILLNESS: THE BIGGER PICTURE

Michael Raydan
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THE CORRELATION BETWEEN MENTAL ILLNESS, SELF-MEDICATION, CRIME AND INCARCERATION.

By Michael Raydan

Mental ill health is a major contributor to society's crime rate. If not properly treated, mental illness can lead to self-medication, suicide, criminal activity, and incarceration. Accompanied by the improper treatment of mental illness is collateral damage in the form of victims; victims of crime, victims to drug addiction, victims to suicide, and victims to punitive treatment within the prison system.

This document will show a real-life example of how improperly treated, mental illness directly correlates with self-medication and crime; subsequently, resulting with incarceration on one side and victims on the other.

Additionally, this document will reveal that due to overcrowding and worsening prison conditions, resources for treating mental illness within prisons have become scarce, resulting in a major reduction in the number of prisoners being able to utilise support for their mental illnesses.

This document will reveal several facets of prison, such as Offender Behaviour Programs, that directly contribute to the deterioration of a prisoner's mental wellbeing. These examples will be shown through a holistic light, showing personal experiences during prison.

This document will provide examples of an everyday young man being subjected to the judicial system as his mental illness has failed to be properly treated due to lack of services, funding, and awareness both within prison and prior.

This document is written with the hope of providing insight into the issues surrounding mental illness. Its intention is to offer potential areas that require further investigation. Moreover, this document is written with the intention to benefit future sufferers of mental illness and their families.

Ultimately, this document will attempt to show, through evidence-based, real-life examples, how the lack of awareness surrounding mental illness is a major contributor to both incarceration and recidivism; two of the biggest causes of victims of crime.

PRECEDING INCARCERATION

Between the ages of 17 and 24, I was diagnosed with Separation Anxiety Disorder, Borderline Personality Disorder, Depression, Bi-Polar Disorder, and Post-Traumatic Stress Disorder, all of which contributed to relentless drug use, criminal activity, and finally, my incarceration. These diagnoses occurred at different periods of my life with Separation Anxiety Disorder being the first mental illness diagnosed at age 16.

I always knew there was something not right with my emotions. Anytime I became separated from my immediate family or someone I deeply cared about, my mind would become invaded with horrible thoughts that death or harm would come to them. At times, the physical feelings associated with these uncontrollable thoughts would virtually suffocate me into submission. I would exhibit physical symptoms such as shallow breathing, sweating, light-headedness, fainting, and extreme panic. I suffered through this my entire life, always lying about why I would want to come home from a friend's house or not go in the first place. At age 16, my family organised a holiday to Fiji. Here, I presented with extreme, out of the ordinary behaviour, which my parents had no choice but to seek help for upon returning to Australia.

What occurred in Fiji was what I call 'purified suffering'. I lost roughly 9kg in 10 days of being there. I experienced continual anxiety attacks from being away from my girlfriend at the time. Eating was impossible; enjoying myself was out of the question. I spent thousands of dollars on my father's mobile phone calling my girlfriend back in Melbourne. My situation came to a vicious climax when on the second last night, during a severe anxiety attack, my youngest brother questioned or showed some frustration about my situation. This prompted an immediate and completely uncontrolled attack on him the instant I heard his comment. I had literally zero control over my bodily functions at that moment. My other brothers and my father held me back and, fortunately, I was unable to reach my youngest brother. But my suffering was purified that night. I had gazed upon complete terror in the eyes of my baby brother; terror caused by me – someone who would happily die for him. That is something I have not been lucky enough to forget. The terrified eyes of my baby brother haunt me to date and it pains me in a way that cannot easily be explained.

Instances such as this one have happened consistently throughout my life; complete random episodes of extreme and sudden anger during an anxiety attack. This would be a contributing factor to my offending later in life.

Upon arriving home, my parents had me see a professional named Dr. [REDACTED]. He diagnosed me with Acute Separation Anxiety Disorder. He advised me to seek further help from a colleague of his, Professor [REDACTED], at the [REDACTED] Centre. There, I was told by the Professor "if you do not remain here and undertake the recommended medication, you will become as loony as they come". My parents, my girlfriend at the time, and myself, were all in shock to hear those words leave a professor's mouth. He placed me on 1000mg of Seroquel a day during my first stay at the Clinic. I believe now that being tranquilised is not the same thing as being free of anxiety. I remained on that medication for some time before it lost its sedative affect and my anxiety returned.

My time at the Clinic taught me an important lesson: to escape my suffering, I required substances. This lesson was learnt through being subjected to frequent 5-15 minute consultations with a psychiatrist, all of which concluded with an increase of medication dosage and/or type. This resulted in massive mental confusion and intense mood instability. However, I was allowed to receive PRM medication during the night. This process introduced me to Xanax and Valium; two extremely problematic drugs that would soon take a strong hold on me.

Some years passed by, all the while I had been struggling with frequent medication changes every 6 months or so; a result of psychiatrists being unable to figure out the correct dose or medication type to 'cure' my anxiety.

At age 18, I began to self-medicate with illicit drugs and prescription medication, which was acquired from the black market. Xanax and Valium were my drugs of choice and I rapidly became dependent of both of them. I would use these drugs to escape both the suffering of my conditions and the belief that I was alone in my struggle. I felt that not a soul on earth understood the pain I was in. This made keeping a job for more than 6 months extremely difficult as regular episodes of anxiety attacks would cause me to abruptly leave work or not show up at all. Employers would not understand my condition and, therefore, offer not support. The continual embarrassment I would feel when attempting to explain my situation, embedded a brand new skill into my life: lying. I became an exceptional liar and manipulator. This allowed me to always cover up the embarrassment of the truth: I was ill and nobody understood.

I was admitted back into the [REDACTED] Clinic within 2 years of leaving it. This time around, I was diagnosed with Bi-Polar Disorder and Borderline Personality Disorder. As the treating psychiatrist could not figure out which one of them I had, I was continually subjected to more medication changes and dosages. This perpetuated my purified suffering even further because taking medication is not as easy as one might think. Once I would commence a particular medication and medication dose, I would have to allow time for that medication to take effect. This would involve chemical shifts within my brain, and would last up to 5-6 months. After I would become settled and plateau from the chemical shift, either the dose would be changed, because the expected result would not have been reached, or the medication would be swapped entirely. This would require a weaning stage where I would have to slowly be weaned off the unsuccessful medication in order for it to be safe for me to completely cease it. From there, I would start the process all over again with another medication. This one promised to be successful at 'fixing me' just as the last one was, and the one before that. This process spilled outside of rehab and became my entire life.

Living in this way is debilitating, lonely, confusing, humiliating, full of sadness and practically impossible. Never did I feel a sense of belonging; not to my friends, not my family. I was just the 'broken thing' that was a conundrum to 'fix'. This specific period of my life gave me the understanding and insight into why young men and women commit suicide. I was lost and utterly confused, so I continued with the only thing that offered me an escape from my suffering: substances.

As the illicit drug use became more frequent, I lost touch with my family. This resulting in me spending my days with criminal-minded young men, most of whom were also suffering from the same substance addiction that had also stemmed from similar untreated mental illness. Some of those men have now committed suicide, all before they reached age 25. Most of them, though, became engulfed by the judicial system and are currently serving large sentences for violent crimes. They receive little to no support for their mental illnesses.

I also went before a judge several times through my struggle with mental illness. One such time was a result of me conducting an armed robbery with a pair of brass knuckles. I was in trouble with some people to whom I owed money for drugs; a small amount of money. I entered a milk bar late at night and politely requested a precise amount of money. Showing the brass knuckles, I was handed the money and I apologised; then, left. The strange circumstances surrounding the offence, coupled with strong family support were potentially the only reasons I did not receive a custodial sentence. Nonetheless, a very out of character offence for me to carry out.

Through my incessant drug use, I expanded on my already existing mental illnesses, with paranoia becoming tremendously apparent in my life. The constant sense of fear that I was under attack caused me to seek out and carry illegal firearms. As one would imagine, being privy to the whereabouts of obtaining illegal firearms comes with being surrounded by people who carry illegal firearms as well. This is an entirely different world to the one I was familiar with. In the world of drugs and guns, a small argument is often escalated into a shooting. And at approximately 24 years old, I was shot, in exactly the manner I described. A simple argument between two drug addicts rapidly spiralled out of control and had me running for my life. I took a bullet to my lower back and was nearly killed. The repercussions of the incident were enormous for my family to endure, as the person who shot

me was a member of my family whom also suffers from a drug addiction and mental illness. This created yet another mental illness diagnosis in my life; this time, Post-Traumatic Stress Disorder.

Following the shooting, I was unable to sleep. I would sit up all night surrounded by an array of weapons. I would be situated on the front veranda of my house, whether it be freezing cold or not. This behaviours obviously had my parents quite frightened, however, they were helpless in showing me effective support. They did always support me but they did not know specifically what to do to help me. They had exhausted every possible avenue that was available to them in a desperate search for something or someone to relieve my suffering and have me be a normal teenager/young adult. They crippled themselves financially through this process, and to no avail. When I would fall into psychosis, my family had no one to call except police or one other avenue that ultimately resulted in police attention anyway. This is a great breakdown within society because police do not have training in mental illness, they come with handcuffs, guns, bear mace, and divvy vans.

A specific incident that illustrates my family's helplessness to my illness was a night when I was roughly 24 years old. I had come home drunk from a friend's house and had gone to sleep. At approximately 2:30am, I was woken to the sound of knocking at the front door. I sprung out of bed and answered the door, wearing nothing but my underwear. Two Policemen stood in front of me and proceeded to ask me questions about an incident that had taken place moments earlier. The officers explained that a group of people had followed a male to my address. This male had supposedly thrown something at their car.

At this stage in the story, I would like to point out that I do not remember throwing anything at a car, however, that is not to say I didn't. I was quite drunk and highly mentally unstable.

Once the officers smelt alcohol on my breath, I noticed a shift in their attitude which quickly filtered through to their behaviour as well. All of a sudden, they wanted to speak to my parents. I explained how late it was and that they were fast asleep but the police insisted. When I refused, one of the officers proceeded to persistently ring the doorbell. It was at this moment that I passed into the precursor of psychosis and I gripped both officers by their police vests and walked them off our property. There, a lengthy standoff unfolded.

I do not remember much of what happened after that but my dad explained that I held the officers off for quite a while as more and more appeared outside our property. The situation escalated quite rapidly with pushing, shoving and throwing things between myself and the police; I was out of control. My dad tried pleading with the officers, explaining I had outstanding and extensive mental illnesses, but the police only wanted to complete their job and conduct a successful arrest. They didn't see me as a mentally unhealthy patient or victim; they saw me as a perpetrator and a criminal.

The incident came to a brutal climax when the police successfully subdued me with excessive use of bear mace. This is not the average pepper spray. In excruciating pain, I went to the ground where the police proceeded to violently arrest me. All the while, my dad is still pleading desperately for them to show mercy and understanding; but his efforts were futile. I was put in an ambulance following the arrest. There, I was assessed for any damage I had received,; then, taken to hospital where I was officially charged for assaulting police, resisting arrest, and launching a missile at emergency workers. I was eventually convicted of all three charges.

The above example is one of hundreds that my family and families across our community experience regularly when they have a loved one suffering from mental illness. The two government bodies available to call for parents with children suffering from psychosis are the police and the CAT team, who will notify police if the patient is volatile in any way. Therefore, the result will always be the same: handcuffs, guns, bear mace, and divvy vans. In my view, this is not the correct support for a victim of mental illness. Following the incident at my home, I became progressively worse as now I felt even more isolated from my family due to guilt and shame regarding that night.

By this point in my life, prescription pills (as already mentioned being Xanax and Valium) were as equal an addiction as illicit drugs such as ice and cocaine. I became completely dependent on everything. I would use ice and cocaine to escape my suffering; then, use benzodiazepines to manage my withdrawal; an extremely risky process which resulted with me making frequent phone calls to the poisons line from fear I would overdose or adversely react to the many different substances in my body. I had become completely disconnected from reality and from my family. My parents had just about lost their son; my brothers had just about lost a brother. This continued until I was ultimately incarcerated for being involved in an incident of a second shooting.

SUMMARY

I believe, my condition went unnoticed for so long because I did not know what was wrong with me. As I never observed any of my school friends or brothers experiencing similar suffering when they became separated from their family, I assumed I was abnormal and weird. There was little to no education available to reduce my sense of loneliness. Had there been such education, I may have come to realise that I was not weird or different; which, in turn, could have terminated the want to seek alternate escaping mechanisms such as drugs.

The lack of community awareness – being my teachers, sports coaches, even parents – directly contributed to my feeling of isolation. I had no choice but to deal with my suffering alone. This isolation is the first step, at a very young age, toward self-medication and crime. As my parents had never experienced this before, they were unaware of any signs to look for that could have potentially alerted them to my suffering much earlier. However, had they known what to look for, what advice could they have given me? How could they have helped me cease truly believing that they would come to significant harm when I became separated from them? They had just as little awareness and education on the subject as I did.

Additionally, my parents were completely in over their heads during my first rehabilitation admission. To hear a professor of mental illness say about their son that he is to become literally insane should he not comply with the professor's direction, would have been heartbreakingly shocking. Of course, they would have complied. Though, that was not entirely the most correct course of action to take, knowing what we know now.

I truly believe, had I been offered an efficient exercise plan, coupled with a healthy dietary plan, this would have significantly reduced my condition's symptoms, which potentially could have saved me from a severe drug addiction and term of imprisonment.

Once significant drug use followed by criminal activity became apparent in my life, my parents were beginning to reach out for help everywhere they could. But where could they turn? Rehabilitation Centres had not worked. They were aware of my drug use and minor criminal behaviour, so calling the police would have, and has, worsened the situation. Their helpless vulnerability would have been staggeringly high by this stage. Not only was there no readily available knowledge or understanding about what I was going through, there was no avenue of support or help when I had become essentially lost. My family were forced to watch as I deteriorated into an erratic and gaunt young man; highly mentally unstable and spiralling into an abyss of self-destruction, which ultimately ended with my incarceration.

MY RECOMMENDATION

1. During the period of frequent medication changes and psychiatrist appointments, adding a dietary and physical exercise plan in there could have made a remarkable difference to my condition.
2. During moments of my heavy drug use and psychosis, when my parents had no one to call for support, it could have considerably assisted the situation had they if they had access to an organisation specifically trained for such events. An organisation that was properly trained in mental illness and could arrive alongside police and ambulance. Although, I imagine this would only be effective if the mental health body held rank over police, provided no weapons were produced and no severe assaults took place. This is an ambitious idea, and indisputably needed.

3. Simply receiving support and understanding from society could potentially carry significant results with the way an individual suffering from mental illness responds to their circumstances. More awareness initiatives must be launched with the intention of widening community understanding of mental illness.
4. Creating a mentoring program where people such as myself could offer a service to educate families with a child or children suffering from mental illness. Using my experience, I could offer support and suggestions to what may help them work through their struggle. Additionally, I could offer advice on what type of decisions could potentially perpetuate bad habits. Parents could seek advice from parents such as mine, who have in-depth experience with having a child suffer from mental illness. At the very least, this would allow the victim to feel that they are not alone. I know I could significantly benefit from such a program.

DURING INCARNATION

At the beginning of my incarceration, I experienced recurrent panic attacks. I was vulnerable and a complete outcast. I first landed at the Custody Centre situated below the Melbourne Courts. This is a revolting place, one which I believe should be illegal. Desperately trying to find my bearings and work out what was happening, the treatment I received was as if I had just assassinated the Queen of England. I was thrown into a tiny cell with an overflowing toilet and 4 other prisoners. There, I saw 2 raised benches acting as beds which were already taken. When I sat down on one of them to catch my breath and try to slow my breathing, I was viciously assaulted by one of the prisoners; no officers came to my aid. Later on that night, I was refused medication because the officers claimed to not have been given any information that I was on medication. The medication I was on at this time was 60mg of Avanza and 100mg of Zoloft. Additionally, I was highly dependent on Valium and Xanax; particularly Xanax. I had also been taking Temazepam as prescribed by my psychiatrist. During my abuse of Xanax, I had increased my tolerance to a full bottle of 50 20mg tablets per day. My G.P. was astounded that I was able to remain functional during my use of Xanax.

As I was refused any medication, I suffered a minor seizure in my cell a couple of days into my stay at the Custody Centre. This was treated as being fake and I was relocated into a single holding cell; this means it was designed for only one prisoner. When I came to, I was incredibly drained; more so than I had ever been in my life prior to this incident. I was experiencing recurring anxiety attacks about being separated from my family and I was terrified beyond imagination.

I could not ask for help; I was not being heard; I did not see a way through my situation and so I attempted something I have never attempted before: I tried to kill myself. [REDACTED]

[REDACTED] As I was coming close to losing consciousness, the officers entered the room and removed the jumper from my neck and relocated me again; this time into a padded cell with a bright light shining from the roof. They stripped off all my clothes and left me in there completely naked. Then, they threw a blanket inside the room. This was designed to not be torn in any way. I remained there for 3 full days and nights. By the fourth day, I had lost all sense of time and was utterly disorientated. The officers told me to behave and threw my clothes in the room and told me to get dressed as I was to be moved back into the cell I originally started in. When I arrived, I saw only one person in there. I lay down on the remaining bench and began to cry, violently. I stayed at this location for another 3 or 4 days without being allowed any contact with my family. I was moved the next day to the Melbourne Assessment Prison (M.A.P.).

Upon arrival to the M.A.P., I was allowed to phone call to my family. This was the first time I had been able to contact my family since the beginning of my incarceration. My parents could hear the desperation in my voice but were completely helpless to my situation. Yet to receive any of my medication and having no one to turn to for assistance with my suffering, I withdrew to my cell. There, I used books to escape the reality I found myself in. One of the breakdowns within our prisons regarding mental illness is the lack of education for first timers like myself. My initiation into this prison was a 15-minute briefing about prison procedures. I was barely conscious

for 15 seconds of that introduction; battling with anxiety attacks, fear, and lack of concentration. The whole time, I was just trying to listen out for any instructions for medication times. I was then expected to have received all the given information and slide neatly into the procedure like a puzzle piece. However, this didn't happen. I missed my medication time on the second night, resulting in staff refusing my medication for that evening. That night was one of the longest nights I have ever lived through as I thought I was going to go into withdrawal again and possibly die.

The next day, I joined the medication line and was promptly told that I had been taken off the medication register. I was told that because I did not attend the correct medication time the previous day, I had been stricken from the list and if I wanted to get back on the list, I required a psychiatrist appointment, which would not be for some weeks. Utterly confused and panicked, I ran to the phone and called my family and told them the situation. They contacted the psychiatrist that had been looking after me outside rehab, Dr [REDACTED], who subsequently contacted the prison about my situation. However, nothing came of it. I was suffering without any medication for approximately 6 more days before I was lucky enough to fill a cancellation appointment with the psychiatrist and be put back on the register for my medication. The prison refused Xanax and Valium, which forced me to continue with an extremely frightening withdrawal; however, they did allow me Avanza and Zoloft. After a terrifying week and a half, I had been put back on my medication.

During my time at the Melbourne Assessment Prison, I saw the psychiatrist once and received no other support for my multiple-diagnosed mental illnesses.

The helpless feeling my parents had lived through for years prior to the situation we had now found ourselves in had not changed at all. In fact, it had worsened. Now, their son was detained without any support and living amongst a multitude of different types of people; forced to survive at any cost. My method of surviving was simple: keep to myself and don't let on that I am suffering. This proved to be much more difficult than I had hoped as other inmates were curious of me. Often, I would be approached by an inmate which heightened my anxiety quite rapidly. On these occasions, I would be so anxious that I was extremely unstable. I could have lashed out and attacked or run as fast as my legs would carry me back to my cell and lock the door. But instead, I would freeze and become deaf and dumb to what the inmate was saying or asking of me. After a while, they all left me alone and I just read books. On rare occasions, I played basketball in the hall that was available to prisoners at set times. This alleviated some of my stress, as I was exerting myself in physical activity, something that would later prove to me my saviour.

Officers could see how vulnerable I was; one even approached me and took the time to ask if I was ok or not. I replied by asking her if there was anything she could do if I wasn't. Her advice to me was to keep my head down and stay out of the 'limelight'. I could see she had some apprehension with speaking to me; she did not want other inmates to think I was giving information to officers. I could also see her eyes floating to and from other officers' whereabouts. This told me she was fearful of what they may think of her showing care for a prisoner. So, she cut me off at one point and walked away. I appreciated the conversation and it taught me a valuable lesson: in prison, officers can't help; even if they want to.

After a further week at the Melbourne Assessment Prison, I was relocated again; this time, to the Metropolitan Remand Centre (M.R.C.). This was real prison. A very large compound, broken up into multiple yards, which are all segregated by large walls and razor wire. Upon my arrival, I distinctly remember thinking that I have certainly landed in actual prison.

My first few nights were met with extreme distress and acute fear. I remember the most significant observation I made was during the first time I was standing on count. During this time, each prisoner is made to open their cell door and stand in front of it, whilst remaining completely silent. Officers would then proceed to count us. I remember looking to my left and then to my right. I looked up as well, and what I saw did not frighten me as much as it surprised and confused me: I saw over a hundred men standing in front of their cell doors. But the

men I was seeing were not career criminals; there were no gang members or criminal masterminds. I was among dozens of lost young men like myself. Many of these men were suffering from similar drug addictions that had evolved from similar mental illnesses to mine. This was a very upsetting eye-opener. During my stay, I even observed some of these young men make the transition from subordinate to dominant inmate through the relentless ill-treatment and abandonment that engulfs the prison environment. I watched as young men turned to violence as their only avenue to be heard.

My plan was to seek out some form of mental health practitioner to help with my ongoing anxiety attacks. It took me over a week to find any sort of information on how to seek help. The information came from another inmate who had observed me and noticed my distress. I was reluctant to trust him when he offered his advice, although when he explained to me his past and told me of his current symptoms, I knew he could not be pretending to have suffered from mental illness. So, I filled out the required form in great detail, explaining my past history and diagnoses. Then, I took it to the officers and attempted to hand it in with them but they told me to put it in a small silver box at the front of the mediation line. I asked them how long might it take for me to be seen, to which I was told roughly one month. At that moment, my heart sunk into my stomach and my stomach replaced my voice box in my throat. I was shocked frozen. With nothing more to say, I departed the officer's station in complete defeat. How could this process possibly take one month or more? Retreating to my cell, I locked the door and whimpered softly as to not be too loud for fear of someone hearing.

The next month felt like a year. I called home many times each day, desperately trying to figure out the riddle of my anxiety. It would heighten during the evening and early morning, allowing me a few peaceful hours in the early afternoon.

When the appointment came up, I was so excited to finally speak to a professional. But the appointment proved to be a letdown as the psychiatric nurse told me she could refer me to the psychiatrist for additional medication, which would take another month, or I would need to fill out a different form to be put on the waiting list for a psychologist to come and speak to me, which could take up to six months of waiting.

I was close to giving up. I could feel the withdrawal of the illicit drugs taking a strong hold on my mind. I would become highly irritable and confused at times, despite still having access to Avanza and Zoloft. I refused a psychiatrist appointment as my trust had been jaded toward being helped by a psychiatrist. I did, however, fill out the form for a psychologist appointment. This was through an organisation called Forensicare.

I was extremely fortunate in that I had an appointment with one of their staff within three months of submitting the form. The psychologist helped me through some very difficult struggles. I saw her weekly for six months until I abruptly lost that form of support. She told me that their resources had been completely maxed out and she was advised by her boss to move on with other patients; therefore, she must discontinue our consultations. This was a major issue for me because I had only just begun to gain some real insight and benefits regarding my condition. But just like that, she was gone and I was back to trying to work this conundrum out myself.

The termination of my weekly appointments was quite detrimental to my mental health, especially the timing of it. By this stage, I had made it through the physical withdrawal symptoms from the illicit drug use prior to my imprisonment. And I assumed there would be nothing more I must endure. Until one night, I was writing a birthday card to my father. I remember writing the words "Happy 56th Birthday" and then, stopping. The most awful feeling of vivid sickness had completely taken over my whole body and I was trapped between painful tears and utter confusion.

What I had just realised was my father was, in fact, 62 years old. I had lost the last 6 years of my life in how I perceived time. I had comprehended close to zero of the events that I was involved in for the duration of my drug addiction. My mind had paused since the first day I fell victim to a drug addiction. Everything that was happening in my life, at the time of entering the addiction, froze in my brain like a photograph. The ages of my family, the

friendships I had at the time, my feelings about a particular girl I was with at the time, even my physical appearance, all froze – a snapshot of my brain had been taken and put away to torment me, should I ever become sober. On this night, I discovered the answers to why former drug addicts either commit suicide or go back to using: they are escaping what I was feeling at any cost.

It wasn't ten minutes before I realised another shocking revelation about the current situation of my family's lives. Prior to this night, I was under the impression that my baby nephew was 2 years old because that is how I remembered him. But within seconds of him coming into my mind, it struck me that he was now 6 turning 7. I could not figure out how this could even be possible and I vomited on the floor of my cell, instantly thinking of ways I could commit suicide. Luckily though, I was stronger than to give in to such thoughts the way I did at the Custody Centre. Although, had I been able to get my hands on any sort of illicit drug or a large number of Xanax pills, I would have immediately taken them to escape my newly-found reality.

This is yet another breakdown within our prison system as many men that I shared the compound with were suffering from withdrawal from drugs whilst also suffering from mental illnesses. The number of men in prison who have a mental illness diagnosis is startlingly high. And the resources required to support these men do not exist. My time in prison has been met with five suicides – that I know of – over only two of the three locations I have been to. I would bet that one or two of those men who took their own lives, did so as a result of the pain I have just explained that comes with the mental awakening from a drug addiction.

As the months ticked by, I had come to accept my incarceration. Moving ever so slowly through the drawn-out court process, I turned to exercise as a distraction. I would exercise at the same time every day, which slowly made a significant impact on my mood. I had begun to experience less anxiety attacks. Moreover, when I would experience an anxiety attack, the intensity had become slightly reduced. This continued to progress until one day I decided to come off my medication altogether. This decision was not made lightly and was a terrifying one to make. The nurse administering my medication had refused to wean me off Avanza and Zoloft. She told me I would have to either take all of it or not of it. This prompted an appointment with the psychiatrist whom, surprisingly, gave me the exact same advice. He told me he would be happy for me to cease it but he would not wean me off it. Aware of the dangers involved with ceasing my medication abruptly, I chose to take a different approach: I would do it myself. I would pretend to take the medication but wouldn't swallow it. This involved great risk as being caught would result with me being put in segregation without any contact visits for a minimum of 3 months. Once I would walk away from the medication line, I'd spit out the pills and break portions off to wean myself down. I did this for over a month until I felt safe enough to completely cease it. At this point, I was 27 years old and, for the first time since I was 18, I was not on any medication at all.

This was a liberating feeling, although, associated with high levels of apprehension. I was still remembering the words that came out of Professor ██████'s mouth "looney as they come if you do not take medication". But, whenever I would feel anxious or fearful that I would become anxious, I just exerted myself through push ups, sit ups, or some other form of exercise that I could perform. This snowballed into a major progression of my physical health which, in turn, supported my mental health. By now, I could feel my mind becoming clearer. I was solving problems with greater ease and more decisiveness. I would continue to experience heightened levels of anxiety; however, these moments became manageable. No longer did I rely on substance to fix my problems or help me escape my reality; I relied on my working mind now. Even the continual ostracism by the officers did not disturb me the way it would prior to my awakening.

I strongly feel that within our prison system, it would enormously promote rehabilitation and mental health if there were compulsory mental health plans that include both dietary and exercise plans. Following an inmate's initial withdrawal, instead of putting them all on the Methadone Program – which is disgustingly prominent in prison – offer exercise and diet plans for the inmate to follow. This could be done through mentoring by people, such as myself, who have found a way through the struggle.

I had been at the Metropolitan Remand Centre for more than a year when a specific set of circumstances would have me be relocated to a new location: Marngoneet Correctional Centre – Karreenga Facility.

Upon arriving at Karreenga, I experienced multiple anxiety attacks as a result of leaving the prison I had become so familiar with. I spent close to 18 months in the same yard and, because of this, I became attached to it; it had become my comfort zone. So, when I left that yard, despite arriving at a much larger facility with many more opportunities and prospects for rehabilitation, I did not leave my accommodation for about a fortnight.

To reiterate my status at this time, I was about 8 months with no medication, exercising every day and eating healthier than I had ever done before. This is following over 8 years of being heavily medicated and told I must remain that way throughout my whole life. Despite the restrictions of prison food, Karreenga offers a much better selection of choices to eat than the M.R.C. or M.A.P. This allowed me to begin to take my nutritional health quite seriously. I became a vegetarian, giving up all meat and fish – although, due to restrictions of food choices, I eat fish once or twice a week to ensure I am consuming all the essential vitamins and minerals. This healthy eating regime, coupled with regular exercise, had me become even stronger at managing my mood swings, panic attacks, and dips of depression; so much so, that I can't help but think what may have occurred had I been offered a similar regime during the early stages of my diagnosis.

One thing I was not able to capitalise on at Karreenga was the psychological counselling. At this point, I had been in prison over 2 years. Only about 6 months of that time was spent with a psychologist at M.R.C. Overcrowding in prisons has seen mental health and drug and alcohol resources become spread very thin throughout Victoria's prison system. I have currently been at Karreenga for well over a year and have still not been able to acquire any one-on-one sessions with a psychologist. This upsets me because outside of prison it was deemed essential to my mental wellbeing that I be engaged in regular psychologist appointments, in addition to psychiatrist appointments. Whereas, in prison, I am competing with hundreds and hundreds of other young men all desperately needing the same attention.

It is my opinion that the clinicians from both Drug and Alcohol and Offender Behaviour do try to accommodate for as many people as they can, although there are certainly cases of clear favouritism and complete unprofessional boundary crosses. Overall, there are just not enough of them to facilitate for the growing number of prisoners.

Once I had been sentenced, I was required to complete a Violence Intervention Program (V.I.P.). We are told that this program is designed to help violent offenders break their habits of committing violent, or any other, crimes. Undertaking this program, I was optimistic and open to any skills that may be available for me to acquire and use in the future. And while I did pick up skills and tools surrounding thinking patterns and connections between thoughts, feelings, and actions, there was a lot that disturbed me about the structure of the program.

At the beginning of the process, ten to twelve individuals, all whom are incarcerated for violent crimes, are pooled together and separately asked whether we want to complete the Violence Intervention Program or not. However, we are told that should we choose to refuse the program, we will not receive parole and furthermore, will be looked at as a potential candidate for an extended supervision order post-prison. Immediately, this did not feel as if I had a choice. This initial process of almost forcing inmates to complete these programs by using parole as a hostage is an immediate risk to the possible benefits. From this moment onwards, I was terrified, feeling forced to undertake the program. In my opinion, this is not the correct head space to have someone in before entering a treatment program.

Once the ten to twelve inmates have been selected, we are all brought into a program space and the course begins. Throughout this program, there have been times when I've felt worried about being completely honest with my past offending during my drug addiction. This is because I was concerned that it may be misconstrued by the clinicians and reflect badly in my report, which is ultimately sent to the Adult Parole Board upon my

completion of the program. In my opinion, it is not effective to run a treatment program for inmates by using the chance of parole against them. As a participant in the V.I.P., I have felt inhibited from utilising the program to its full benefits because I have been terrified to accidentally say the wrong thing or be unable to correctly articulate what I truly feel and have that information used against me come the time of parole consideration. For this reason, I would intentionally hold back and possibly miss out on potential life lessons I may have learned.

During the V.I.P., I have frequently been asked to challenge one of my fellow inmate's values. This put me in a rather difficult position because of the possible danger that may come with challenging another inmate's core belief. In this example, a participant said something quite dangerous; and he wholeheartedly believed it. I was then asked if I wanted to challenge his thought process or did I accept what was said. I instantly became quite scared as I did not agree with what he had said but I did not want to challenge him from fear of the potential issue it may have caused out in the prison yard. On the other hand, I was frightened of what the clinicians may document about me should I not challenge it. Would they document that I agreed with the rubbish that came out of the other inmate's mouth? I was at a complete loss, so I said I did not want to challenge him; however, I did not agree with what was said; I refused to elaborate on why.

This is a major breakdown with the way these programs are conducted. We are often provided with a black and white scenario; never given a third option. Life does not exist in this way. In my opinion, the authenticity of the discussion during these programs is non-existent or, at best, very low.

There were times when I felt highly anxious and depressed from the content covered on a particular session. This was met with a 5-minute chat with the clinicians following that session. I would then be sent on my way to sit with the emotions and thoughts I was experiencing. This was not sufficient for me as I would be questioning the benefit of my presence on this earth at all. But, I could not speak with anyone else about it in the yard from fear of being put in segregation and removed from the location or, at the very minimum, removed from the program.

This fear stemmed from a signed agreement we all are expected to complete at the very beginning of the program. The agreement stipulates that under no circumstances are we permitted to talk about the program with anyone else apart from the clinicians or in group itself. I can strongly say that this is a debilitating feeling, especially for someone who has had an extensive history of mental illness. I felt completely alone after any session that left me feeling upset or vulnerable. I did not want to speak with the clinicians from fear that they would not understand why I was upset and document something negative in my report for parole – almost like it would be a conflict of interest speaking about my difficulties regarding the program with the people facilitating the program. So, I was forced to sit with these feelings and navigate myself through them to positivity. I feel fortunate that I even made it through.

As some of the content is quite heavy, it can have a strong impact on how we feel about ourselves; questioning if we are bad people who deserve continual punishment for the remainder of our lives. This is met with little support by the clinicians; although, as I have already mentioned, as an inmate there is a great deal of apprehension involved with opening up to the clinicians, despite them frequently offering the little time they have. However, this felt more like they were following a script than genuinely offering their time. As I have already mentioned, I received a 5-minute chat when I took them up on their offer of support.

Another breakdown in the structure of these programs is the timing of them. Many inmates, including myself, have only been given the opportunity to complete a V.I.P. at the very end of our sentence. The problem here is the belated treatment. Most offenders have gone through years of their sentence coming to terms with their actions and moving past it with help of one-on-one psychologist appointments or by other means. They are then forced to bring all those dealt with issues to the surface of their existence right before being released. Personally, I think offering a treatment program at the end of an offender's sentence is wrong to the point of dangerous.

A man I know very well, who has spent the last 20 years incarcerated, has reached his parole period and only now has he been found suitable to complete a program. He is likely to be released as soon as his program is completed. This means he will be forced to re-live the ordeal that brought him to prison; that he has already worked through with the help of in-depth counselling sessions over the years. He will then be released with no further psychological support shortly after completing the program. In my opinion, this is incredibly negligent and dangerous to both the inmate and the community. The system has had 20 years to treat him through Offender Behaviour Programs and not done so. He has been left to his own devices to rehabilitate and move forward from what he has done. Now, right before he is set to go home, he has been told he must complete an intensive program to address his offence. This will add a whole new level of mental instability for a man who is set to leave a life he has lived for the past two decades. This is ethically irresponsible by Corrections and by the Offender Behaviour staff.

I wonder how the community would feel about having a man who spent 20 years in prison be released into society shortly after having his mind pulled apart and not put back together? How safe do Corrections think he or the community is by allowing this step of 'rehabilitation' to take place at the very end of his sentence; right before he is expected to make a smooth reintegration to community?

There is a lot of controversy surrounding the effectiveness of these programs within the prisoner community. As inmates, we are not given any access to statistics surrounding the benefit of the programs in terms of reducing recidivism. We are also aware of the fact that countries abroad have since ceased the use of the programs as they have been found not to work. All we do know is that we must complete them in order to be eligible for parole. In fact, in one case, I was told by the senior clinician at the Karreenga locations that she "did not care about me being given parole; only that the community was safe". This struck me as seeming counter intuitive and caused substantial confusion within me. I had been under the impression that parole was for the purpose of benefiting the process of reintegration, whilst monitoring the offender for some time post-release. Would it not be more of a risk to release an inmate at the very end of their sentence with zero monitoring and zero support for reintegration? That said, reality is that I have seen more people be released at the very end of their sentence than granted parole. Some of the men left prison with absolutely no support or monitoring after more than a decade in prison. It is my opinion that this is a greater risk to the community than granting parole.

Many of the men have personally explained to me their struggle with mental illness throughout their lives, and the vast majority of them do not have any family support. These men are released from prison and given 2 days in a hotel before being back on the streets as a homeless person. It is not long before I see these men back in prison, and when I ask them what happened, they replay by saying "I've got nothing out there; no family, no roof, no food, no medication, no means of transport or finance; nothing". This kind of neglect cannot be safe for the community, nor for the individual suffering with mental illness. These men are receiving more support in prison than in the community – and I have already spoken of the lack of support within prison. This is simply unacceptable.

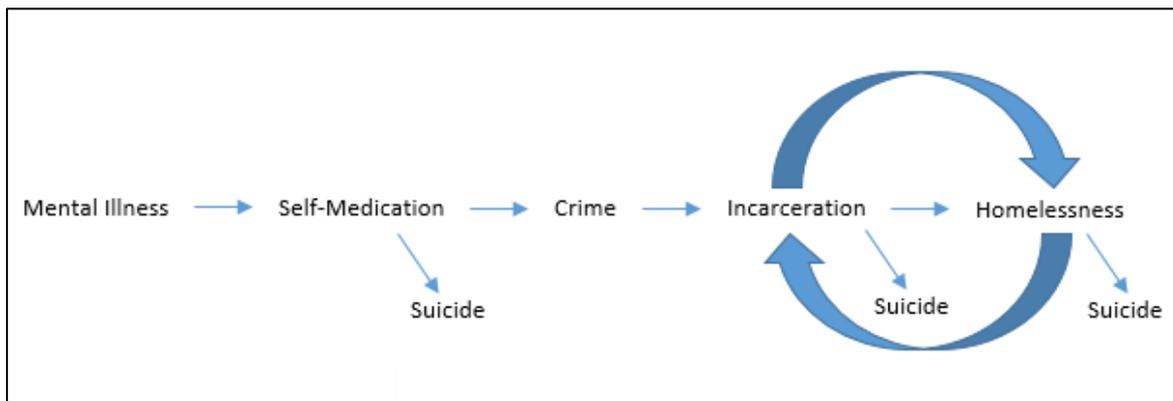
Some of these men do not return to prison and I am only to assume they have made something out of the very little they possess. But sometimes, I am sad to learn that some of these men have taken their own lives whilst living on the streets. I am only to assume they have grown tired of the perpetuated cycle of incarceration, the humiliation and neglect upon release. Some of these men I speak of were good men. Men who suffered all their lives with mental illness and received no support for the multitude of reasons. So, they turned to drugs, and ultimately crime, which had them enter the gravitational pull that is the cycle of our prison system.

SUMMARY

The degenerative cycle from mental illness through to incarceration and often suicide is something too often observed within our prison system. From the first moment of my incarceration, I was not adequately supported in terms of my mental illness diagnoses. This is due to many reasons, the most prominent one being overcrowding of prisoners resulting in a lack of professional mental health services. As the lack of these services contributes too many offenders being neglected for treatment, they also play a large role in blanketing the population of prisoners with the same perception – in their eyes, we are all the same. They simply do not meet enough of us to think otherwise. This is often detrimental to the already deteriorating mental health of someone who suffers from already existing mental illnesses. Additionally, this is damaging to the prospects of rehabilitation and successful reintegration.

Navigating through the prison system as a sufferer of mental illness can be most terrifying. However, what made it more horrific was that no officer would look at me with compassionate eyes. I would not receive help with my mental illness, especially during the initial stages of my imprisonment. I was forced to find a way through my sentence alone for the first 18 months or so. This is unacceptable if we as a society are expecting prisoners to become rehabilitated during their time in prison. Neglect, ostracism, ridicule, and vilification are not productive methods to have an individual want to change their behaviour. The word to focus on in that sentence is *want*. In my observation during my imprisonment, forcing rehabilitation does not work.

The Cycle of Mental Illness



The above diagram shows how untreated or mistreated mental illness can potentially affect an individual.

MENTAL ILLNESS

The condition takes hold of the individual and without adequate knowledge concerning why they are experiencing these troubles, the victim will turn to anything that can offer some relief from their suffering. Sooner or later, they will discover that substances – legal or illegal – can offer temporary relief. This is where it is imperative for them to be able to access readily available information regarding their condition and the potential risks of self-medication.

SELF-MEDICATION

Should they proceed with self-medicating, they will quickly discover that this only exacerbates their condition. They will then find themselves in a desperate chase for any substance that allows them to briefly alleviate their continual suffering. This chase will have them surround themselves with similar people who are suffering from similar conditions all chasing similar substances. It will not be long before they arrive at petty crime.

Some victims to self-medication will suffer catastrophic side effects from the illicit drugs they are using and lead them down a deranged mental struggle of guilt and shame, sadly leading to probably suicide.

If suicide does not occur, death by mixing medications will come for them; using illicit drugs to escape their agonising reality, only to exploit prescription medication such as Xanax or Valium to bring about some relief from the horrible withdrawal symptoms of the illicit drugs. This can kill quickly; I have seen it do just that.

CRIME

This stage naturally grows from the victim having fallen into a habit of using drugs. The world of drugs breeds crime; the victim will soon find themselves becoming more and more involved with criminal behaviour. During this stage, the victim will withdraw from their family and loved ones more than ever. They will be experiencing a large amount of embarrassment and guilt for their incessant drug abuse. This further aggravates their mental illness by adding a new level of depression. As they become more caught up in criminal behaviour, they will use this as a further escape from their suffering.

Meanwhile, the victim's family have nobody to call for help. They have begun to grow suspicious of their child's drug taking but haven't any avenue to pursue to help their child. Even if they had the money to pay for a bed in a rehabilitation centre, they would have to be successful in having their child agree to sit through an assessment with a staff member of the rehab centre before being admitted. This will seldom occur as the victim has trouble being around family members, let alone disclosing their denial and suffering to a complete stranger. So, the child continues to commit small offences whilst out of their mind on drugs. Only, one day, the offence is not so small.

INCARCERATION

It only took one mistake to arrive here. Now, they are in a terrifying time and a testing time. This is where the victim to mental illness could potentially proceed down a terrible path because if they take refuge with serious inmates who have made prison their home; then, the vulnerable victim will soon become just that: a serious inmate. I have seen this take place and it occurs much faster than one would expect.

The second potential path is one of complete withdrawal, showing their complete vulnerability. This is a very dangerous path to take as prison is filled with predators. I have seen people fall into continual abuse and assault as they have their few possessions removed from them consistently by force. This results in the victim seeing no way out of the nightmare they have landed in and some of them decide to pot out. It is beyond sad when this happens. For me, this is exceptionally hurtful as I wanted nothing more than to help the particular individual. But the environment of prison does not allow good deeds to take place without serious and lengthy consequences, both from Corrections and fellow inmates. Mental illness or not, I had to learn how to become deaf, dumb and blind in prison – contrary to how I have been raised.

The third path is to follow the leader. This leads to further drug use whilst simultaneously networking to gain contacts upon release. This path never ends well.

Another path is the one I took. This entailed being opportunistic, particularly at the beginning of my sentence. Then, living by one rule: keep busy. I learned that if I kept busy I would be able to avoid the majority of issues that arise behind prison walls. I exercised regularly and stayed as healthy as I possibly could, remaining sharp at all times and trusting few people. This is a difficult path to sustain as there are tests everywhere. For someone who has suffered from extensive mental health issues, I do struggle at times and I receive zero support. This is because there are simply no available resources for me to utilise, coupled with the fact that there are so many people also in need of those services; often in more need than myself.

HOMELESSNESS

Many men fall into homelessness from prison. Normally, this is a result of having little to no family support, coupled with spending many years in prison. Sometimes, however, it is due to having been a drug addict for so long prior to prison that they have more in prison than they do outside. This is where sufficient support upon release is paramount, though non-existent.

I have seen men return multiple times to prison and explain how they just had no one and nothing outside. The, on day, they stop returning to prison and I am horrified to hear they have taken their own life or overdosed on drugs whilst living on the streets. I often wonder how we landed ourselves here, as a society. Or, perhaps, the more suitable question would be: how do we get ourselves out of our current situation?

MY RECOMMENDATIONS

1. We must offer support stoppages at each stage of the cycle. This requires significant thought and well-planned execution. Specifically, at the time of the awakening from a drug addiction. In my opinion, this is one of the riskiest times for relapse or suicide.
2. Mental health plans should be readily available inside prison. This should be accompanied by dietary and exercise plans which are basically compulsory for inmates. There are many prisoners who enjoy fitness and healthy eating; however, they are restricted from information on such topics. This creates boredom and a sense of defeat, which stems into anger and frustration. This is ultimately expressed in negative ways which are counterproductive for the inmate's rehabilitation and, furthermore, compromises community safety.
3. Prison officers should be manning the outside wall and only concerned with security of the prison. Many of them have personally expressed how it is conflicting to be disciplinary bodies and, at the same time, conduct successful casework on the inmate's behalf and for the inmate's best interests of rehabilitation and reintegration. It must be one or the other. By all means, have both, but have two separate entities to successfully conduct each avenue of the prison experience. Teachers, social workers, psychologist, medical staff, physical education staff, etc. should be the people interacting with the prisoners. This will further promote rehabilitation, support mental illness, and reduce recidivism, which reduces overall crime.
4. Social workers, teachers, nurses, doctors, even builders and teachers of trades are what prisoners require in order to rehabilitate and better themselves; in turn, they will return to the community having picked up an important skill and feeling good about themselves. This makes them a lesser risk of reoffending. In my opinion, inmates that leave prison with anger towards authority and the judicial system are more likely to reoffend, thus compromising community safety. So, why would we, as a community, not work towards treating prisoners in a similar way to treating mental illness? More resources for the availability for psychologist appointments in prisons is paramount for offenders to unearth their offending patterns and shift them. To work with a larger number of offenders to uncover what they were lacking in their lives to have them offend and fill that lacking with skills and knowledge. Would that not work better than punitive treatment and denouncement of offender's existence in an ongoing manner? After all, the majority of prisoners will return to the community eventually; how do we want them to be?

CONCLUSION

Mental illness is not a singular problem; it is multi-faceted and extremely complex. As a society, I believe we should stop at nothing to figure out the conundrum of mental illness. Every day, millions of people are affected by the suffering that is attached to being mentally ill.

More and more people are being subjected to awful circumstances because they were not properly treated during the early stages of their condition. As I have mentioned, people will find a way to escape their suffering. It is our responsibility to facilitate a more productive method of escape or management than the one I pursued and so many other young men and women pursue.

The content of this document was written with honesty, compassion and a true account of my life experience. I truly hope this may help with the investigation into a sustainable solution to mental illness. Should I be required to elaborate on any of the issues I have mentioned, I would be delighted to do so.