

Out of Control.

In May 2006, as I proceeded along my road to recovery, I requested access to my case notes under the Freedom of Information Act. I wasn't aware, initially, that I had this right and I was also uncertain whether I truly wanted to confront this part of my history, but there were still many gaps from that time and I wanted answers. I wanted to piece together what happened, to understand and to prevent it happening again if I could. It took me four years and nine months to actually decide to take this step and I made the request of all hospitals that I'd been treated in. There was a psychiatric assessment from years before when I'd been preparing for an elective procedure which was worthwhile too. This was a helpful thing for me to do. It was useful to have a support person who understood clinical terminology to discuss any questions with and of course there was the challenge of deciphering the handwritten parts of notes. As I wrote this chapter I again reviewed these case notes to clarify something of the experience. Each time I became a little easier with the memories.

The notes from my first contact with the Assessment and Crisis Intervention Service (ACIS) indicate that I'd been "talking gibberish and rubbish re molestation, a secret and a twin which God told me about that day". My eldest sister, Betty, stated that I was a very overweight lady and that was the main problem. My husband, Phillip, reported that I'd lit candles all over the house and he was concerned about the fire hazard. Family referred to my child-like behaviour, lack of sleep and the fact that I'd been driving on my own and smoking excessively. These were all recent changes in behaviour. When the ACIS team visited and gathered more information the confusion, irritability and the long gaps in the middle of conversations were revealed. I was concerned about making sure everyone was safe and refused to leave the house and go to hospital until repeatedly assured everyone was safe. I made bizarre comments such as "we need to let the darkness out and the light in."

Documentation revealed that I'd threatened my husband with a knife and I was initially very angry about that. Originally I was certain that hadn't happened but then began to doubt myself after seeing this written in an official document. Luckily my daughters, Erin and Rachel, reassured me that this didn't occur. It was clearly written, six days later, following a doctor's discussion with Phillip, that he'd in fact held the knife to his own chest as he'd had enough. My eldest daughter, Erin, then called Betty and further help was sought from ACIS, the psychiatrist and from my General Practitioner.

I recall my need to keep the door open on that chilly night, my adamant refusal to close it, offering family members Phillip's jumpers if necessary. "I've got to open the door to allow

the family, all the family to come in.” I was actually waiting for a signal that would indicate it was time to go to hospital. The door needed to be open so that the three rabbits could come in, tallest to smallest and run around the family room in a bizarre circuit followed by our dog, Riley, before exiting to the rear yard again. This would then be my signal to depart and go to the hospital. Thankfully, I decided to leave without waiting for the impossible!

The ACIS staff were able to persuade me that going to Flinders Medical Centre was the best option and I finally laid down on a barouche and allowed the officers to transport me, first to the ambulance and then to the hospital.

Following assessment in the emergency department I was detained under The Mental Health Act. The completed Form One, allowing for initial detention and review within 24 hours, stated there'd been a “two month history of psychotic symptoms characterised by grandiose, paranoid delusions; poor insight and judgment and thought disorder; considerable irritability, suicidal ideation, at risk to self and others.” I was now detained for my own safety, and admitted to Patterson House East at Glenside Hospital. Glenside Hospital was, at that time, South Australia's major public psychiatric facility with a variety of specialist units surrounded by expansive grounds with impressive eucalypts and enchanting possums that approached cautiously to be hand fed at night.

Patterson House East was an open ward dedicated to assessment and observation of acutely unwell psychiatric patients. I arrived in the early hours of the morning after a second ambulance journey and was admitted to the ward. My time there is a little difficult to recall although I remember feeling much more aware and alert than in the past and I was very restless and unable to sit or sleep except for very short periods. I was fearful and unwilling to trust anyone, refusing medication unless my private psychiatrist instructed me to take it. Private psychiatrists do not visit their patients when they are admitted to the public mental health system. Care is provided by psychiatrists working within the public mental health service, in liaison with the private provider, and the care is handed back to the private psychiatrist at the time of discharge if the private psychiatrist is willing to resume management of the patient. After an interview with the doctor on duty overnight at Glenside Hospital, where my speech was slightly pressured with paranoid themes and I was cooperative but elevated in mood, I retired to bed adamantly refusing sedation.

Later in the morning I was assessed by a psychiatrist and a psychiatric registrar and my detention was confirmed. The Form 2 notes an “elated mood with grandiose, persecutory delusions, visual hallucinations, impaired judgement and formal thought disorder.” I cannot truly recall the visual hallucinations although I remember speaking directly to my eldest

brother, Richard, and he was residing in America at that time. I'd been "demanding with high handed, imperial manners and laughing and giggling excessively." At the commencement of that interview I'd requested a cup of coffee in a "clean, not crappy, cup" and then demanded it. The mental state examination I dismissed, refusing to attempt the serial sevens (counting backwards by seven from 100) dubbing this exercise a "waste of time, why bother?"

The information gained from family revealed the deterioration in mental state over the previous two weeks and the escalation in the last few days. About 24 hours before hospitalisation I'd spent three hours insisting I was going to die and telling my fourteen year old daughter, Rachel, this. I can recall this instance quite clearly. I remember the intensity I felt, the urgent need to communicate this knowledge to her and the coldness of that night. I lit multiple candles around the house and prevented anyone from blowing them out as I believed that would cause a loved one's death. It was a strange cyclical process. I would believe a relative was dying, grieve for them, and then realise I'd made a mistake. I would then decide the loss of another relative was looming and begin to grieve their loss. I think I went in chronological order through my family tree, although thankfully, I excluded Erin and Rachel. In fact I believed both my daughters were pregnant. My distressed husband, Phillip, stayed home from work due to the fire risk created by multiple lit candles. I was absolutely sure the candles were all safely positioned. My elder daughter, Erin, managed to blow out some candles of concern surreptitiously when I was distracted. I was oscillating in a peculiar world where I believed my father was a serial killer and where I could locate various bodies of his victims. As the horror deepened I believed my mother to be an accomplice in murder too.

I continued to refuse medication, despite being otherwise compliant, and my mental state deteriorated further. As the day progressed I superficially accepted I would be staying in hospital although I showed no real understanding of detention. I sat in the foyer of Patterson House East gazing at the traffic lights at a nearby main intersection, sometimes talking to other patients, while in a strange realm of my own.

I remember Betty and my brother-in-law, Daniel, bringing Erin and Rachel to visit later during the day. My family were all given an explanation of what was happening as well as information on Bipolar Affective Disorder. I would read these pamphlets and booklets many months later in my search for knowledge of this disorder. Phillip was exhausted and did not visit me at Glenside Hospital. He stayed home to clean, to try and restore some order and to have a break from me. Manic behaviours are difficult to tolerate, and I'd been gradually deteriorating for at least a month. I felt abandoned. Phillip and I'd been married for seventeen and a half years and only spent short periods apart. I'd been admitted to a psychiatric hospital

for the first time and I was frightened. I couldn't articulate my feelings but deep within I was terrified. I'd been repeatedly schooled, from an early age, to conceal fear so I was flippant, using humour and sarcasm to hide my true feelings, trying to minimise the distress I felt.

My family brought me cigarettes which were welcomed by me and others. As this was my first admission I was an easy target for those with limited funds and supplies of their own and in my vulnerable state I was happy to hand out cigarettes if asked. I was quite magnanimous and my cigarettes were rationed both to limit my consumption and to curb my generosity. I was feeling strangely connected to everyone. In my mind most of the other patients resembled either someone from my past or family members. When my family members visited, however, they could not see these similarities at all.

On arrival on the ward a bath became a major concern despite the fact that I recently assiduously avoided showering. I carefully carried a new cake of soap in my pocket waiting for the opportunity to use it. In a strange way this became a template for how I would survive the next few years as I narrowed my focus, simplified my life and concentrated on achieving small steps.

As my mental state deteriorated and I continued to refuse medication the decision was made to transfer me to a closed ward. This was a more restrictive environment. There was concern I might abscond. I was now uncooperative, agitated, pacing, laughing, responding to auditory hallucinations and desperate for a comforting cigarette. I threatened to piss myself if I wasn't allowed outside for a cigarette. This threat did not have the desired effect as experienced psychiatric nurses were not in the least intimidated! I recall very little of this time except being walked over to Brentwood North during the early hours of the morning, encircled by security guards. I remember chuckling to myself on the way there. I was 150 kilograms and very unfit and knew I would struggle to run out of sight on a dark night. I thought the guards were an unnecessary accompaniment but as this was my first admission to psychiatric services I was an unknown quantity and behaviours in people as unwell as I was, are unpredictable. Sometimes there is a driven quality that allows someone to achieve what seems beyond possibility.

On arrival in Brentwood North I was taken to a seclusion area where my jewellery and anything that I might damage myself with were removed. I was totally unfamiliar with any of this process and although I was not totally obstructive, I wasn't compliant either. One of the nurses asked me if I'd remove my earrings to which I replied. "If you want them you can take them out but I smell real bad." I initially refused to surrender my lighter and that treasured cake of soap. I do not recall discussion about the injection I was to be given but I do

remember realising that one of the nurses seemed a bit uneasy. I then attempted to relax before the injection to make the staff aware that I wasn't going to cause a problem. As a general nurse I'd an underlying empathy for nurses and I think I also had a slight realisation that this was a serious situation I was in. Luckily, following the injection I went to sleep. This gave me a break from the fears that were overwhelming me and limited the development of further traumatic memories. I will always be grateful that decision was made. The horrid thoughts and the fearful images that I was dealing with were absent for a while. I slept soundly in seclusion and the restlessness ceased for a few hours at least.

In the morning a nurse assisted me to gather the necessary items to shower. I was slow and perplexed but at least I showered and the very beginning of recovery commenced. I sat in the corridor watching the little activity visible around me and felt totally lost. A nurse accompanied me out to the garden where I smoked and struggled to form answers to basic questions. I remember the eucalypts, my delight in being outdoors, the gentle breeze, bird calls, the warmth of the sun and the discussion about my transfer to Noarlunga Hospital. My primary concern was whether there was a bath on the ward. Initially the plan was to transfer me to a private hospital; however, Phillip would have found visiting difficult as he did not drive. It was considered more helpful to transfer me to Noarlunga Hospital where family would find it easier to visit. I was interviewed by another psychiatry registrar before a transfer to Morier Ward at Noarlunga Hospital. I remember thinking this doctor was totally gorgeous. Strangely, I have little memory of what he looked like particularly, except for black curly hair, but I remember feeling intensely aroused. Case notes revealed I participated during the interview, but continued to refuse oral medication and would not guarantee that I would stay on an open ward. I was inflexible and irritable and unable to give a rational description of events leading to hospitalisation.

I do not recall the actual transfer to Morier Ward. I was heavily sedated and unable to effectively take part in an interview after arriving there.

Morier's high dependency ward was quiet and the garden area was bordered by a brick wall that was quite high. It enchanted me as I saw it being an ideal, safe place for our rabbits. My pets continued to feature in my day to day mental life although I was the only one who thought they could happily reside there. I yearned to have all my family near. The ward had only a small capacity so it was relatively quiet although any agitation in others increased my anxiety markedly. I was also experiencing frequent tearful periods and was unable or unwilling to talk about my fears. I remained orientated but confused before gradually improving to the point of transferring to the open ward. At this time I was starting to question

whether some of my beliefs were reality based. I was beginning the questioning that would become a dominant feature of my life.

About a week after my admission a doctor spoke to Phillip and he clearly indicated he'd been the one holding the knife to his own chest. He was adamant that I'd never been violent or threatened the family. He spoke of the last six weeks and how terrible it'd been with themes of sexual abuse, serial killers and fears someone was about to kill me. He'd been concerned because I was talking to Richard, although he was not present. There'd been a couple of occasions when I'd not recognised Phillip. He'd arrived home from work and I exclaimed "Who are you? You shouldn't be here. My husband's not home yet." At another time when we were out in the car I looked at him, retorted, "You're just a visitor" then dropped him home and drove off.

I have fragments of memories from that open ward admission too. Time seemed to move slowly. I was demanding, asking others to make me coffee and fetch blankets for me. I occupied myself smoking and chatting to patients, quite fascinated with the variety of people that I met. I felt lost and very sad, puzzled and perplexed and I needed a lot of direction. I felt strangely close to everyone, inviting fellow patients to visit me when I returned home. As the days passed I was given some leave from the ward to go home for a few hours. A detained person can be released into the care of a responsible individual for nominated periods of leave from the hospital. The patient is informed they are required to abstain from driving, consuming alcohol or illicit substances during the leave and must stay with the designated escort. At last I enjoyed the bath I'd been waiting for. I tolerated the periods of leave and I was finally at the point of being discharged. I believed my family had forgiven me, I reported to the doctor before discharge and I went back to the life I knew. I'd been in hospital for twelve days.

