

# Chapter 1

## The girl and the robot: my psychosis

The girl and the robot - oh gosh, what a song and how major a role it played whilst I was in what I will refer to as my psychosis.

Mr Invincible I became.

It started sometime around the period February/ March 2011. If I had been writing a diary, what delights that could have contained. During this period, I would have probably been able to have been more precise about what was happening in my mind and in my life, but for the time being I guess an estimate will do.

The triggers, and again, oh how I wish I knew about the importance of triggers before all this began; the triggers were not being able to sleep due to over-activity in the brain which was further exacerbated by over-consumption of coffee (I recall at one point I was consuming - daily - eight eight-cup cafetières of coffee).

At the time I was working at a well-known public sector body in what I thought was my dream job. Since my arrival in Australia in 2009, I had wanted to do more on the project management aspect of my skill-base and as I was qualified and had a degree of experience in this field, I felt I would be well-served in further developing my career path in this field. Little did I know it would almost kill me.

The first inkling that something was not quite right was when I reported to my GP that I was having problems sleeping. A sleep study was organised whereby I was “wired up” with monitors from tip to toe, the result of which was a report and a diagnosis of sleep apnea.

However, from what I can recollect of the time, whilst my GP received the report containing the diagnosis, nothing further was done to address this condition. Sleep apnea is where the individual’s breathing affects their quality of sleep to such an extent that in extreme cases

they stop breathing. This results in the body communicating to the brain that it is being starved of oxygen, which it requires to function, subsequently resulting in the brain sending out signals to the individual to awake to reinstate their breathing.

This pattern can go on through the night, resulting in broken sleep and minimal quantities of the required deep sleep which enable the brain and body to fully restore itself in preparation for the forthcoming day.

In addition to the diagnosis of sleep apnea, my sleep patterns were completely haywire. One of my recollections of the period between the months of February and March 2011 is of speeding my way to work. I also recall on my return home one day falling asleep at the wheel as a result of sheer mental exhaustion. Not handy when you are in the outside lane doing 80 km/h. Thankfully I was woken up as my car drifted into the middle lane and a ute brushing my wing which awoke me and enabled me safely to bring the car under control on the hard shoulder.

As March progressed into April, I found myself unemployed. Well, what actually happened was that I did not pass my probationary period. A completely trumped-up case was made by my manager, the evidence was completely fabricated and, most likely the result of my increasingly evident psychotic behaviour - of which I suspect I had little awareness.

The whole “quick-get-him-out-of-here” episode was a farce. The organisation with whom I was employed had no HR policies or procedures on their intranet or anywhere else; they were basically making it up as they went along. I remember e-mailing HR to ask them if they could direct me to where I could find relevant HR policies on the intranet to which I received the response the policies and procedures follow best practice and are not available on the intranet. Not bad for a public sector body, upholding public sector ethical standards and spending - quite freely and ineffectively – taxpayers’ money.

As I found I had time on my hands, I decided in early

April to fly to New Zealand to see a friend who, ironically I thought was not well and could do with some emotional support (how ironic, I say to myself reflecting back on this period.) Booking the flight through those wonderful people at Flight Centre, I flew out with Emirates and back with Virgin Blue - what a contrast that was.

The flight from Melbourne to Auckland was an early start, thus I decided to take three apples in my hand luggage for sustenance en route. I had checked-in online and took my boarding pass. All went well until I got to Passport Control. Now my memory here is a little hazy but from what I can recollect, Passport Control was not happy with some aspect of my check-in printout and they said it had to be stamped by the Emirates check-in desk. So I went back to the Emirates check-in desk and explained to them that Passport Control would not let me through without an Emirates stamp on my boarding pass. They had never heard of this before and were completely bemused by such a suggestion. Somehow, I got the issue sorted and, by the time I got back to Passport Control, a new set of staff had appeared. Was I involved in a wind-up at my own expense? Surely not.

The flight with Emirates went wonderfully well. I am an absolute fan of Emirates. One point to note though, I took a photo of myself before take-off and I look ill. My face is gaunt, I had lost practically all muscle around my cheekbones and my skin colour was pallid beyond recognition.

On landing, we disembarked the plane and then went through customs where all our bags were scanned. Of course, I had forgotten about the apples I had packed to eat during the flight. I was asked to step aside, open my bag and low and behold, I had committed a major breach of New Zealand's bio-security laws. I was escorted over to another table where a burly female customs officer informed me I had committed an offence and she then produced a card and informed me that I had a choice of one of four options. I recall the last one was something

like you have the option to appear before a magistrate to present your case. I also recall asking the Customs Officer if she could advise me on the case law regarding the last option. She responded I had a choice and I had to make a decision. I replied that I would prefer to make an informed choice to which I think I received a gruff response. This all happened in April 2011; only in the last six months have I been in touch with the New Zealand Department of Agriculture to ask what the status of the situation is, including a letter indicating my diagnosis of bipolar disorder and asking what further action might be required to close the matter. I received a response to my letter informing me that the information I had provided would be presented to a judge and I have heard nothing since. I can only assume 'case closed'. As it happens, months after I committed my felony, the Australia and New Zealand governments signed an agreement to allow the import of fruit between the two countries, including apples.

The stay in Auckland, as far as I can remember was fun. I seem to have taken loads of photos on my iPhone. I visited the museum and several other iconic venues. I also remember having a conversation with a lady in a secondhand furniture shop and that she offered me her card, noting that she needed someone to manage a small chain of hairdressers and that I should give her a call. How on earth do I get myself into these situations? Reminder – you were manic – end of.

During my time in Auckland, Borders, the bookstore was going into liquidation, so I bought a number of cheap DVDs and books. However as a result of this, when I got to Auckland Airport I was way over my luggage limit and had a lovely series of interactions with the wonderful stage of Virgin Blue (more on this later in the book).

On my return from New Zealand, I had a routine visit to my GP. The visit took place in last April. I recall towards the end of the appointment our conversation went something like:

GP: "You don't seem well, I'm going to prescribe you

lithium.”

Me: “Lithium? Does that mean I am going to go to Coles and on passing the battery stand, want to break into a pack and start chewing on a battery?”

GP: “Well, I am still going to give you the prescription and I would like you to come back tomorrow so we can test your blood.”

Me: “You can give me the prescription but I see no need for it.”

This is, I understand, having read autobiographies of other people who have been through a similar experience with psychosis, a classic response to any suggestion that either they are not well or that they need to take medication - after all, why should they - they feel fantastic!

I returned the following day to see my GP, having not taken the lithium as requested, nor even been to the pharmacist to exchange the script for the medication. My GP asked me if I had and, when I replied, “I said yesterday I see no need for it,” allowed me to leave his room and depart into the big wide world - completely out of my mind/ psychotic/ manic/ loopy-loo!

At this point in time I was on Newstart, which is the basic allowance for those who have no other income. This amounts to \$600 or thereabouts per fortnight. It is impossible to subsist on this amount. As a result of my lack of money and need to subsist, I sought additional funds by taking possessions that I felt I no longer required to Cash Converters. I also decided to take up being a masseur and bought a massage table. And yes, I was driving my car around whilst psychotic - scary stuff, methinks. You would think driving whilst drunk or on drugs is dangerous; I wonder how safe it is to drive whilst psychotic? And I am sure this not the first time and nor the last time this will have occurred.

So, from my recollection life was chugging along fairly ok. I was getting a paltry amount of money in as a masseur and also money from the gradual relocation of my

apartment to Cash Converters. I also had the grand idea of opening a garden centre combined with a café, single-handedly, with no capital and no – well, anything really. I made enquires with banks about loans, began writing up a business plan and making calls to estate agents about local vacant properties which I felt could fit my requirements. What do I think about all this reflecting back? Complete madness, and I laugh and move on.

Somehow I was getting some form of inclination things were not right. Maybe it was because events would happen like builders waving their arms around as I passed by walking my neighbour's dog and listening to "The Girl and the Robot" by Royksopp or some other wonderful tune on my iPod. At this point in time I can think of no other similar examples but I guess there must have been many. Oh, yes and one of the staff at Cash Converters observing that I had been in there so many times he wondered whether I had anything left in my apartment!

And so I went back to seek advice. Same GP practice, different GP. This time the feedback I got was - "Well, you seem ok but just as way of seeking a second opinion I'll make a referral for you to be assessed by a psychiatrist."

This resulted in my appointment with, in my view, one of the most dangerous people on this planet. As is often the case with clinicians, and maybe through no fault of their own, he appeared 25 minutes after the time that our appointment had been scheduled. I was invited in the room - just me and him. I babbled for some 25 minutes and then stopped. At this point he laughed out loud, concluded I demonstrated all the classic symptoms and noted the following:

- no-one would ever employ me in my current mental state,
- if I was to go on anti-depressants I would likely be sectioned; and
- if I was to go on a plane, I would likely decide to

open the plane door mid-flight (guess he was not aware I had flown to New Zealand in this same state and only been caught trying to illegally import three apples – hey-ho)

He gave a prescription for 25 milligrams of seroquel - an anti-psychotic - and then disappeared only to return with a handful of papers which he informed me I should read as they would give me some guidance on my condition and help me get better. To this day, I have no idea where these papers are and this is almost three years later.

This is the resultant report he produced based on that appointment:

“Dated: 16 June 2011

Re: David Clark DOB: XX/XX/XXXX

### Referral

Thank you for referring David. As you are aware, he is a 43-year-old British homosexual man living alone in private rental accommodation. He is a recipient of Newstart Allowance. He was referred with manic symptoms for assessment and management advice.

### History

David described “a rapid re-emergence of the phoenix out of the fire” since late 2010, associated with 15kg weight loss commensurate with increased physical exercise, and mood elevation. He endorsed all symptoms of hypomania on direct questioning. He had aspirations about becoming a philosopher, a life coach and writing a book. There was no delusional derivation to these ideas, but he acknowledged that they might be related to his mood. He felt more introspective, and “self-actualised”. He was unable to recall recent

secondary consultation advice from GP psych support (Dr Tracie Hicks) to commence an anti-psychotic or significant change which may be impacting on his ability to work. His symptoms seem to have been reducing in severity since their rather abrupt onset. He has not engaged in any risky behaviour or had dangerous ideation during this time.

This episode occurs on the background of depressed mood secondary to a relationship breakdown in May 2010, being bullied at work (in project management) and in the setting of anti-retroviral therapy (including efavirenz) for chronic HIV infection complicated by some opportunistic infections. He sees a psychologist (XXXX), and he is compliant with anti-retroviral therapy. He had possibly abused alcohol and amphetamines in the past but he was reticent to discuss this today. He denied recent illicit drug or alcohol use. There is no family history of mood disorder, and no past history of hypomanic or manic symptoms. His account of his earlier life was characterised by bullying by his father, and of a flamboyant social life, of which I suspect there is an element of retrospective falsification as a result of his elevated mood state. He previously worked in the XXXX in the UK, and after moving to Australia 3 years ago he worked in statewide XXXX services project management, and participated in advising XXXX. He has knowledge of administrative and procedural activities involved in health care, and he had a relationship with a psychiatrist for 7 years.

### Mental state examination

David presented as distracted but cooperative with the interview. He was casually dressed, displayed good eye contact (except when speaking to me, at which stage he looked at the walls) and there was mild psychomotor agitation. There was prolixity of speech



which was interruptible. His thought stream was increased in tempo, and there was tangentially and ordered flight of ideas. There were grandiose themes of thought content associated with change. There was preoccupation that he had been patronised/ bullied by people previously in his life, and there was an infantilising method of questioning the interviewer. His mood was objectively and subjectively elevated. His affect had some abnormal reactivity, and punctuated by laughter. There was no suicidal or homicidal ideation, and no intention to jeopardise his HIV treatment. His cognition was not tested in order to preserve a therapeutic alliance.

### Formulation

In understanding David, there is a past history of depressed mood in the setting of situational precipitants, but no indication of sustained mood disorder. There is an incongruously absent family history of mental illness. It would seem that David is presenting with a first episode of mania (there is objective evidence of psychosis with formal thought disorder) in the setting of antiretroviral treatment, but there is evidence that this is resolving slightly. The primary risks include occupational impairment and deterioration of mental state (particularly if prescribed antidepressants). This deterioration seems aetiologically linked to retroviral treatment; however, I don't have viral load results - if these were elevated it may indicate HIV mania which may progress and indicate more end-stage viral illness. Alcohol and other substances may be playing a minor role in maintaining his symptoms. The predominant barrier to treatment is possible preference for his symptoms. I do not think that efavirenz is contraindicated currently but it would be worthwhile calibrating my opinion with an infection disease physician. and if we consider efavirenz to be

contraindicated then this may remove a treatment option for HIV. I think it is important to prioritise the treatment of HIV at this stage.

Diagnosis Axis I - first episode psychosis, Ddx - Mania, as part of Bipolar Axis II

Deferred Axis III - HIV Axis IV - Deferred Axis V - GAF 50 possibly medication induced (efavirenz)

Affective Disorder

### Management

As discussed over the phone today, I have encouraged David to commence 25 mg quetiapine tonight, for which I have provided a prescription as an opportunistic manoeuvre. I have discussed a method of titrating the dose which is rather conservative and aimed at minimising side effects in the hope that this improves his long term compliance, e.g. increasing by 25 mg every week. I have provided psycho-educational material to David and he has agreed for me to review him again shortly which our administrative staff will arrange. I will discuss with David a consultation-liaison psychiatrist at The Alfred to examine the feasibility of me following him up from August at one of our outpatient clinics. I will contact you in the near future to ascertain his HIV load and CD4 count, and to ask you about infectious disease input that has occurred.

Your sincerely,

XXXX

Senior Psychiatry Registrar"

Every time I read this report it fills me with amazement. This report is, I believe, factually inaccurate. Whilst yes, I

may not have been completely with it at the time, I have no idea who Dr Tracie Hicks is, the suggestion that I have “possibly abused alcohol and amphetamines” - what does this mean? And for the record I have never taken amphetamines in my life. With reference to “there is no family history of mood disorder”, well he obviously did not ask the right questions here as I would have told him all about that aspect of my life and I talk about it later in this book.

And so May moves into June and at this point I am facing eviction from my apartment. I had been successful in delaying this event due the installation of new windows in my apartment which had resulted in significant condensation on the window sills daily and also due to an ongoing problem with flooding of the kitchen. This had been as a result of my being on the top floor of an apartment block with a flat roof which had not had its drainage channels cleared, probably since it had been built in the 1960s.

I went on rental strike as I was fed up with clearing up the water-soaked kitchen surfaces and was able to “get away” with this for a period of time. However, eventually I ended up in Victorian Civil and Administrative Tribunal as a defendant.

I got there early and watched a video explaining how VCAT worked to ensure fairness in procedure and due process. In reality I was treated as an open-and-shut case - pay up or vacate. The Magistrate did not even look at me, as far as I can recall.

And so I ended up in my current residence with someone who has basically saved my life. Without this person, I would probably be homeless, destitute and even possibly dead. The system currently in place to support those people experiencing challenges with their mental health is, in my humble opinion, a disaster.

I finally came out of my psychosis in late September. I remember the moment distinctly, walking down the street in which I live, shaking my head and then reflecting - what on

earth has been going on with me over the past few months.

I continued only on Seroquel for the rest of the year and it was only in April the following year when I was prescribed further medication - lithium (a standard approach for those diagnosed with bipolar disorder) and escitalopram (an anti-depressant). This combination put me through hell mentally. I plunged into one of the worst depressions I had ever experienced and it took me three months of sheer agony to regain some form of consciousness. This process at times involved my consuming a whole bottle of vodka daily to escape the pain. And there was no-one, as I spent each day in bed, sometimes considering the imponderable, I felt, that could or would help me.

At this point in time I had given up on doctors. I had stopped seeing my psychologist after an appointment in early 2012 when he asked if I had got back into gainful employment. My head at this point was still a mess. I was gob-smacked that he had asked such a question. I had been attending appointments with him since a year after my arrival in Australia and really questioned the benefit of the sessions I attended in which I was charged \$120 for just less than an hour each time and from which I felt I gained little benefit.

The appointments with the first hospital psychiatrist to whom I was referred took the form of 30 minutes every two months. If anyone can remember Kenny Everett, that is who I saw every time I had to sit opposite him and repeat the same story - head pains, exhaustion, what the hell is going on with my head? And the response I got - nothing. No suggestions, no advice, no guidance, no offerings of hope - just, ok well you seem to be travelling ok so we'll see you in two months' time, if you could arrange your next appointment with receptionist on your way out.

Bipolar disorder is considered the second-most severe mental illness. And this is what happens?