

Perspectives

Co-operation and negotiation are key to a good journey through mental health services, says Richard Shrubb

Hollywood made a film about a schizophrenic around the time of my diagnosis and early phase treatment. *A Beautiful Mind*, based on the biography of US mathematician John Nash, was lauded among service user groups and film critics alike for its portrayal of serious mental illness.

On one level I agree. Like everyone else in this game I'm sick of the stereotype of 'psychotic' and all the other terms. I read the book but didn't see the film. Looking at the detail of the story, there is something very stereotypical about a schizophrenic coming up with the thesis for which Nash got his Nobel Prize.

Nash got his Nobel for a mathematical concept called Non Co-operative Game Theory. Those who understand the concept call it "Fuck you, buddy". The theory is of how competitors do not and should not co-operate at all in a game they play unless it suits their personal aims. And if I tell you that the US fought much of the Cold War on this basis?

A headline for this could be 'Psycho nearly causes the end of the world'. We all remember the concept of 'mutually assured destruction' – aptly abbreviated in this instance to MAD...

Thankfully, the thesis has been disproven, reverting to the old concept of Co-operative Game Theory. If the Cold War went hot there were agreements in place that initially enabled conventional warfare. Even as tanks were rolling out of Frankfurt, diplomats would have been seeking a solution.

Negotiation and co-operation is now the recognised way of achieving goals set in a competitive situation. Let's look at Nash's and my own story in parallel. Admittedly faced with the utter barbarism of psychiatry in his day, he chose not to co-operate with the system. Nash was diagnosed in the era that may best be described as "experimental medical psychiatry". Beliefs included destroying parts of the brain and rebuilding it. Annihilation electro-convulsive therapy (ECT) was given with a view to doing this. Nash was given insulin shock therapy – repeatedly put into a coma and brought out by feeding – to destroy parts of his brain. How he avoided lobotomy is anyone's guess.

Things had changed somewhat by the time I hit the system in 1999. I knew from an early age that key allies

among the opposing team are important in combat. My diagnosis meeting took four hours – it should have taken one. I went from being a certainty for a six-month spell in an acute unit to attending day hospital. At the end of the meeting, I broke down in tears from relief. Before I fell apart, I was told that I would not spend too much time in the system, and I would go far in life. My view of psychiatry from that day was positive. Many see it negatively.

I didn't co-operate all the time. I became an alcoholic from partying my arse off. I fell out with many. In modern Game Theory there are moments when both parties will disagree and not co-operate. If I hadn't done this I would not be in a profession I love, making a difference in this world. But to this day I co-operate, and insist on twice yearly meetings with my psychiatrist.

I have run into some good psychiatrists and others who saw my 'dustbin diagnosis' and came to conclusions before they even met me. Those who stigmatised me were of the old thinking. Patients are to be told what to do because the psychiatrist has been trained for 12 years in medicine and knows what he is talking about. That you're reading this suggests you don't agree with that concept.

Patients fight when faced with intractable and sometimes barbaric options. Would Nash have played the personal game he did if given the options I was? I was offered firstly the chance to talk about my problems. They slowly introduced me to medication. Compare my own experience to Nash's?

Given the soft option and being aware that we have the choice of A or B will sometimes get the result sought. I was lucky in that I was prepared to accept the idea my delusion was not reality. I was offered the chance to be listened to, and treated not as an angry animal but as a human being. Life would become better, they said, and I was willing to listen.

Many people in my situation don't have the insight I did. They see caged gardens and bleak wards through a haze of heavy drugs. I was offered something I knew I could not achieve on my own – happiness.

We are intelligent, creative beings. Probably more so than most sane people. Treat us as such – negotiate and don't take the system knows best approach. Results may be forthcoming...



Richard Shrubb is a freelance journalist and media consultant.

Email journalist@richardshrubb.co.uk

Perspectives alternates with the Network column from the National Survivor User Network. It provides an individual service user view of the world