

A sign of despair in regional Australia: police siege ends in suicide

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The death of a man last month after a lengthy police siege in the regional city of Bendigo has highlighted the increasingly desperate situation for many young people in rural centres. The lack of jobs and future prospects as well as the continuing deterioration of facilities and services—in this case, psychiatric care—are putting intolerable pressures on working class families.

The incident began on October 2 when neighbours, suspecting a domestic dispute had broken out, contacted police. John Matthew Wason, aged 36, had assaulted his father who was later hospitalised with head injuries. Shortly after police arrived, Wason discharged a hail of bullets at them from inside his parents' house and refused to come out.

Four police officers were injured during a 19-hour stand-off during which police called in reinforcements from at least three regional stations. Eventually the Special Operations Group (SOG) used an armoured vehicle to ram through the walls of the house into the living room. After firing teargas canisters, 14 heavily armed SOG officers stormed in. Wason had already shot himself with a rifle. Police statements later revealed he had been dead for several hours before the SOG battered its way into his home.

From the scant information available a picture emerges of a disturbed individual who had no access to the services and facilities he needed. Wason suffered from a serious psychiatric disorder that had been diagnosed almost four years ago. Previously he had worked sporadically as a builders' labourer. But after his diagnosis, he not only stopped working but also cut off communication with most people. According to family friends and neighbours, Wason rarely spoke to his parents despite living in their home for three years. His mother recalled that he had not spoken a word to her for well over a year.

The media focussed almost exclusively on the police operation and injuries. Insofar as the reports dealt with Wason at all, it was to obscure the causes of the tragedy and prevent any close examination of the broader social implications. Typical was an article in the *Herald Sun* tabloid newspaper, which was headlined "His reasons died with him" and concluded, "mystery surrounds the reasons for a Bendigo man's wild outburst".

To begin to understand what drove Wason's "wild outburst," one has to look at the conditions in which he was forced to live. Bendigo has been devastated by the closure of factories and the gutting of its services and facilities. According to official figures, the city has the poorest suburb in Victoria, with an average per capita income of just \$213 a week. In that suburb, 31 percent of households are single parent families and 33 percent of the children leave school at the age of 16.

The overwhelming majority of young people cannot find work because most industry has either been downsized or shut down altogether. Bendigo is known locally as the privatisation capital of Australia as most government-owned factories, including those of the Australian Defence Industry, a major employer in the region, have been sold off to private companies. The overall unemployment rate is 18 percent.

The only service to grow markedly has been the regional police force—with a jump of more than 16 percent in its number since 1992. Patrols and surveillance are targetted in particular at the large number of unemployed youth in the city.

John Wason's family struggled to survive on the meagre old age government pension paid to his father. As a result, his schizophrenic condition was neither regularly monitored nor consistently treated. A Community Health Centre officer told the *Age* newspaper of records indicating that Wason had had

"no contact in recent years with any government agency providing psychiatric treatment".

But the police revealed that Wason had received assistance from the Crisis Assessment Treatment Team (CATT)—a group established to provide "intensive, short-term consultations and specialist assessments" for severe cases where a person may require urgent admission to a hospital. So while his case was deemed sufficiently severe to warrant the involvement of the CATT team, he received no ongoing treatment.

Wason's situation is what now faces many psychiatric patients in Australia. After the Liberal Party came to power in 1992 in Victoria, the state became a testing ground for the National Mental Health Strategy drawn up under the federal Labor government aimed at cutting the health budget through the closure of institutions, the axing of jobs and the replacement of specialised services with "community based services". As a result, responsibility was shifted from the government onto families and the patients themselves, and the CATT team became a stopgap to deal with emergency cases.

Health Minister Marie Tehan announced plans to close 11 psychiatric hospitals in Victoria, among them the Bendigo Psychiatric Hospital, as part of a five-year plan. Many of the patients who were sent out into the "community," ended up on the streets, and in a number of cases, were killed during confrontations with police.

An Australian Institute of Criminology study of the period 1990-97 showed that of 222 deaths in police custody nationally, 75 people were shot dead in confrontations with police—41 by police and 33 died from self-inflicted gunshot wounds. More than one third of those shot by police were reported as being "depressed" or in need of psychiatric treatment. Almost 70 percent of those, like Wason, who died from self-inflicted wounds suffered from depression or had a history of psychiatric illness requiring treatment.

Another study conducted by the government's own VicHealth found that mental illness affects one in five people and is the third largest category of serious illness after cancer and cardiovascular disease. The study identified rural communities among the high-risk groups, and social isolation and poverty as major contributing factors.

Yet everything that has been done over the last decade or so in provincial cities like Bendigo—the closure of factories, and the shutting of schools,

hospitals, psychiatric facilities, childcare and recreational centres, even banks and post offices—contributes to growing social isolation and poverty. High levels of youth suicide, drug abuse, and also psychiatric disorders, should therefore come as no surprise.



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