Australia: Police shooting highlights lack of mental health care

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Thirty-one year-old Awale Mohamed was killed on January 14, outside a video store in Riverwood, a quiet working class neighbourhood in Sydney's southwest, after he attacked and nearly killed a man.

At first, the police shooting of the young Somali refugee was accorded routine police-beat coverage. Just another suburban Australian crime story.

But then relatives of Awale Mohamed began to speak out.

It has now been established that when Mohamed walked up the street to buy a pack of cigarettes, he was carrying a knife. He was also suffering from schizophrenia. When he saw a police car he panicked, grabbing 22-year-old passer-by Matthew Fitzhenry around the neck and stabbing him repeatedly in the chest. Fitzhenry, now recovering from multiple stab wounds, is an honours student of engineering, who was on his way to the supermarket.

More than three weeks later, key questions about the police shooting remain unanswered. A police statement released that same day, claimed an officer called on Mohamed to drop the knife and that "[h]e failed to do so and continued to act aggressively towards the victim and the police officer. The officer then fired his weapon, hitting the man in the upper body."

But non-police eyewitnesses have provided additional detail. Liz Hargreaves, a shop assistant at Video Ezy, watched the confrontation as it unfolded in front of her workplace. She told the *World Socialist Web Site* what she saw. "He [Mohamed] started to stab Matthew when he saw the police. He was holding Matthew with his left arm and stabbing him with his right arm in the chest. The police got out, they had their guns drawn and they were trying to negotiate. *Matthew fell to the ground* and Mohamed walked towards the police with the knife. They feared for their life so they shot him." (emphasis added)

This flies in the face of initial media reports that the police officers shot Mohamed to save Fitzhenry's life. In reality, Matthew Fitzhenry had already fallen to the ground when police fired at the Somali man.

Other eyewitnesses saw Mohamed as he advanced toward police. The *Sydney Morning Herald* reported that, "After releasing Mr Fitzhenry, he [Mohamed] started stabbing himself as he moved towards the policeman."

If Fitzhenry had already fallen, and if, as he walked toward police, Mohamed was stabbing *himself* repeatedly in the stomach, why was he shot dead? There were three armed officers present.

Awale Mohamed's death closely mirrors the police shooting of Ron Levi on Sydney's Bondi Beach in 1997. In a suicidal state, Levi was gunned down by two police officers at 7 a.m. on a deserted beach at close range, despite the fact that he posed no serious threat to police or anyone else. He had sought treatment the night before at St Vincent's Hospital.

Police declared Levi's shooting was "perfectly justified". Chief Inspector Dick Baker had claimed police "feared for their lives" because Levy had lunged at them with a knife. There was a "very real possibility" that Levy may have taken hostages. These claims were soon exposed by a tourist's photograph, which showed a distressed Levi surrounded by six police, his back to the sea. The photograph, published widely in the press, revealed that the police slaying was totally unjustified.

As in Levi's case, police appear to have fired volleys directly into Mohamed's body-mass—a shoot-to-kill procedure. The acting police superintendent for the inner-metropolitan region told the press an "experienced officer" fired an "unspecified number of rounds" at Mohamed. Liz Hargreaves said she heard at least five shots. Afterwards she saw a large bullet wound under Mohamed's left rib.

In certain instances a chain of causation leading to death may be difficult to establish. Particularly in the case of mental illness, the interaction of various factors—psychological, bio-chemical and social—is exceedingly complex. The case of Awale Mohamed, however, is not one of these. He is dead as a direct result of the systematic dismantling of health care for the mentally ill.

Born in Somalia, Awale Mohamed arrived in Australia as a refugee in 1997 and became an Australian citizen in 2000. He was a student at the University of Canberra and would have completed—at the end of 2004—the final year of a second degree to qualify as an architect. By all reports he was a gentle and highly educated man, "You couldn't get gentler than Awale," his cousin recounted. A friendly and outgoing person, a trophy-winning pool player, Mohamed was known by many in Canberra. He is survived in Somalia by his parents and eight brothers and sisters.

In December, after emotional difficulties surfaced, he moved to Sydney to live with his cousin. Sugule Mohamed and his wife Belinda Mohamed told the *World Socialist Web Site* the severity of their relative's condition was not initially clear. "He just seemed stressed out, and we thought he needed a break."

But on the weekend of January 10-11, Mohamed's mental state reached breaking point. He told his cousin he wished to end his life

and that people, including the police, were out to get him.

On Monday morning Sugule Mohamed took his cousin to a GP who quickly diagnosed schizophrenia, prescribed Zyprexa Olanzapine and wrote a referral to a psychiatrist.

But the family's attempts to obtain psychiatric assistance were frustrated at every step. A long waiting list meant the psychiatrist to whom Mohamed was referred could not see his patient for six weeks. The Mohameds then contacted St George Hospital, but could not obtain an appointment until the next afternoon.

When Awale Mohamed arrived for assessment at St George Hospital on Tuesday, no doctor was available to see him. According to a report in the *Sydney Morning Herald*, a nurse interviewed Awale, telling his cousin, "I don't know what's wrong with him but he's getting some sort of psychotic episodes". Sugule reportedly told the nurse: "Well mate, I think we need more than a nurse here. With all due respect, we need to see a doctor."

There was no psychiatrist available to see Mohamed. According to St George Hospital staff, there were no psychiatric beds in NSW. The nurse sent Mohamed home, assuring Sugule Mohamed that his cousin posed no threat, either to himself or to others. Twenty-four hours later Awale Mohamed was taken back to St George Hospital in an ambulance. He was dead on arrival.

The police shooting of Awale Mohamed manifests a definite logic. As mental health services have been wound back, psychiatric illness has become, increasingly, a police matter.

In 1983 with the release of the Richmond Report, "de-institutionalisation" was introduced to NSW by the Wran Labor government. Under the guise of "community care," the wholesale closure of psychiatric hospitals was begun, with government spending on mental health gutted. The number of psychiatric beds was slashed from 6,123 in 1983 to less than 2,000 today. All state and territory governments followed suit.

Two decades later, figures released by the NSW Department of Health have confirmed the outcome of this policy is a horrifying death toll. *Tracking Tragedy*, a report by the NSW Health Sentinel Events Review Committee, shows that from 1993 to 2001, 1,153 mental health patients committed suicide. Patient homicides in NSW have increased too, up from 20 in 2001 to 36 in 2002.

Nationally, at least 400 mental health patients take their lives each year. A West Australian study *Duty to Care*, published in 2003, revealed more than 90 percent of patients committed suicide after they were discharged too soon or refused treatment.

The reality of de-institutionalisation as a system that denies patients, their relatives and the community as a whole the most basic protections, was underscored by the committee's finding that, "suicidal and homicidal patients were sometimes discharged when clinicians had knowledge that they had access to weapons."

The result was "too much reliance tended to be placed on the patient's family to protect the potential victims".

The committee found that psychiatric treatment and rehabilitation by medical specialists had given way to punitive action against the mentally ill by police and the court system. "There was a tendency to rely on Apprehended Violence Orders (AVO) as an adequate risk intervention strategy in those with mental illness," it noted. "An AVO does not prevent violence, it apportions blame. Admission to a secure Unit using the Mental Health Act does prevent violence." But the lack of residential beds is itself an outcome of policies enshrined in the Mental Health Act.

In the 1980s de-institutionalisation was dressed-up as progressive social policy. Psychiatric wards would make way for "community care". But large numbers of those refused admission to mental health units were forced into boarding houses or prisons. *Mental Illness Among New South Wales Prisoners*, published by the NSW Corrections Health Service in August 2003, found that 74 percent of the state's prison population was suffering from a psychiatric disorder. The report found that:

 * Almost one in 10 inmates experienced symptoms of psychosis in the 12 months prior to interview

 * An estimated 4 to 7 percent of prisoners suffer from a functional psychotic mental illness

 * The 12-month prevalence of psychosis in NSW inmates was 30 times higher than in the Australian community

 * The most common group of mental disorders were anxiety disorders with over one-third of those screened experiencing an anxiety disorder in the previous 12 months

 * One in 20 prisoners had attempted suicide in the 12 months prior to interview

The mentally ill are disproportionately represented in prison (74 percent as opposed to 22 percent in the wider community). The report's authors, Tony Butler and Stephen Allnutt, identified "numerous probable explanations" for the high number of mentally ill people in prison. These included: "de-institutionalisation of the mentally ill", "homelessness", "a lack of diversionary options available in the community", "the high threshold for admission to general psychiatric facilities", "the reluctance of general psychiatric services to accept mentally ill patients from the courts" and "the greater likelihood of the mentally ill being arrested".

Last Friday the NSW Branch of the Royal Australian and New Zealand College of Psychiatrists, the Mental Health Council of Australia and the NSW Comprehensive Area Service Psychiatrists Group convened a meeting of the state's peak mental health professionals. Attending were carer representatives and advocates from a range of mental health services including psychologists, nurses and general practitioners. The meeting moved a vote of no-confidence in Labor Premier Bob Carr, calling for an immediate and substantial increase in funding across all mental health services.

"The NSW government seems to be focusing on a law and order approach to mental health care", Dr Grace Groom, Chief Executive of the Mental Health Council of Australia told the meeting. "The government should be asking, 'how do we care for people with a mental illness?' rather than 'how do we lock them up?'"

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