



Patrick Nelson
A Personal Journey

Nottingham is an East Midlands city once famous for its lace trade, but now basing itself on light industry. In common with many medium-size UK cities its centre has a few interconnecting main streets featuring the usual range of high-street department stores. As cities go, nothing spectacularly different or unusual, but this is the place where Patrick Nelson was born and raised.

He was still living at his parents' home, although they had now moved away from the city centre to more comfortable, middle-class surroundings in Mossbridge. Patrick had left school when he was sixteen with a clutch of good GCSE grades and was in many ways an ordinary, presentable young man.

At school, Patrick had shown precious little talent of a sporting nature, and P.E. lessons were not anticipated with any great joy. Shortly after leaving school, however, Patrick discovered that he could run... and continue running... and continue running at a more than steady pace without suffering undue fatigue.

The next two years saw Patrick putting his talent to the test by entering a number of road races, including five half-marathons, and achieving commendable performances and regular personal best times. These two years was also a time when Patrick completed a college course in media studies. He was attracted to this subject through his interest in films and a leaning towards creativity.

During the course, he was confident that he would gain useful knowledge and life skills that would stand him in good stead for later years. He was happy to mix with fellow students, as it was essential to work in teams to be successful with projects.

Patrick gained assurance from the support and encouragement he received from his tutors and family regarding whatever creative projects he wanted to pursue, and he enjoyed the pleasant tutor-group discussions about God. He also felt that good friends were available for support and help whenever this might be required.

By the age of eighteen, college was over and the world of work beckoned. But what to do? Patrick had no fixed ideas, or any ideas at all, about the type of job he wanted. It occurred to him that attempting to secure an apprenticeship might be a useful route into the world of work, despite a low starting salary. He secured a place on a one-year course in Nottingham with an agreement that he would be trained as a web developer. Patrick's weekly attendance on the course was split between college and a placement at a local technology company.

It was during his time at the latter establishment that it was decided Patrick had more of a flair for software testing than other aspects of software development. Before a year had elapsed, he was working full-time as an apprentice at the technology company under the line managership of Andy Larkins, the company's lead developer. This was a turning point in Patrick's life, though one which was not entirely for the better.

Patrick was keen to take advantage of any training given to him, but Ryan, another apprentice whom he worked alongside seemed to have a different mindset. Ryan took something of a light-hearted approach to his tasks and seemed to resent instructions being given to him. It was noticeable to Patrick that his fellow apprentice was not short of confidence, to the point of a know-it-all attitude. Conflict situations would inevitably develop between Ryan and lead developer Andy, and Patrick's conscientious and peace-loving nature did not marry well with Ryan's arrogance.

In short, Ryan was rather a confrontational young person with what Patrick considered to be an unhealthy interest in film clips of a violent nature. It appeared that Andy's management strategy was to train Ryan to what he considered a reasonable level of competence before directing his attention to Patrick's apprenticeship needs.

Never one readily to articulate his emotions, Patrick was nevertheless left feeling unappreciated and insecure. A particular concern was about what the company managers thought of the quality of the contributions he made to the company. The fact that Patrick felt that Andy was treating him coldly and off-handedly added to the young apprentice's decreasing self-esteem.

Line-manager Andy made it clear that he wanted Patrick and Ryan to work together harmoniously on office tasks. The method he chose was to delegate to the pair a particular task with instructions to discuss issues such as what information should appear on specific spreadsheets, and for them to arrive at joint conclusions. The lack of combined skills and experience that Patrick and Ryan were able to bring to their set tasks was a limiting factor on the success of Andy's objectives for his young trainees.

When Patrick had the opportunity of working independently as a software tester, he would experience satisfaction at finding a range of system bugs and this was a source of pleasure for him. He was, however, aware that other aspects of his training, such as layout and design were being neglected. Patrick frequently felt troubled by being left to figure things out for himself, rather than receiving direct personal training from Andy. He was aware that, with the end of his apprenticeship in sight, he was far from becoming a 'finished article' in terms of his ICT training. The end of Patrick's apprenticeship after two and a half years was abrupt. The managing director appeared one day and announced that the firm was downsizing. Most of the employees were to be made redundant, including Patrick. Only four senior figures were to remain.

There followed a period of six months of 'between jobs' for Patrick, during which time he combined assiduous job-seeking with some attention to his hobbies and interests, like computer gaming, jogging, and dabbling with writing projects. His preference was to remain employed in the area of office-based administration, but he was thwarted. Around fifty applications for potential employment in his preferred field yielded few interviews, all of which were unsuccessful.

As an alternative, Patrick identified that he might have the qualities necessary to gain employment in the caring sector. The local job centre directed him to a possible job at a local residential care home whereupon the manager, in seeking to fill a 'kitchen' vacancy, offered Patrick the role of kitchen assistant, which he accepted.

Although Patrick was given the opportunity to demonstrate his skills with food preparation, it was eventually decided that he was best suited to washing pots and kitchen-cleaning duties. The designated area for Patrick to work filling a pot-washing and rinsing machine was a separate room adjacent to where the chefs worked.

While working in this room Patrick at first felt the pangs of isolation. He began to become accustomed to this, but as it later became apparent, this lack of social interaction was to play a significant part in his deteriorating mental health.

This employment lasted for over two years before it became manifest that Patrick was developing a changed mindset which was decidedly for the worse. He found it increasingly difficult to focus on his daily work, with his mind continually beset with multitudes of deranged thoughts. A combination of paranoia and dark, devil-based thinking began to underpin his mental state.

Patrick felt the need to have conversations with himself, a trait that was noticed by his employers, and several review meetings followed. The culmination was the day when Patrick ended a work shift in a highly-agitated state and needed to summon his mother to collect him from work.

The necessity for Patrick to take time off work was clear. He soon became eager to return to his job, but his mother and employer were in agreement that his delicate mental state meant that this was not possible. Over the weeks that Patrick was at home a marked deterioration in his mental wellbeing occurred. He became convinced, for example, that it was his ideas which underpinned the development of the film *Star Wars The Force Awakens*. These ideas were, according to Patrick, submitted to *Lucasfilm* by his friend, Jack. Patrick maintained that he had previously revealed his ideas to his friend on a social occasion.

Delusion may be defined as a persistent, false psychotic belief. This belief concerns the self, or objects or persons outside the self, and such belief is maintained despite indisputable evidence to the contrary. Patrick was undoubtedly deluded and this was compounded by his belief in the existence of a *new world order* which instigated and arranged everything in line with a higher purpose.

He felt that this order regulated everything that was seen and heard on television, believing that it was all connected to the *Illuminati*. The latter is a word that can be used to mean persons who are, or who claim to be enlightened, or simply elite. The roots of this concept appear to be secret religious knowledge.

Patrick was now beginning to exhibit signs that his mental state was becoming increasingly fragile and this was particularly apparent to his mother. She had concerns about his obvious delusions. A visit to the GP was called for and it was he who prescribed antipsychotic medication. Unfortunately, Patrick became suspicious that this medication would cause cancer and was part of a plot to kill him. He became very resistant to taking the prescribed pills.

Patrick seemed to be succumbing to paranoia, a mental condition characterised by delusions of persecution. This could be an aspect of chronic personality disorder, such as schizophrenia in which the person loses touch with reality. He was, indeed, becoming detached from reality to the extent that those closest to him, such as his mother and grandfather, were deemed to be *Illuminati* conspirators bent upon murdering him. A serious situation was unfolding.

A balmy Summer day in August 2016 was to become dramatic in the life of Patrick. While his mother left the house to pick up shopping his grandfather was paying a brief visit to Patrick's home and he made coffee for them both. Patrick believed that the beverage offered to him by his grandfather was poisoned and his mind was in utter confusion and disarray. He placed his cup on the window sill and left the room. He wanted quickly to leave the house but his stockinged feet impeded this. The only shoes he caught sight of were those belonging to his grandfather which he speedily put on, ran out of the house and disappeared by way of cut-throughs and side roads.

Without shoes, his grandfather was unable to give chase and the news that Patrick had run off in apparent fear was conveyed to his mother on her return. A search of the local area on foot and by car followed, to no avail. As the day wore on, after continuing searches and calls to Patrick's mobile proved fruitless, a family decision was taken to involve the police.

Patrick was declared a missing person and a local alert was put in operation. Sightings of someone resembling Patrick's description were reported from a pub several miles away, as well as a report of someone similar walking along a main road towards another town late at night. By midnight, however, Patrick was still missing and thought to be wearing only a thin T-shirt as the temperature dropped.

His mother was consumed with worry and unable to sleep as the early hours of the morning progressed. At 5.30 a.m. a cold and hungry Patrick let himself into the family home much to the relief of his sleep-deprived and distressed mother. With the exchange of very few words a weary Patrick climbed the stairs and slumped into his bed.

Some hours later saw the arrival of two policeman seeking an update on the missing person situation. Soon after a female social worker arrived and insisted that Patrick take his previously-given medication. Believing that these pills were liable to inflict cancer upon him, Patrick had so far refused to take them. It seemed now, though, that his period of flight from the home had brought about a change of belief and the pills were duly consumed.

Patrick's mother was advised to contact the early-intervention service regarding his condition. The mental health nurse was convinced that hospitalisation was necessary and a bed became available later in the day at a mental health hospital in Nottingham. Advice was given that Patrick would retain freedom rights were he to enter hospital on a voluntary basis, rather than being sectioned, and he and his mother accepted this.

Patrick received a diagnosis of psychosis at the hospital and continually experienced forms of delusion. The latter involved him in believing in a successive host of conspiracy theories. His invasive thoughts were often connected with entirely random things, mostly unpleasant, which he thought were destined to happen to himself and/or family members. Patrick's thoughts bore no resemblance to reality.

He was even believing that the hospital was a training camp designed to test his strength of character. Once his character had been tested, he would be rewarded, either by becoming a soldier, or a Freemason.

After five weeks in hospital Patrick had convinced the hospital's psychiatrist that he no longer regarded his parents as conspirators and a threat to his safety. This was apparently a key consideration and it was deemed safe and appropriate for Patrick to be discharged from hospital. He was greatly relieved by this decision.

Lack of freedom was Patrick's continual feeling during his hospitalisation, as he perceived his activities were extremely limited, the spaces he could occupy were constricted, and his small room became his only source of refuge. Back home, though his parents were no longer a 'danger', Patrick's mental health was still delicate. His mind continued to host irrational thoughts and he believed all that occurred in life came about by order of the *Illuminati*.

It was several months before such thoughts subsided, by which time Patrick was feeling the need to regain some structure in his life and he returned to work. Unfortunately, his time back as a kitchen assistant was relatively short-lived. Although the influence of the *Illuminati* was now a thing of the past, Patrick's mind was still subject to suspicious thoughts which caused him so much mental turmoil.

Now spending his days at home, the state of Patrick's mental health still impeded what most people would consider leading a 'normal' life. It was impossible, for example, for him to watch television through being continually distracted by thoughts of a higher power ordaining him to be doing something more useful.

The effects of the 'higher power' on Patrick's life were becoming more apparent to his mother who felt a return to hospital would be the best means of him receiving the most appropriate medication (clozapine) to assist his recovery. Consultations with two psychiatrists followed and Patrick was allocated a bed in a mental health ward. This stay in hospital was a long one. Patrick had first to be weaned off his current medication before being introduced to clozapine. This medication is an atypical antipsychotic that is used for treatment-resistant schizophrenia.

The drug is subject to strict monitoring requirements because it is associated with serious side-effects. Patients who are taking clozapine require ongoing monitoring because of the risk of serious disorder, or disease of the blood. The decision to prescribe clozapine is usually made for patients who have been treated unsuccessfully with at least two other antipsychotic medicines and Patrick fitted this profile.

He and his family understood that clozapine was a 'last chance' medication for him and, should his body react adversely to it, the prospects for his future mental health were bleak. There were times when tests were not positive and, indeed, on two occasions danger levels were reached and this medication had to be withdrawn from Patrick.

With careful monitoring and reduced dosage, his body gradually accepted clozapine. There were times, however, when Patrick still felt mentally disordered and long periods of talking to himself frequently occurred.

Patrick's time in hospital stretched to nine months before the hospital psychiatrist considered it safe for him to continue his recovery at home, supported by frequent visits of a mental health nurse.

Upon leaving hospital, it was obvious that Patrick's mental health was still below par for what might be considered a normally-functioning person. But what was equally concerning for those closest to him was the enormous weight gain he made during his period of hospitalisation. Patrick reflected that the prime reason for his 30kg weight gain was a combination of boredom, lethargy, partaking of four meals a day, and forays to local shops to purchase even more food, usually of a calorie-laden nature. With hindsight, he realised this was a means of coping with his frequently disturbing and random thoughts.

Back home now, but what to do about Patrick's obesity? His mother consulted a GP practice nurse who arranged for him both to attend a weekly health club and to receive a reduced-cost gym membership. Mother was also instrumental in providing a strict and healthy diet for Patrick on a daily basis. To his credit, Patrick pursued gym-attendance (four times weekly), followed a healthy diet, and attended a health club weekly. He checked his weight regularly and after ten months 25kg of surplus weight had been shed.

By this time, though not mentally ready to resume employment, the state of his mind had improved. Focusing on specific tasks was still something of an ordeal and remembering information and instructions was often problematic. It was at this stage that Patrick devoted time to reflecting on how his life experiences, especially those relating to his time in employment may have been detrimental to his mental health.

It had been established that Patrick had been on the Asperger's scale since his early years. This did not appear unduly to affect his passage through school and college, but the workplace was a different scenario. Considerable research has been carried out on the detrimental effects of workplace bullying, which is a prevalent problem. Inappropriate behaviour by adult workplace bullies may include a range of things, some of which Patrick felt applied to him.

In both his jobs he considered he was subjected to unfair criticism, snide remarks, deliberate exclusion from workplace issues of which he was part, and a tendency for others to 'steal' the credit for his work. Bullied workers will have difficulty performing jobs to the best of their ability. Patrick remembered suffering a loss of self-esteem and an incapacity to concentrate on his work.

In his employment as a kitchen assistant Patrick was often in a position of being physically isolated from other employees. Isolation can increase the risks of mental health issues, such as depression and low self-esteem. Patrick retrospectively felt that he did, indeed, suffer depression at this stage and that it played a significant part in him having to return for a long spell in a mental health hospital. His reflections made it apparent to him that workplace conditions and attitudes are very significant factors vis-à-vis the mental health of employees.

A year on from his hospital discharge, Patrick recalled some positive aspects of being a patient there. He appreciated the fixed routines for meal times, the careful administering of medication, and the caring attitudes of most hospital staff. He also remembered with affection the so-called occupational therapy sessions which included listening to music, cooking and quizzes.

The flip-side to this, however, is that Patrick was, for much of the time, left to his own devices. The majority of most days was spent alone feeling isolated, with little more to do than take multiple showers and comfort-eat.

Little wonder at his still delicate mental state and obesity upon his discharge from hospital. While recognising staffing limitations, Patrick felt that mental health hospitals could do more to address the need for patients to be occupied and mentally stimulated during their periods of hospitalisation.

For three years of his life Patrick had been consumed by mental ill-health, including two hospitalisations. By now, however, he was rarely overwhelmed by the problems of his mind. Mental illness is treatable, meaning that many people who experience it, and are treated, recover well or even recover completely. Although mental illness is not necessarily permanent in the sense that its effects are not consistent over time, it is recognised that a degree of impaired functioning can persist for many years.

Patrick's personal journey had seen him travelling through some dark tunnels, but now the road ahead was appearing open and brighter. He had an established daily routine which involved exercise and weight control, dog walking, learning to cook, time on the internet, and putting some of his thoughts in writing. With the help of his mother, he had now become a homeowner and taken an interest in its refurbishment. He even devised plans to resurrect his former running career, once his weight was at a level to tolerate a road-running training regime.

By now, his increased self-awareness was a blessing to Patrick and a means of coping with times when his mental health might dip. Severe mental ill-health had wrested from him much of his former optimism. He was now able to face the future with significantly greater confidence.