How a Mental Health Call Transformed into a Lethal Shooting - An Interview with Eli

by the Editor // @haegeum.mp3

On January 15th, 2023, Eli made a phone call that would permanently alter his life. The same night, as the result of his call, he was shot - twice - and sustained life-threatening injuries. In the following article, I will recount the events from Eli's perspective.

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Many of us can probably relate to what transpired in the events leading up to Eli's call - after having suffered from depression throughout his youth, he had hit his lowest point, mentally, and exhausted every possible resource available to him. Stressful life events came to a head - he had lost his job, started working night shifts at a smoke shop, and a relationship ended, forming the final straws that broke the camel's back. Completely overwhelmed, he felt that there was no one left who could pull him out of this noxious state. Thus, Eli called 911 for help - he felt that he would be a danger to himself, and that he might take his own life. "I figured, if my own roommates won't even pull up, then no one must care about me," he tells me. "I didn't want to involve my family - they would have wanted me to go back to the mental hospital - shit's just bad."

"Would you describe it as a sort of 'last resort'?" I ask, trying to ensure I record his perspective correctly. "Yes," he says immediately. "Yes, absolutely- after the last person I could call abandoned me? Calling 911 was definitely my last resort."

While researching this case, Eli corrects me on some of the details as I paste them together from different news articles - I try to recount everything faithfully, since the articles I've found are vague in some areas, and even feel contradictory in others. For example, Eli tells me the initial reports of the incident listed his age as 27.

Eli was just 21 years old when he made the phone call -

and as KGUN9 states, “Dispatchers transferred him to mental health professionals.”

“Bullshit,” Eli interrupts. “No, they didn’t - the entire call is online anyway.” It’s one piece of evidence I refuse to listen to after finding out that he never consented to its release. “I told them, I have two guns on me and I’m not going back to Sonora [*Sonora Behavioral Health Hospital*]. They said they could get someone on the line but I said there’s no one I want to talk to. They said they’d send the CRC [*Crisis Response Center*].” According to KOLD, however: “While on the phone with mental health professionals, his behavior escalated.”

After what Eli clarified with me, this type of reporting feels lazy, even sensationalist. I am also brought to wonder how he could have behaved so “badly” in just one phone call that the attempt to fatally wound him with two gunshots would later be justified. It’s unclear if he ever spoke to mental health professionals that night. “I was on the phone with them for maybe five minutes,” Eli reminds me.

As soon as police learned that Eli had a gun, officers were dispatched to his location at 11:00pm. The Crisis Response Center’s team never arrived. According to Eli, there wasn’t really an attempt made to de-escalate the situation by anyone that arrived that night - as he tells me, “Their attempt [to de-escalate] was to shout ‘drop your gun, you’re gonna get shot, we’re gonna shoot you’ - like, you telling me you’re gonna shoot me is not gonna fucking help.”

As KOLD states, “Officers arrived [...] to talk with [Eli].” I don’t mean to be pedantic, but police officers aren’t trained to treat mental health, in any capacity. Police officers receive little, if any, mental health crisis training, so it puzzles me why they were sent as the first line of help - at this point, no crime had been committed.

The interaction was just brief. Soon after they made contact, Eli attempted to flee officers, dodging and running around their cruiser - with the

underlying idea that if his goal was to end his life, then it would likely happen via the police's use of deadly force. "The point was to die, so I was giving them reasons to kill me, I guess," he says.

Eli tells me he eventually paused the chase when he reached the street and turned around to face the officers - this is when Matthew Merz fired his 5.56mm rifle - twice. Both shots landed. KOLD, as of April 6th, 2025, still states, "That is when Merz [...] fired once and hit Dixon." This is one of the most egregious errors in reporting I've found regarding this story - Eli was hit twice, and it made a difference. I've seen the aftermath and heard his story - the scars, the tangible, physical evidence. Still, every article seems to exclude this crucial detail.

Eli was hit twice, first in the pinky of his right hand, severing it, then in the pelvis, shattering his hip and rupturing the walls of his bladder. It was clear that the officer intentionally avoided Eli's tactical vest to ensure the shots would actually wound and disarm him.

Eli describes the shock of the incident to me. "Did it hurt?" I ask playfully. "The first shot - I didn't really feel," he says. "The second shot was so devastating, the worst pain in my life - that shit was rough." Eli lost consciousness and was rushed to St. Joseph's Hospital in critical condition. It was unclear if he'd even survive.

This point in Eli's story always makes my blood run cold - the pure insanity of attempting to save someone from suicide by... murdering him? It's difficult to comprehend how the system could fail someone so hard.

Over the next two months, Eli remained in a coma, enduring multiple surgeries and dangerous levels of hemorrhaging throughout his hospital stay. Things started to turn upward when he regained consciousness at the beginning of March 2023. "I had to relearn to do basically everything," he emphasizes. "I couldn't walk, I couldn't really talk or write, I had to relearn to go to the bathroom on my own."

At no point during his recovery was he ever offered mental health services in response to the incident. At no point was he ever contacted by the media to consent to his phone call and the officer's body cam footage being released, and neither was his family. At no point was his property ever returned, and he was given no information about his own case when he attempted to contact the Pima County Sheriff's Department to inquire about his phone and weapons. "After everything, I thought the police would contact me..." he says, as puzzled as I am.

What happened to the officer that shot Eli? As far as we know, Officer Matthew Merz was subjected to an investigation by the Pima County Regional Incident Team after the incident, and given a "paid leave", according to KGUN9.

I often wonder if his decision to fire twice was ever brought under scrutiny. Firing at anyone in a mental health crisis is an extremely excessive response, in my opinion, but it's easy for some to excuse the officer's instinctual pull towards violence considering that Eli was in possession of a firearm at the time, even if no officers were harmed during the incident. Firing once, and then again, is an interesting choice. Regardless, this detail is excluded from every article I've found, from KOLD to KGUN9 to AZCentral to The Daily Star, and, as far as we know, Matthew Merz continues to serve Tucson's police force.

Eli has made an astounding mental and physical recovery from this incident, even while missing a finger and nerve damage limiting his mobility in one leg at times. He tells me he's had employers Google him, just to find footage of the worst day of his life, plastered online, publicly available for all to see. Sometimes it feels like he's directly lost opportunities because of this, but Eli still went on to pursue a certificate from Stautzenberger College in 2024 and maintains a full-time job to this day. And no, he has never gotten "paid" as the result of any legal case or otherwise, a question so many people ask

him when he recounts the story, attempting to assuage their own discomfort by telling themselves "Eli must've gotten a break, somehow." Our system is not that generous, and the social "handouts" often talked about in lower income mental health care don't materialize out of thin air just because the victim of this case is a mixed, African American man.

When I ask Eli how he's doing now, he tells me, "Me? Oh, I'm doing alright. Better things are on the horizon, I hope everything works out - I just keep going no matter what. I've had a lot of other difficult things happen - family stuff, but we're still here, still kickin'. All I know is that unless someone is actively getting attacked, I would never call the cops in a mental health crisis. Only if someone is getting hurt - other than that, no, I can't, it just breaks my morals. I know a cop is not going to take care of someone mentally."

When I jokingly ask if he might've considered the National Suicide Hotline (Suicide and Crisis Hotline - 988), Eli laughs. "Hell no - they put you on hold, and then you really wanna kill yourself."

In 2020, protests erupted with the motto "Black Lives Matter" - in an article about this movement from September 2020, NPR highlights that "nearly a quarter of all people killed by police officers in America have had known mental illness" (Westervelt, 2020). We are so relieved that Eli did not become part of this statistic.

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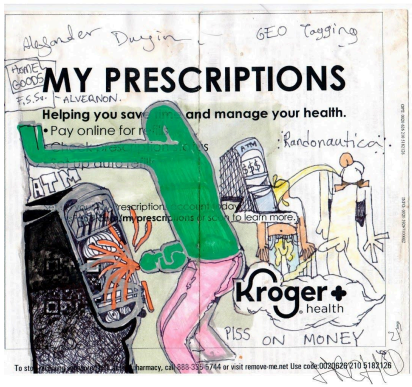
"The Weird Capital of the World" by Hecho

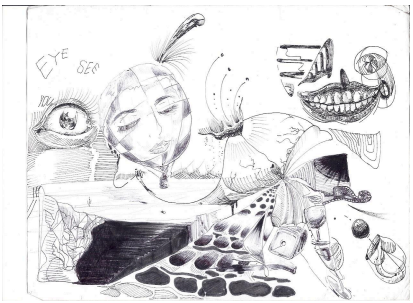
The artwork interlaced with this article was created and sent in by Hecho. Many of these pieces were created while he was inpatient at various facilities throughout Tucson.



"Pee on Money"

Okay I think I'm on my 5th rewrite, started getting self conscious of just how much I was writing. You sort of start to forget that life really isn't short, it just starts to feel that way because you just can't remember every single second, hour, and day you trucked through. Unless you say "I'm 29 summers old" Yikes!.

But let's seee. All this shit really started around when I was 18 years old, so 2012. The friggin end of the world! Holy shet! Yeah, that was dumb, movie was even worse. I'm not a model citizen, I know that, I loved breaking and burning things like any other asshole. "It's fun to do bad thangs, I smoke with cigarettes".



"*Psych ward art 6"*

I'd steal cars if the keys were around, I'd trip my grandma, I'd piss on stuff in public, drew swazis on peoples faces on magazines at the dentist. Smashing mailboxes, pantsing people, just some dumb kid shit. Was I evil? Honestly maybe a little, I was a very mimicking kinda kid, I'd see other people do something, and if I thought it was fuckin cool. Shiet, I'd give a moose a muffin. I was also a little cry baby most of the time, though that really did teach me the value of empathy at a young age, "that freakin hurt! What the heck dude", it toned down.

But it's a part of who I am, I hate authority, most rules, and impractical settings. I loved to read, I thought most people I came across were stupid, and that makes you a weirdo if you're brown and talk white. But you learn when people poke fun at you for being a "motor mouth"; you either get pissed off and tell everyone to fuck off, or you listen more. And I was a try hard, who seemed to get FOMO (fear of missing out) all the time.

What the fuck does this have to do with mental health? prescriptions? and tha garsh darn system Maaaaan *peace symbol*. Everything brah. Static VHS tape of point break, "utahs a fuckin cop!".

"Tagging Store"

Okay so 2012, I'm tagging some shit, cause I'm a self proclaimed know it all dipshit that just has to tag something all the time. I got the Itch! The Jitters!. Well in court, which funnily enough the metal detectors weren't connected, cause I just waltzed in with a ruger .22, a pocket knife, keys, a can of paint, and some LTD whiskey. "What a country" Keep in mind this was in South Tucson (where I got charged and fined). A city within the city of Tucson, mayor and all. Took them like 13 mins to say "okay numbnuts, you can go to jail, or do community service and go to this CODAC place...OR ELSE!"

My dumbass told them "I have an uncontrollable urge to paint chicken scratch on other people's property, My bad dawgy". Well that kind of ruined a lot of stuff going on in my semi-reckless lifestyle. I don't know how other people lived in Tucson, without drinking sidewalk slams, dookie water, taking the occasional lsd hit, and smoking the semi-rare WET square at the rondo (a cigarette laced with pcp at the bus station), or sorta robbing a gas station.

"Years Following Diagnosis"

Well from 2012- up til 2020 ish. I was misdiagnosed, I think, about 4-5 times. First session, after my intake at CODAC, they said I was schizophrenic, then later on schizoaffective, legally insane,

manic depressive, bi-polar 2, and finally bipolar-1. I should mention, I never felt “crazy”, I know I know- “we don’t like to say that here” Okay dump truck latina in Hokas, whatever ya say. Nice person, sorry.

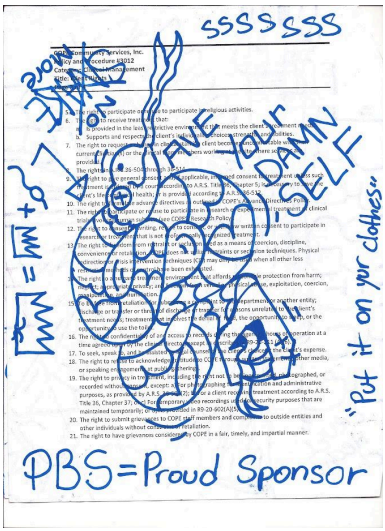
I didn’t feel schizo’d out, but after some lithium, zyprexa, trazadone, prozac, divalproex, klonopin, benzos, all sorts of random shit. I was 100% starting to hear shit, see things, but mostly hear some wonderful, and ghastly auditory hallucinations. Most of the time, these recountings of events feel as though it’s some-woe is me-but I genuinely also had some wild euphoric rides on mania. Sometimes I miss that insane limitless energy, that completely unfiltered raw power of illogical dissonance that keeps you up for days and days on end.

“Duality of Normality”

The crash though, jesus, and most of the time it was awful. So much bulldozing and damage from those times. Back to the bad stuff, that’s why we’re here. I was misdiagnosed, and I’m not really sure why or what the process was. I was ready to just get a fine, and do my court ordered stuff. My parents thought I was just an idiot acting dumb, but mostly an idiot because I just kept breaking the rules. More so, when I’d be crossing my eyes in the corner of a room, drawing fake math equations leading to nothing, scrawling mazes, lighthouses, imagery of violence, and all the things the birds on the wires were talking about. I thought I was freaking

charles xavier! Jesus! A prophet! Secret Agent! Reincarnated! You genuinely believe this wacko shit, and that's what makes it terrifying.

Jung, being the counterpart, and way cooler side to Freud, talking about the shadow self. That shadow of myself, id, ego, super ego, all those bits would inflate beyond control at times, and it was, ME. I was conscious of all this stuff, but I believed it, it wasn't like some possession. I'd wake up, and ya know, "hey lets stop eating food, lets just drink salt water, that seems beneficial, because the pattern said so".



"Released"

Life is so long, that when you awaken from your dreams, you may not even realize, you're not behaving like the person you were a week ago, more so when you think you can hear what people are thinking. Between 2 suicide attempts, homlessness, a semi abusive mom, a tendency to break the rules, and all sorts of weird events, that to most people would say "take your meds schizo"; Inadvertently bullying others, causing them to fight back, and regretting it when you get discharged from some weird places like the CRC, Palo Verde, Sonora, east wing pima county jail, and your friends house for being an ass.

When I began to have real epiphanies as to what may have been going wrong, it really hit the nail on the head. One morning, after a fight with my folks, I was hit with the BIBLE, no, not the actual bible, but "brought in by law enforcement".

I was still on the loopy side, wasn't sure if it was real, but it was a funny coincidence. Usually, I'm on the bottom floor, with mostly people that are in

drug induced psychosis, traumas, etc. Floor mattresses, recliner bed chairs, people farting and coughing, muttering some nonsense. “Train car box! Lock you up in a train car box and send them to nogales” *farts for 20 seconds straight and falls asleep. If you’ve been in these places, then you know there’s no shortage of people that make you go “get a load of this guy”. While simultaneously scribing things in a little notebook like “the number 0 doesn’t exist, they fabricated it to make us forget the gap of time from the invention of calendars and clocks to keep us in this simulation” cuckoo cuckoo!.

“Diagnosis - Court-ordered”

They took me upstairs, it’s sort of the upper echelon of the CRC, some real VIP stuff. Ya know, chronic masturbators, screamers, head bangers, people fighting imaginary dragons, mind of a child, loopers, whisperers, and ya know... the mostly not there because they were high on meth or fent (in that time just tar). Well a few weeks there, monitoring, medication, sessions with- 2 funny doctors, I can't remember the second dudes name, but the first due his name was DEATH. Dr. Fucking Death dude, hahahaha, the story was writing itself all the time, and I can’t even tell you if it was even real sometimes.

Fortunately it was, which was nice, after some ssri’s, therapy, and check ins with the Docs. Major major moment. Dr #2, kind of looked like that scientist dude from Jurassic park, the one with the white hair. Well he spent an hour rambling, and raving, showing me all these videos on his laptop. Then I paid attention. “Mr. Diaz, I don’t think you’re psychotic, I don't even think I can really be

telling you this, but you see these commercials, most of those are the medications you've been on. You've been on anti psychotics when you're depressed, you've been on antidepressants when you're psychotic."

"Psych ward art 7"

He went on, with his Dr. knowledge nomenclatures, and broke it down. "I don't believe you're psychotic, I don't have a real reason to think you're schizophrenic, or even a danger to yourself really. But these meds you're on, are all wrong". He showed genuine concern. I feel grateful, cause' what he said would ruminate for a long time and wouldn't have a real change until much later.

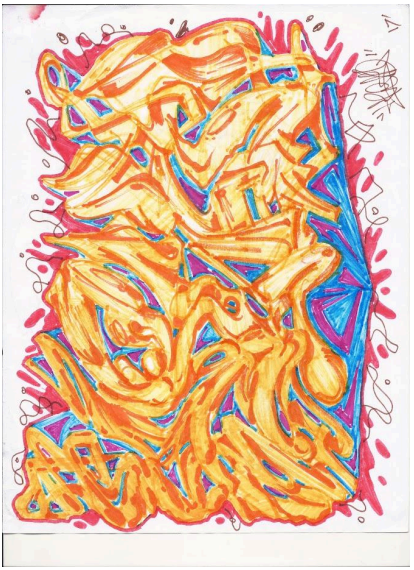
He seemed cool, energetic, alive! He had hope, and conflicting opinions because now with his own epiphany, I was able to think more about what the fuck actually happened. When you're sort of in and out of these places, whether by force or your own volition. You feel like a stupid child, babied and generalized. Nurses, specialists, therapists, psychiatrists, security, front desk people, repeating these monotonous scripts. I don't even think they can help it, it's an industry that's understaffed, and the skin will thicken and be impervious to feelings.Breeding incompetence and routines that make you feel as if you actually won't get the help you sought in the first place. Not to mention, I'm pretty sure all those people fuck eachother, some real horny vibes there. Some of them will laugh in your face, dismiss any concerns, push you to act like someone you're not, literally twist your arms and inject you

with booty juice, or try to send you off to PHX. Phoenix...fuck! that!. Waking up to blinding fluorescent lights, peeking out a window, looking at the i-10, and can barely grasp you're even in Tucson.

Why the fuck am I here, but after what felt like a ton of back and forths with the mental health system. Someone of merit, flat out said "bro, you aint even that crazy dawg". A ton of bricks.

I forgot, I'm just some low time criminal jack off, my moms a douchebag, I'm a nerd, an artist, anti authoritarian, a cry baby, all sorts of REGULAR things, and it all very slowly started to unravel and entangle itself over time.

Did I develop these symptoms because I was taking medication I wasn't supposed to? Seems like it. Nevertheless, it's been so long, I grew to be okay with the skin I lived in. Luckily, what ended up actually feeling okay for me was CBT (cognitive behavioral therapy), LSD, Mushrooms, not smoking pot, or drinking booze. Take this with a grain of salt, I'm not condoning the use of these items or proclaiming it's some cure all, the circumstances and events that even had me do copious amounts of trial and error only showed promise by 2021.



"Psych ward art 11"

Back and forths with, not taking medication, taking medication and doing drugs, not taking meds and not doing drugs, not taking anything except X/Y/Z (acid, shrooms, Ketamine, molly, peyote, dmt, ayahuasca). Or completely straight edge. Again, don't try this at home, I was desperate, in a rut, and

sabotaging so many of the things I cared for.

By some coincidence, therapy, self guided therapy, cutting out alcohol/cannabis, and occasionally treating myself to some acid, or mushrooms. I haven't had an episode, delusion, or non-drug-induced hallucination. I've just been myself. A dumbass. For almost 5 years! It's been really boring hahaha. I'd love to say just kidding, or jokes aside, but I can't help that part of myself. I laugh at so many things, I'll cry now and laugh later. It's probably that part of my family that went through their own battles, crossing rivers, walking in the desert, dodging bullets, fighting hunger, grinning at racism, chasing the American dream, living it, and then the recession. They sacrificed everything, to gain everything, lose it all, and laugh it off when their kids don't even like going to college.

This old guy, Eddie, who goes to the bar every single morning passing by me at work, drinking up his retirement tells me. "It's a good day, because you woke up. Some people don't get to. At least you woke up!"

"Reflections of past - Hecho"

Huge thank you to Hecho, to whom I was introduced by a mutual friend! His honest account of the effects of misdiagnosis and the particular quirks of southern Arizona's psychiatric system were invaluable to this volume of Madness Magazine!

A Story Told Through Motion: Contemporary Aerial Arts Dance Performance by

Elena Panchesin / @prismdancer

Editor's Note: *On March 23rd, 2025, I was invited to Circus Sanctuary's "Circus in Bloom" showcase. Elena and her instructors, choreographed an aerial arts performance to honor and process the loss of her fiancé Orion, who tragically committed vehicular suicide while returning to their home on Mt. Lemmon on November 8th, 2024. It is a highly complex, challenging, and poignant performance (I can personally vouch for the goosebumps it gave me the entire time) but we encourage you to view it for yourself using the following QR code.*

https://tinyurl.com/prismdancerperformance

Name: Elena, aka Prism Dancer / @prismdancer on IG

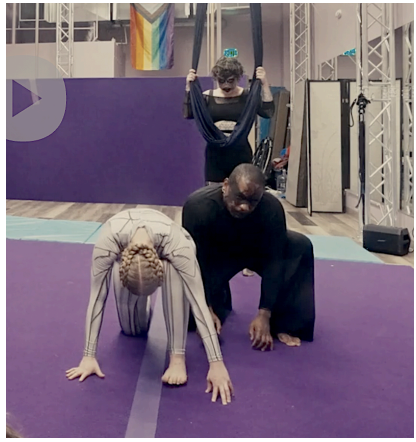
Cameo Performers: Na-il Ali Emmert / @nailaliemmert on IG, Quynn Sweeney / @flowmagick

Act Name: Neglected Space

Apparatus: Sling and acro

Song title: "Neglected Space" by Imogen Heap

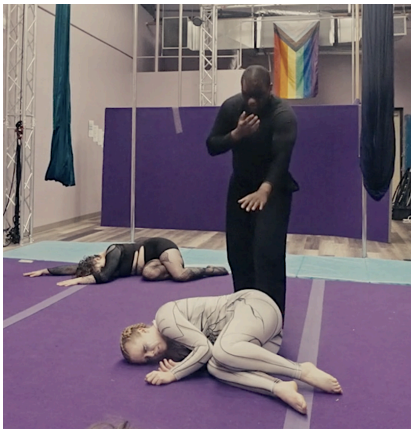
Act Description:



In between the cracks of society, in a space occupied by martyrs and artists, perpetrators and unwitting victims, lies a demographic the world is afraid to discuss. A group of individuals we do not hear from, who refuse to speak or are censored from speaking.

Who are trapped behind auto lock doors, wooden beds in neat rows, white coats and clipboards with endless notes. Whose arms are bound across their chest, cries muffled by padded walls while they absorb a syringe full of chemical correction. The mentally ill. Or, as they've been known throughout history, the disobedient ones. The deviants. The danger to society that must be locked away, medicated, and eventually, dissolved until they are nothing but a bad dream.

The performance you are about to witness is based on a true story. Elena, also known as Prism Dancer, lost their fiance Orion to suicide on November 8th, 2024. After battling with schizophrenia and antisocial personality disorder, her partner drove off the edge of Catalina Highway and into a ravine. She did not know he had these disorders until after he died.



Parasitic by nature, Orion's diagnoses degraded their bond and his sanity until nothing but shadows, lies, and pain were left behind. After his death, Prism Dancer was left with worsening PTSD, suicidal thoughts and a house alone on a mountain, far from family or friends. They had only one option; find a way to cope, or succumb to the release of death. Although this act cannot undo what's been done, Prism Dancer does have one

goal. To share the stories of the neglected, and honor the battles that are often unseen.

Please give Prism Dancer a big round of applause and reach out to us if you have any technical difficulty accessing her performance - it is well worth your time!

Historical Highlight: The Mental Patients Union

"We told them the union was about the dignity of mental patients, about being able to speak for ourselves and not having to talk about "them", because, in those days, if you were in any group and the subject of mental patients came up, everybody assumed you couldn't be one — you talked about 'them', not 'us'." - Andrew Roberts

For this volume's historical highlight, we'd like to take a look at historical examples of mental patients unions - a series of progressive unions formed by mental patients, usually locked together in closed wards - that spawned in the U.K. throughout the 1970s.

Unions, as I have come to know them, are something I always associate with labor - in particular because the first, “true” labor unions spawned from a collective worker’s dissatisfaction with the exploitative practices that arose during the Industrial Revolution.

This is what led me to research the newspaper clipping included above - I stumbled upon while scrolling punk-y social media pages. In researching its source, I learned that groups of psychiatric patients have also attempted to form unions, either in working with one-another or independently and spontaneously, primarily in Europe and the UK throughout the 70s.

Inspired by earlier Marxist writings, the idea of a Mental Patients Union (MPU) was developed by a small group of mental patients from Paddington Day Hospital and their supporters in December of 1972 in west London. “The thinking was that, in the same way that workers formed trade unions, mental patients also needed a union to fight for their rights against political oppression and social control” (Roberts) - together, this small group laid out their concerns about social control in a capitalistic system, how psychiatrists may adopt the archetype of “high priest” in a technological society, exorcising the “devils” of social distress through ECT (electro-convulsive therapy), lobotomy, and medication. This initial group published a politically-charged “Fish Pamphlet”, named so because the cover was decorated with a fish, impaled by a hook in its mouth - this was to illustrate that “an individual having unusual difficulties in coping with his environment struggles and kicks up the dust, as it were. I have used the figure of a fish caught on a hook: his gyrations must look peculiar to other fish that don't understand the circumstances; but his splashes are not his affliction, they are his effort to get rid of his affliction and as every fisherman knows these efforts may succeed" (Menninger). The group caught the interest of Radio 4 when it was made known that one of

the group members was a social worker. Thanks to the success of this broadcast, over 100 people attended the next MPU meeting.


SOME PROPOSALS.

" An individual having unusual difficulties in coping with his environment struggles and kicks up the dust, as it were . . have used the figure of a fish caught on a hook ; his gyrations must look peculiar to other fish that don t understand the circumstances; but his splashes are not his affliction , they are his effort to get rid of his affliction and as every fisherman knows these efforts may succeed. "

Karl Mennonger

The controversial "Fish Pamphlet", published by the MPU in 1972-1973. (Goswami)

However, this was not the only group that formed in the UK around the same time. When this post-broadcast meeting occurred on March 21st, 1973, people came who had previously formed the Scottish Union of Mental Patients (SUMP) and people who had attempted to form a union in Oxford, as well as Leeds. It appears as though patients' rights had started to become a relevant political topic as other social causes were beginning to develop. As early MPU member Joan Hughes described it, "Effectively, many mental patients were without civil rights - for example, even the right to vote used to be removed for a mental patient without any address outside an institution".

As a result of this gathering, the national Mental Patients Union was formed, with full membership reserved for patients and former patients (these two groups were the only members allowed to vote on union declarations and policies). The "Fish Pamphlet", originally developed by four of the members of Paddington Day Hospital's MPU, was considered "too Marxist" by many members. Instead, it was decided the pamphlet would be circulated, but not considered an official document of the national MPU. Instead, demands were voted upon by members - some were moderate, such as the ability to

receive private letters unopened by staff while inpatient, some were impractical, such as the right to be represented by a member of the MPU in court when there weren't enough experienced members to provide this service, and some were highly controversial, such as the right to refuse certain forms of treatment, such as ECT and forced drugging. Despite the national MPU deciding on similar goals, the various unions that spawned throughout the U.K. all had their own declarations.

We would like to share the "Fish Pamphlet" in its entirety, and would love to hear your feedback on its aims as we continue to operate in the contemporary psychiatric survivor's space:

"Mental Patients Union Demands", taken from the Declaration of Intent of April 1973

We Demand...

1. The abolition of compulsory treatment i.e. we demand the effective right of patients to refuse any specific treatment.
2. The abolition of the right of any authorities to treat patients in the face of opposition of relatives or closest friends unless it is clearly shown that the patient of his own volition desires the treatment.
3. The abolition of irreversible psychiatric treatments (ECT, brain surgery, specific drugs)
4. Higher standards in the testing of treatments before use on us.
5. That patients be told what treatments they are receiving are experimental and should have the effective right to refuse to be experimented on.
6. That patients be told what treatments they are receiving and what the long-term effects are.
7. Also the abolition of isolation treatment (seclusion in locked side rooms, padded cells, etc.)
8. The right of any patient to inspect his case notes and the right to take legal action relating to the contents and consequences of them.
9. That the authorities should not discharge any patient

against his will because they refuse treatment or any other reason.

10. That all patients should have the right to have any treatment which we believe will help them.
11. That local authorities should provide housing for patients wishing to leave hospital and that adequate security benefits should be provided. We will support any mental patients or ex-patients in their struggle to get these facilities and any person who is at risk of becoming a mental patient because of inadequate accommodation, financial support, social pressures,etc.
12. We call for the abolition of compulsory hospitalisation.
13. An end to the indiscriminate use of the term 'mental subnormality'. We intend to fight the condemnation of people as 'mentally subnormal' in the absence of any real practical work to tackle the problem with active social understanding and help.
14. The abolition of the concept of 'psychopath' as a legal or medical category.
15. The right of patients to retain their personal clothing in hospitals and to secure their personal possessions without interference by hospital staff.
16. The abolition of compulsory work in hospitals and outside and the abolition of the right of the hospital to withhold and control patients' money.
17. The right of patients to join and participate fully in the trade union of their choice.
18. That trade union rates are paid to patients for any work done where such rates do not exist.
19. That patients should have recourse to a room where they can enjoy their own privacy or have privacy with others, of either sex, of their own choosing.
20. The abolition of censorship by hospital authorities of patients' communications with society outside the hospital and in particular the abolition of telephone and letter censorship.
21. We demand the abolition of any power to restrict patients' visiting rights by the hospital authorities.

22. The right of Mental Patients Union representatives to inspect all areas of hospitals or equivalent institutions.
23. We deny that there is any such thing as 'incurable' mental illness and demand the right to investigate the circumstances of any mental hospital patient who believes he or she is being treated as incurable.
24. We demand that every mental patient or ex-patient should have the right to a free second opinion by a psychiatrist of the patient's or Mental Patients Union representatives' choice, if he or she disagrees with the diagnosis and that every patient or ex-patient should have the right to an effective appeal machinery

Much of the history has not been recorded, but the accounts that survive tell us that no MPUs received any public funding and were all donor-supported. Many of these accounts survived thanks to the MPU in Hackney - in addition to keeping a record of the formation of the MPU in the U.K., this branch managed the Robin Farquharson House in Mayola Road for three years, providing beds and free services to patients undergoing crises - all controlled by residents.

In addition, Hackney's records include the publishing of "A Directory of the Side Effects of Psychiatric Drugs" - researched by analytical chemist Joan Martin, in a time where "many doctors denied that psychiatric drugs had serious side effects" (Roberts). The house in Hackney closed in 1976 and the directory of side effects is now out of date - but activism continued when Judi Chamberlin (a patient activist from the United States) connected with union members until the late 1980s.

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What would a contemporary mental patients union look like? What kind of demands would they make to reflect our modern system? Feel free to join the discussion by contacting us at madnessmagazine@proton.me

References:

In researching these unions, we discovered http://www.studymore.org.uk/!

While this website resembles an early internet relic, it contains an enormous wealth of knowledge about psychiatric survivor's movements. It will be archived by the UK Web Archiving Consortium for future generations. As far as we know, it has been kept up-to-date from 1999-2019. Thank you Andrew Roberts - for your dedication to documenting and archiving madness history!

Goswami, Tanmoy. (2022, August 12). 'The Fish Pamphlet', the most important mental health document you never heard of, turns 50. *Sanity by Tanmoy.* Retrieved April 14, 2025 from https://www.sanitybytanmoy.com/the-fish-pamphlet-turns-50/.

"Christmas in the Christian psychiatric facility - and the importance of agency"

by the Editor / haegeum.mp3

As I have started to delve a little more into the psychiatric survivor's movement, picking up bits of research along the way, it is difficult for me not to analyze some of my past facilities and their practices with a fresh lens. In particular, the discovery of the MPU and their declarations of intent made me feel like I wasn't crazy - and no, the irony is not lost on me. Still, it's difficult to feel unreasonable when others have found the same treatments you've criticized to be ineffective and damaging.

If psychiatric institutionalization exists within a capitalistic system, I think it is prudent to reflect upon all the treatments offered to mental patients in the modern day. The pharmaceutical industry, as well as insurance companies and hospital administration, is constantly scrutinized for

capitalizing off society's "weakest" members - patients of cancer and other terminal illness, patients with chronic disabilities, patients requiring expensive treatments, etc. It is well-known that these industries generate billions of dollars for the United States economy through deceptive, exploitative practices - and I would like to highlight that mental patients may be some of these corporations' most vulnerable, financially viable victims.

While institutionalized, patients do not have the right to refuse treatment - while Arizona law states that "patients have the right to refuse any treatment - except in the case of emergency or court order", this statement contradicts itself with its ambiguity! What a dangerously vague designation! What some consider an emergency may be the average experience of symptoms for others (i.e. hearing voices may be an "emergency" to someone with little mental health experience, while someone who has had this symptom for decades can comfortably cope with it without institutionalization). Combined with the fact that anyone in Arizona can commit another person to a facility, whether familially related or not - a mental patient can have their rights stripped away and be forced into treatment with almost no options, particularly if they don't have outside support. Other states in which I've been institutionalized (Tennessee) have similar policies, so this is not just a symptom of Arizona's poor mental health care system - it is a disease within our capitalistic system.

I have only been voluntarily institutionalized once in my life - my first stay, in Vienna, Austria - every other time, the decision was made for me. One of the most insidious ways this happened was around December, 2022 - after an unsuccessful and traumatic hospitalization in Tucson, AZ through the CRC (Crisis Response Center) and Banner Behavioral Health Clinic, I flew home to my family in east Tennessee. While there, I continued to experience agitation, severe insomnia, and acute shoulder pain from the

seizures I had experienced in Tucson after being given medication (Latuda, or lurasidone, had been given to me by my psychiatric practitioner for depression, despite its designation as a third generation antipsychotic, and induced severe, crippling muscle spasms). I begged my family to take me to the hospital to examine my shoulder - I felt that it was causing my insomnia, which was worsening my agitation. On Christmas eve, my father and my aunt finally relented and drove me to a nearby veteran's hospital. This is notable because, upon examination and admission (for what, exactly, I'm still unsure - due to my altered perception, it is difficult to know if I was admitted for said altered perception, or if my shoulder's condition was bad enough to warrant admission), I had the terrible suspicion that I would never get the x-ray I had asked for.

After a quick blood draw and being asked to change into scrubsI was given intravenous Benadryl and told to "take a nap", because the wait time for an x-ray would be around 2 hours. While waiting, I was wheeled into a filthy, open room with no door - the entire corridor had rooms like this, semi-private and sectioned off, but no doors in any frames.

I waited for countless hours, my limbs tingling with diphenhydramine, the antihistamine too weak to break through the insomnia I'd been having. As time passed, and Christmas day crept nearer, patients began to fill the other rooms. One in particular unsettled me, with his room's proximity to mine and the vulgarity that poured out of him. He screamed, yelled, undressed, was restrained, scolded for his relapse into amphetamine addiction, and sedated.

The entire time, I paced my room. The tech assigned to our area warned me not to leave my room's boundary or I'd face the same fate as the veteran across from me, but she also spoke to me almost the entire time. As annoying as I'd been to my family, this tech took the time to softly speak to me about her life, her farm, her

animals, anything to comfort me in my anxious state, no matter how off-kilter my babble seemed - I still appreciate the rare bits of humanity that have found their way to me in my institutionalizations.

Eventually, sometime after dark, a nurse came to give me a pill - I asked her what it was.

"Lorzepam," she said, crossing her arms impatiently.

I frowned and held out the cup. "I don't want any drugs, I want my shoulder looked at." She rolled her eyes and pushed the cup back to me.

"Don't be one of those. We'll have to call the doctor." Against my will, I took it, hoping I would at least find the release of sleep. However, just a short while later, before I could enjoy any effects of the pill I was given, another tech was sent to escort me away.

I was briefly led to a room with four white walls and a bed with one pillow and one blanket. The light was off. There was no handle on the inside of the door. The tech told me to "lay down and get some rest", and I stepped inside, my heart racing. I tried, I really tried to get sleep - but it would not find me. I got up again to start pacing, to start counting down the seconds as I'd learned to do throughout long, boring waits with no access to anything, unsettled by the extreme barrenness of my room, hazy from the lorazepam, but not one bit tired.

My door was opened again. This time, the tech had a police officer with him - I was completely baffled. My mind raced back to Tucson, to everything I'd experienced leading up to this - had I committed a crime along the way? Had it followed me here, somehow?

I didn't get an answer - I was just given a bag with my belongings and told to follow the officer. I did - until we reached the front of the hospital. I was wearing a hospital gown and socks - nothing else. It was December in east Tennessee - there was a deep blanket of snow.

The tech nodded, urging me to follow the officer. On my way I went, my sock immediately drenched by the

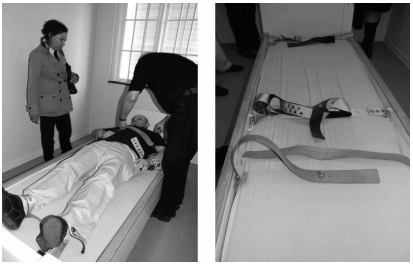
wet, slushy asphalt. I hadn't noticed until now that the hospital had pushed me out with another patient at my side - a girl around my height, much younger than me, hair matted to her head and a heavy cough rattling through her again and again. For some reason, I reached out to grab her cold little hand, to try and warm it in my own. Her cough made her seem so fragile, and the officer had led us to his car - taking his sweet time to arrange his things inside the cruiser while we huddled together outside. He finally let us into the car and asked us our names, which we gave him - my partner's name was Chelsea, but she refused to look at the officer or give him her last name. We stared at each other instead.

We were driven to Parkwest Behavioral Health Hospital around midnight on Christmas Eve. Upon admission, I was undressed, searched, weighed, my blood was drawn, and I was given a drug that I had previously been unable to tolerate to the point that it's now considered an "allergy" by my current medical team (seroquel). I was told refusal would lead to intravenous administration of the medication, so I complied.

The hospital was impossibly cold. Tennessee was in the midst of a harsh, unprecedented freeze, and the hospital had been "overbooked" due to the frenetic energy preceding the holidays. I was seen by a doctor in a Santa hat, tucked into his bed at home, via an iPad stand. As I curled into my bed with 11 other women sleeping in the same room, sleep did start to find me - even with my hands and feet burning, burning and numb with cold.

The next morning - and every morning after, for over a week, I would shower in the chilly facility with ice cold water. A pipe had burst, and it had been impossible to get a plumber out to the rural facility in the middle of the night and over the holidays. The sinks were green with mold. Every bathroom visit was visually supervised by staff, male or female, from beginning to end. My partner in "crime", Chelsea, found herself restrained to her mattress when the nurses found

heroin on her person. Other women told me about their crack and meth usage, the way it had ruined their health and families. One accused me of poisoning her. Another claimed to be the daughter of the pope. And another stained my soul when she begged the Lord for forgiveness after she had "sold" her child to a man she'd met online.



Modern mechanical restraints, closely resembling those used in my facilities. These are still common throughout Europe and the US (Iverson).

After New Year's Day, my test results arrived: I was clean, except for a bit of THC. Oh shit.

To quote one of the attending physicians that evaluated my results, "I guess you really are the daughter of the president." I still don't understand what she meant, but it was clear that I did not belong in the ward that I'd been in for over a week (as I'd been telling every nurse, patient, tech, janitor - anyone conscious who would listen to me, nonstop)- the drug rehabilitation area of a psychiatric hospital. I was asked if I wanted to move to the "better ward" (the one for patients depression and psychosis, rather than the demi-jail cell I'd been residing in), but just eager to get home to my mother, knowing I'd missed my last Christmas with her, and determined to not start over my treatment plan, I stayed where I was. I was finally given a mood stabilizer, my ability to sleep started to return, and I was discharged two days later.

Due to the efforts of my patient advocates, I was charged only $800.00 for my stay, despite my out-of-state visit not being covered by my insurance. My primary psychiatrist at this hospital was a kind, lanky man - and he told me he could see the monumental effort I had put into getting better- and that there were ways to cover my

costs. Thank God - I attended every group, took every medication, ate every meal, followed our regimen with neurotic precision - anything I could do to get back to my mother, who had entered hospice care over the holidays.

I think my stay felt so punishing because I was never informed that it would happen, or how long it would be - from being driven to the veteran's hospital, to my police escort to the psych ward, I was never informed what was happening to me, or where I was. I had no idea I was in Louisville, Tennessee. I didn't even know the name of my hospital until I was finally given an intake flyer on day 2. I had been told the entire way that I was being seen for my shoulder - while aware that I was also in an agitated state - but every person along the way seemed to pretend I really was being seen for an x-ray. Maybe I was? When was my care plan changed? Why was the police involved - why did the officer take down my name? Why was I sent to a center that focuses on drug rehabilitation? I have no answers, no one I can ask. I just have the lingering anxiety that I felt back then - what it feels like to not be believed when you insist you're not on drugs, that you're just in pain and distressed, but the only thing that can verify your word is a medical test you didn't even consent to.

It also bears mentioning that this is a private, Christian facility - privately owned, with bibles on every tattered rubber bed. While many like to excuse the inadequacy of care in publicly-funded hospitals, this is a well-funded, private facility. I was told again and again that this was the "top of the line care" one could get in the area, and that I was lucky to be where I was.

And still, I saw patients restrained. My phone calls were severely limited and screened. Our showers were inhumanely cold. Doctors had no more than 30 seconds of time a day to attend to us, while nurses had no power to alter our care. I was never given my glasses, my neighbor never got her dentures. Our scrubs were ill-fitting, mis-matched and our

toiletries were locked away like contraband. When I was released, I found my cigarettes had been taken from my purse and tossed. I haven't been to jail, but I felt like a prisoner being released when I finally stepped outside - orienting myself in this area of Tennessee for the first time in daylight since we'd been snowed-in for so long.

I don't think the intentions of any of the staff members that attended to me were negative - I could tell many felt inspired by their work, especially the occupational therapists and particularly the "humanitarian" Christians that pursued this work to align with their faith. They were doing their best to help me, help us, with alternative, creative methods (i.e. despite its evangelical affiliation, there were therapists performing chakra meditations, buddhist chants, crystal healing, 12-step meetings, etc). The nurses were attentive, well-mannered, the techs very kind and sympathetic.

But this is why my brain spins itself back to the systemic issues of psychiatric care in our capitalistic system - using the modern methods of care, patients are profitable. Under the care of a facility, patients are such a liability that their freedoms have to be completely severed to ensure that they won't die, escape, or otherwise harm themselves and cost the hospital a pretty penny. Pharmaceutical companies have already created an armor of lawsuit loopholes to protect themselves when their side effects maim us, and doctors are protected because they've studied medicine and know what's best for us, even if they have know clue who we are - like me, the anonymous Austrian flight attendant from Arizona being treated for manic symptoms in rural Tennessee. This creates a dangerously exploitable situation for mental health patients - based on the assessment of an external observer, they can be deemed to be in a state of "emergency" and have all their agency stripped in a matter of seconds, while instantly being turned into a profit-generating unit within the hospital system.

Patients need protections. Patients need personalized, individualized care that aligns with their cultural background. Patients need dignity. Most of all, however, patients need agency. It became clear to me after reading the “Fish Pamphlet” that most of the MPU’s demands matched mine, and aligned with a common theme- we were tired of decisions being made on our behalf.

Patients need to have the ability to consent to their treatment and they have the right to be informed about their health. Patients of every other discipline are allowed these decisions and informed about their treatments - there needs to be a shift in viewing mental health patients as medical patients, not outsiders in a separate category of humanity - almost like animals, who are often sedated and treated, “what’s best for them” being decided for them.

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Current Events within the U.S. Fascist Takeover: The Curious Case of Luigi Mangione

The arrest of Luigi Mangione has fascinated our nation.

While an awareness of history is beneficial in determining where the failings of modern psychiatric care stem from, we found it important to discuss current events relating to psychiatric care - and the killing of a health insurance CEO is highly relevant.

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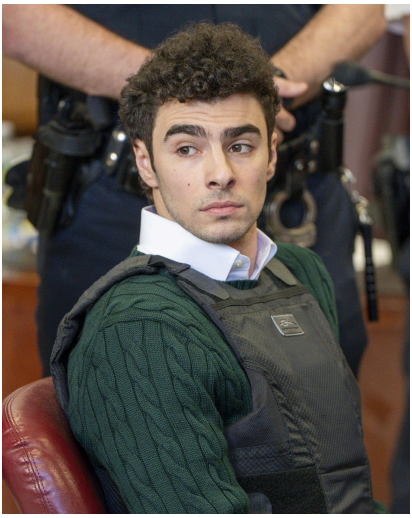
Luigi Mangione, 26, is accused of killing the CEO of United Healthcare - as of 04.02.2025, Pam Bondi directs prosecutors to seek the death penalty for the suspect of this crime - presumed to be Luigi.

A good friend of mine once told me that he doesn't feel guilty for struggling with his mental health because of the quote by J. Krishnamurti: "It is no measure of health to be well adjusted to a profoundly sick society." I think of it whenever I read about Mangione's case - where is the line for his supposed sanity?

Some might argue that Luigi showed many signs of a manic break - suddenly traveling far out of state, brandishing a handgun despite demonstrating little experience in handling a firearm, and writing a manifesto - none of these traits point to what psychiatrists usually consider a sound mind - in fact, minus the actual act of killing, his actions and beliefs mirror so many of my bipolar and schizoaffective friends' behaviors when their moods are elevated. I understand that my assessment is speculative, but even if Luigi was the picture of a perfect mind, the punishments for his crime are ludicrous in their

magnitude. The death penalty? For killing one man?



A court appearance made by Luigi following his arrest in Altoona.

It takes me right back to the quote. “A profoundly sick society…” Luigi’s victim was the CEO of United Healthcare - a company known to reject thousands upon thousands of critical claims for their patients, against doctor’s orders. I remember some of my own claims being rejected in the past, their premiums slicing my meager paychecks in half. I remember the push towards the privatization of healthcare, and the drafted policies often eliminating “mental health” from that coverage. I remember this drastically altering the type of care I sought out, and added a monumental weight of stress to any hospital stay I experienced in my mental health crises in the US, unsure if they would bankrupt me or my terminally ill mother for life. I can only imagine what it would feel like to be a cancer patient, at the end of my life, seeing that my savings will never go to my grandchildren, and just end up paying for the essential medical treatments I am forced to endure.

This is the structure that Brian Thompson supported in his role as CEO - a structure that does not reflect “sanity” or “human wellbeing” - we will never know what he believed as an individual, father and husband notwithstanding, he upheld his company’s push towards using AI technology to reject more claims, faster, harming thousands upon thousands of people who sought out essential medical care.

It’s easy to see where my argument is leading, so I’ll

do you the favor of just cutting straight to the chase, without the grade school bargaining and weighing of the true definition of sanity:

Which is worse - the murder of a single individual in cold blood, or contributing to the suffering of thousands of patients for financial gain?

It's still muddy how Luigi was found, and the coincidence of turning up, well-fed and calm, with every bit of evidence on his body, rung in by a disgruntled McDonald's employee one state over, still feels very lucky. As of now, I write this without his verdict having been delivered - so he is still just a suspect and has even plead "not guilty", a plea that Luigi and his lawyer, Karen Friedman Agnifilo will defend in court in the near future. And yet - the mayor of New York felt it was pertinent to give Luigi Mangione a "perp walk", shackled and surrounded by law enforcement. When asked by PIX why he chose to parade Magione around in this way, Mayor Adams stated the following:

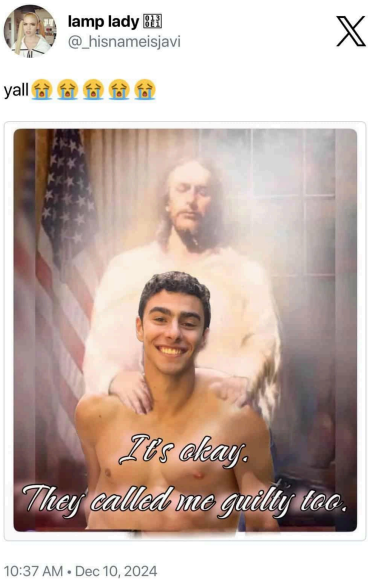
"I wanted to send a strong message with the police commissioner that we are leading from the front [...] I'm not going to just allow him to come into our city. I wanted to look him in the eye and state that, 'You carried out this terrorist act in my city, the city that the people of New York love.' And I wanted to be there to show the symbolism of that."

The infamous "perp walk", conducted by Mayor Adams.

A strong message was definitely sent, but I'm not sure it was received in the way that Mayor Adams intended, with his profoundly accusatory remarks. Social media support for Luigi Mangione has been overwhelming - people have fallen in love with the Penn State alumnus' charming face and sympathetic story about

suffering from spinal injuries and chronic pain. Thousands - most likely millions - sympathized with Luigi and the actions of whoever killed Brian Thompson because of how exploitative our health insurance system has become - and yet we're told to condemn the suspect as a terrorist? The suspect being just that - a suspect - and one that had a direct effect on United's policies (claims were suddenly being mass-accepted out of fear of tantalizing a copycat to strike) has a huge body of support. Few agree with Mayor Adams' actions and stance regarding this case, many more directly oppose him, yet he is the authority on what is considered right, sane, accepted in our society.

With this in mind, it's difficult to see Luigi as sick after all - maybe a bit manic, erratic, but paradoxically, his line of thinking is more logical than it appears at first. Which is worse - a murder in cold blood, or contributing to the suffering of thousands of patients for financial gain? In all cases, we find the call for a death penalty equally insane, even if Mangione planned the whole event from A to Z.



A meme created in support of Luigi Mangione.

The system we're experiencing today, particularly relating to the designation of what is considered "sane" , remains ridiculously hypocritical.

Further Reading

If you have any questions about Madness Magazine, or would like to join the discussion with a submission of your own, please reach out to us through our website by scanning the QR on the back!. All past and current editions of this zine are available online for free.

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We also highly recommend checking out
http://www.studymore.org.uk
and
http://www.madnessnetworknews.com/
for more information about psychiatric movements throughout history.