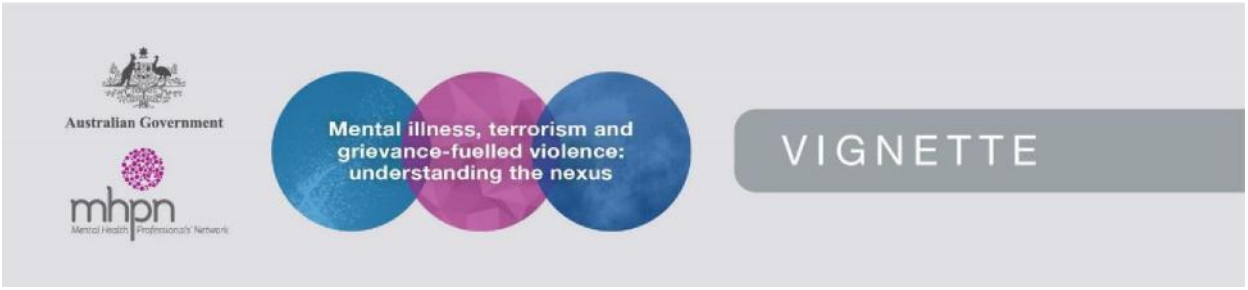

The following fictitious vignette will form the basis of the discussion for the webinar 'Mental illness, terrorism and grievance-fuelled violence: understanding the nexus' broadcast on Tuesday 18 February, 2020.

You are a GP who has just seen a patient, Andy, for the first time. Andy is a 32 year-old builder's labourer who is attending after he was involved in a workplace incident where a pallet fell on his foot.

Before you met Andy, your practice manager, Jane, alerted you to concerns she had following his behaviour in the clinic's waiting room.

Jane explained that, shortly after being seated Andy became angry with Wayne, the man with whom he'd arrived and who'd introduced himself as Andy's site manager. Jane heard Andy shouting at Wayne - a rant full of expletives: about foreigners taking decent people's jobs and how Wayne is part of the problem by employing them, how we have to protect our country and our people. Wayne managed to calm Andy down but he remained agitated, occasionally pointing to his chest chanting, "*blood and soil, blood and soil*" under his breath.

You feel Andy's tension as soon as he walks in the room: he is agitated, sweaty and fidgety. Andy is a tall man of medium build with a shaved head. He has a newly applied tattoo, of the figure 88, on his upper arm and it's slightly inflamed.

You ask Andy to tell you about what happened, but instead of talking about the work incident, you are subjected to an outburst similar to what Jane had described: "*The real problem is not my foot. It's nothing compared to the pain of having to watch foreigners taking my people's jobs away. My people don't deserve to be treated that way*".

You reiterate that you need to know what happened at work. You examine Andy's foot and assess it is likely a soft tissue injury for which you provide him advice, organise a plain x-ray, fill out the required WorkCover paperwork, provide a medical certificate and arrange a review in two days' time.

When Andy starts to rant again about "*those other foreigners at work"* you respond being passionate can be exhausting, to which Andy retorts "*frankly mate I've never felt better... having a cause has made me an enlightened man*".

You explain to Andy, that as a first-time patient, it's your routine and a good opportunity to take a full history – to find out about his medical history, living arrangements, medications, family history and his alcohol and drug intake. You learn his employment and accommodation are stable, he claims not to drink or take drugs, but six months ago he ceased taking lithium, which he had been taking for five years.

Andy tells you his previous GP has just retired but gives his permission for you to contact the prescribing psychiatrist, Melanie. However, in doing so, states "*don't get too excited doc, man to man you'll know what I mean when I say the psych is a woman. And we all know they don't know much of anything*".

Psychiatrist's perspective

Melanie, a psychiatrist in private practice, is happy to field your call. She hasn't seen Andy for about six months but she saw him regularly for a period of five years upon his discharge from an inpatient psychiatrist unit, mainly for medication management following a manic episode at the age of 26. It was his first mental health episode and hospitalisation. He was diagnosed with bipolar affective disorder. After discharge, he was compliant with his meds (lithium) and regularly attended his monthly psychiatry appointments with Melanie.

Melanie provides you with background and history: Andy is one of two sons, his father is a retired banker manager and veteran, and his mother is a shy unassuming woman and a keen, engaged member of her local Protestant Church. His elder brother is married and a successful stockbroker.

Melanie stated although Andy was high functioning with a normal IQ, socially he was meek, awkward and lacking confidence. He had regular and stable employment having worked for the same construction company for eight years.

Andy's recovery from the mental health episode in his 20s was well supported, according to Melanie, by the company's sensitive and flexible accommodation of his hospitalisation.

Andy had regular, and by all accounts positive, contact with his parents. Andy had never had a girlfriend, sharing with Melanie that this was the one thing missing in his life. He resented his older brother for many things (his looks, his professional success) but mainly for his happy marriage. The main focus of Melanie and Andy's sessions had been to support the development of Andy's social skills. Melanie confided in you that she didn't feel that they had had much success in this area and she suspected Andy was socially isolated, spending most of his time online on gaming and dating sites.

Over the five years she'd been treating him, Andy's bipolar affective disorder, employment and accommodation had all been stable. While he hadn't made progress with managing to establish a relationship, he was settled, secure and, Melanie thought, relatively happy with his life and continuing to see her.

However, about eight months ago, in February 2019, Andy missed their regular appointment for the first time in five years. He made a further appointment only after her practice manager reached out to him but when he attended he was quite contrary, a mood Melanie had not previously encountered in him. Upon her prodding Andy told her he wasn't "*sure about seeing a female shrink....just doesn't feel right anymore*".

He attended one more appointment, still in his contrary mood, where he complained about the rise of the feminist movement and "*how strong women are doing my head in*".

Then in mid-April 2019, Andy didn't present for his scheduled appointment, nor did he respond to voicemail messages or follow-up letters sent by Melanie's clinic. In June 2019, his mother phoned Melanie, sharing her suspicion that Andy had stopped taking his medication as he wasn't sleeping well and was easily fired up. When his mother suggested he talk about his sleep issues with his GP or with Melanie at their next appointment he "*went off.....saying he wasn't going to see that wog or that woman again*", she said. Melanie explained she hadn't seen Andy since March and provided Andy's mother with the contact details of the local mental health clinic. And that, Melanie says, was the last she heard from Andy's mother or Andy himself.

Wayne's perspective

At the end of the day, practice manager Jane shares further information with you about Andy. She explains that while you were seeing Andy, Wayne came to her in the staff tea room asking for water. He appeared pretty shook up after Andy's outburst.

Wayne seemed grateful for the opportunity to chat. Wayne told Jane that he met Andy at work, having both worked in the same construction company for around eight years. Andy had always been a reliable and stable team member and he and Wayne had got on well. However, in January 2019 (about nine months ago) Andy's manner changed. He was a tad more excitable and reckless on-site; and he started drinking with workmates at knockoff. Furthermore, Wayne noticed Andy having furtive conversations with a team member who, rumour had it, was dealing marijuana. Andy had always kept to himself: something was amiss and Wayne couldn't quite put his finger on it.

Wayne sat with this niggling feeling for about two months, and then a couple of days after the Christchurch massacre, in March 2019, Andy called in sick for three days. Up to that point, he had rarely taken sick leave. When he returned to work, he readily and openly shared his fascination in the recent events in New Zealand, with anyone who would listen. He had an engaged audience as many people were interested in the event. However, over the next couple of weeks, Wayne became concerned that Andy, more than being interested, actually supported the perpetrator.

From there, according to Wayne, things really started to escalate. Andy took more and more sick days. When he was at work, he was animated and intense, hassling workmates for money or cigarettes, and generally putting people, particularly women, offside. At the same time, Andy started his physical transformation. Wayne suspected he was going to the gym "*because he started to bulk up. Like real fast. And then he chopped off all of his hair. And then the tattoos. I mean, I knew something was wrong and I tried to talk to him, but he was always so distracted or talking over the top of me. It just felt like a waste of time*".

Things were becoming increasingly strained at work, and under the urging of his boss, Wayne challenged Andy about his conduct. Andy had started having hateful rants in the work tea room about women and immigrants. Initially these were directed at whoever would listen, but increasingly, they became personal and targeted at female work colleagues and those who were "*not Australian*". Andy defended his position: "*What I believe in and what I do in my own time is my own business*".

He told Wayne his family challenged him about similar concerns and "*I no longer have contact with them, I mean, what a buzz kill they are*".

Shortly after this, Wayne received an email from Andy. For Andy to reach out was unusual, but the content of the email was even more of a concern. Andy had shared a website link which he urged Wayne to open so he too "*might better understand who the enemy is"*. The content had a familiar ring to it; it was "*the same stuff*" Andy would flare up about at work – a hatred for Jews, women and the LGBTQI+ community. For anyone who isn't "*white"*. And even more concerning the website was essentially "*a call to arms*".

Wayne shared with Jane that he was worried about how, if at all, he was going to support Andy to stay in the company's employ. Moreover, he was worried about Andy.

Back to the GP

While your chats with Melanie and Jane have filled in some gaps for you, you've still got more questions than answers. What's been going on for Andy in the last eight or so months? The Andy Melanie described and the Andy you met seem to be at odds.

You're comfortable that you've arranged a follow-up appointment to check on the x-ray results of Andy's foot but you know that there is much more to deal with than that.

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