



Schoolboys Adrian and Simon Weckler in the 1980s

MY BROTHER, SIMON

For many years, **Adrian Weckler**’s younger sibling struggled with paranoid schizophrenia. His family fought hard to get him the help he needed, often thwarted by issues beyond their control. Here, he tells the story of Simon’s bright young life and untimely death – and highlights brutal failings in a public care system that abandons those it’s meant to look after



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“**Hedated gorgeous girls, had deep school friendships and seemed set for an enviable life as a young man. There were lots of options**

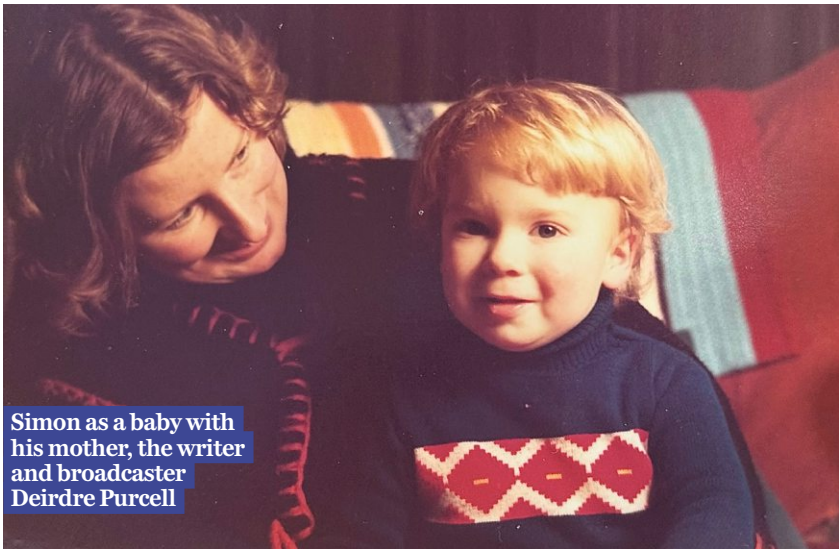
On the last day of March last year, the phone rang at 7am. I was up, packing for a trip to the Canaries with my wife and my stepfather, Kevin. The call was from Kevin. He wanted to know whether I had heard from my younger brother, Simon, who lived in a separate, self-contained part of the same family home as Kevin. I hadn't in a couple of days, which wasn't unusual. Simon suffered from paranoid schizophrenia and sometimes preferred not to talk on the phone for fear it was tapped. As his primary carer, I had texted him and left voice messages to say that we would be away for a week. A few minutes later, Kevin rang again. "You'd better get up here," he said, his voice shaking.

I'm still coming to terms with the loss of Simon. As hard as the passing of my mother — the writer and broadcaster Deirdre Purcell — was on our family in 2023, there is structure to grief around the loss of a parent. It's devastating, but it's an event we know is bound to happen. The death of a sibling, especially a younger one, is different. It's cruel, unfair and destabilising. Simon's passing was also complicated and tragic because of what might have been.

The first two decades of Simon's life were a celebration of what a life can be. From the start, he held all the cards. His blonde hair and wide smile are my earliest memory in our estate home in Glasnevin. He was naturally gifted at sport, music and school. As a boy, he won medals in hurling, tennis and the national Irish arts competition, Slógadh, alongside excellent academic performance. He inherited the good looks of my American father, Robert, a stage actor best known in 1970s Ireland for his leading roles opposite Maureen Potter and Rosaleen Linehan. Simon was also good at weirdly random things. As a nine-year-old, he entered and won a BMX race in Chicago while we were visiting, just because he liked the look of it. With two years between us, I had a typical brotherly relationship with him — a combination of laughter, camaraderie and rolling my eyes. We shared some intense moments: joyful, close experiences at home, in school, at

sport, and in America visiting relatives. Approaching teenagehood, Simon dazzled. When Eartha Kitt came to dinner at our house in 1987, she pointed at my brother and instantly said, "So this is the good looking one". His academic ability got him into Belvedere College where, unusually, he bagged the lead role two years running in the school's high-profile musical — first Danny in *Grease*, then Tony in *West Side Story*. "Real professional fulfilment and, more importantly, real happiness are within your grasp," wrote Belvedere's prominent English and history teacher, Gerry Haugh — also the principal producer of the musicals — to Simon in an inscription on a biography of Leonard Bernstein. "Reach out. The world awaits you with helping hands." By then, Simon's life could be described as ascendant. He dated gorgeous girls, had deep school friendships and seemed set for an enviable life as a young man. There were lots of options. Life as a musical actor, like his father, seemed a possibility. Because of his voice and frame, there was even talk of boy bands. Instead, Simon chose a more scholarly, academic route, studying classical civilisation and philosophy in UCD. After getting his bachelor's degree, he began studying for a master's, which transitioned into a PhD. It was then that things changed. We first noticed something was seriously wrong with Simon when he was about 21. Lectures at college were missed. Sometimes he wouldn't get out of bed. Within a year, he had pulled out of academic life. Days became confined to his room, nights were spent in front of the TV or furtively roaming the house. A medical diagnosis wasn't immediate, with Simon resistant to analysis or intervention. So the atmosphere in the house, where he lived with my mother and stepfather as I had moved into my first apartment, became tense and fractious. What appeared to be a spiral was somehow broken by him meeting a lovely Spanish woman staying next door. Against steep odds, a relationship blossomed and lasted almost 10 years — a period when, while still struggling, Simon managed to stay somewhat adjusted. He took on jobs and talked about finishing his PhD. But, as he neared 30, his life started to deteriorate. His relationship with his partner ended. He became suspicious of family. He started to believe that neighbours were conspiring against him. He stopped looking after his physical appearance, wearing the same clothes for months. The first diagnosis of paranoid schizophrenia came shortly after that. I'm not sure that Simon ever fully accepted it. "This isn't psychosis, Adrian," he would tell me calmly and repeatedly, relating how he was being attacked incorporeally through neighbourhood walls. My mother, who had increasingly devoted much of her life to looking after him, was devastated. Desperate, she tried to jump start a different outcome with what amounted

to hail-mary logic. Using every penny she had, she bought him a small house in Glasnevin to give him a fresh start and perspective. After a couple of months, he abandoned it, claiming that neighbours were listening to him. She tried the same thing with an apartment soon after, with the same outcome. Between Simon and me, things froze. I didn't know how to respond. He withdrew from communication and usually rejected overtures around visits or days out. Weeks, sometimes months, would drift by without spending any meaningful time with him. For the next 20 years, treatment was an institutional merry-go-round of admissions, releases, and explanations as to why he couldn't be effectively helped. Captured by his illness, Simon was a frustrating patient. He could switch quickly from being deeply psychotic to calm and seemingly rational. In time, this gave both him and public hospitals the cover that both sought to release him and free up a bed. The cycle of his treatment took on a dismally familiar pattern. His condition at home would deteriorate to the point that he was in severe physical and mental distress, sometimes literally screaming into the night sky at imaginary enemies. My distraught mother would beg a psychiatric hospital to take him. If he was admitted, he would, mostly, resist treatment. Then, quickly, he would petition to leave, claiming barbaric conditions. The institution would let him go. He would then return home to sink back into a lonely, miserable existence of seclusion, fear, pain and anger, with my mother and stepfather looking on, anguished. **Paranoid schizophrenia isn't like other mental illnesses. It's much harder to treat, partly because of the hold it takes on a person's sense of reality and partly because Ireland — still new to the cultural idea of dealing with mental illnesses outside the old rule of family responsibility — doesn't have an effective way of addressing it.** In Ireland, despite evidence suggesting that a majority of psychotic admissions to hospitals are schizophrenia-related, we have conducted relatively little research into the prevalence of the illness. Aside from a clinical study in three counties in 1990, we only have a general estimate of how many people it affects: between 0.5pc and 1pc of the population. There are some specialist treatments



Simon as a baby with his mother, the writer and broadcaster Deirdre Purcell



● Clockwise from top, left: Simon was a very popular teenager; on his graduation day at UCD; with his mother, the writer Deirdre Purcell; Simon, Deirdre and Adrian; Simon on stage in the school musical 'Grease'



now available. There are around 40 long-term Specialist Rehabilitation Unit beds — with a year-long waiting list — that can help.

But in general, it's not a condition that society takes meaningful responsibility for. Several studies have shown that prisons have three to four times as many schizophrenics as the general population, with the number far, far higher for homeless shelters.

Most schizophrenia patients suffer paranoid delusions, sometimes extreme ones. I had many conversations with Simon where he explained to me in detail how he was being manipulated and attacked by demons, malign individuals or other unseen forces.

I learned early on that it was both wrong and counterproductive to try to challenge the idea that someone else was in the room, or that he was imagining things. That would be like trying to convince you that you're not awake right now and not reading this sentence.

It's hard to imagine a more cruel mental illness. Otherwise highly intelligent and perceptive people, like my brother, don't realise what's happening to them. They have no agency. They can't make decisions for their own good.

This led to incredible difficulty in treating Simon, who could — and would — often present to a hospital or doctor in a rational, calm, insightful way.

It became a real barrier to any hope of effective treatment for him, especially in the way that Irish law indiscriminately lumps mental and psychiatric illnesses together.

In Ireland, we generally assume that patients must always be sovereign within their treatment, unless they appear to be violent or disturbingly psychotic. Not only does this not work for some paranoid schizophrenics, but it denies them care. In extreme cases, like my brother's, it can hasten a devastating outcome.

I can only remember two glimmers of hope throughout Simon's long illness. Both came from the promise of what's known as a depot shot, a long-term injection that is given to a patient instead of relying on them to self-administer medication. This is potentially life-changing for a paranoid schizophrenic, who might inherently distrust, and therefore discard, other medication programmes.

Simon, despite his illness's suspicious nature, agreed to take it twice in his life. The first effort, a decade ago, was abandoned when his public care team said they could not spare someone to stay with him for a few hours after the injection, as would be medically required.

Then it was offered in a private hospital, St John of God, in 2024. After a long, skilful, caring campaign of persuasion by his doctor there, Simon reluctantly agreed to take it. The results were spectacular and transformative. Immediately after returning from hospital, he cleaned himself and his room

up, fixed a broken shower and began making practical plans — something he had not done for many years.

But he was out of the private hospital, with no public support for another injection, so the effects only lasted about six weeks. Gradually, his illness began to take over again. He refused to consider another depot injection, newly claiming it was the worst thing he had ever done. He sank into deep psychosis and despair.

Of all the treatment malfunctions my brother suffered, the lack of support for a depot injection might be the one our family regrets most. It literally could have saved his life.

Over time, my brother's illness took over my mother's life. While her capacity to be the centre of many work, family and social circles didn't change, the pressure of Simon's schizophrenia, and the fading hope of any solution, became overwhelming. She used up so much energy, physically and emotionally, that she started to become tired and weak. In 2023, at the age of 77, she collapsed and died.

It happened one night in February when she got up during the night to get a Panadol for a headache. She was discovered on the floor soon after. Medically, it was registered as a brain bleed, but she was bone-tired and heartbroken. She had poured her soul into advocating and caring for Simon. With little institutional support, it was a lonely, harrowing road.

Her death was a catastrophic shock to everyone. To me, she clearly had years of life left. She was working on at least two new book projects. But the burden of caring for a person in such constant torment seemed to have become too much for someone inching towards 80.

After she passed away, I became Simon's primary carer.

Right away, it was clear how dark the treatment cycle was. Public bodies did not want to admit him and, on the rare occasions he got in, they tried to cycle him out as quickly as possible.

They and the associated social care service assigned to Simon claimed there was little they could do for him, citing inadequate resources and his habit of undermining their attempts at treatment (a classic and endemic trait of paranoid schizophrenics).

There was kindness within the system. Individuals were sympathetic and, often, personally supportive. But the bottom line was that Simon was regarded by every public hospital and care institution as a patient they couldn't handle.

Some of the advice I received, as his carer, was simply Dickensian. One recommendation was to force Simon out of his home and make him enter emergency accommodation. The logic was that it might compel him to cop on and take more responsibility for his own situation, and also that some sort of housing healthcare system would kick in and he

might have a better chance of a suitable place more rapidly.

I couldn't have done that, ever. And the more I think about that advice, the angrier I get.

In general, doctor after doctor and care worker after care worker told me why, with a heavy heart, there was little or nothing they could do to help him.

In his last years, Simon somehow retained large dollops of his inherent kindness. An intense animal lover, he refused to take action against an infestation of mice because, he told me, he felt sorry for them. He would regularly acknowledge and speak to fellow patients in hospitals who seemed to be in even worse condition than him.

And, in his torture with demons, his instincts told him to look out for others. More than once over the years, he called to plead with me to be careful, because he believed the spirits assailing him were also intent on getting me.

Simon's final weeks alive, as recounted by a judicial inquest into his death, were sad ones.

He had, for four months, been in Highfield, a private hospital in Dublin where he had made some progress but then drifted back into difficulty. With his private insurance time limit approaching (six months a year in a private hospital), he had to leave or face huge bills — money none of us had.

His doctor at Highfield, a kind and conscientious man, insisted Simon was unfit to be discharged due to being in a psychotic state, so he arranged for Simon to be transferred back to the care of a public hospital. As the inquest heard, he was kept there for about a week and then, as had happened before, he was let go.

Simon returned home in a desperate, confused, psychotic condition. Within about a week, he was dead.

"The process was [to receive] in-patient care in a private hospital, get decent care, [not] necessarily respond well to it, back out to public care and they just want to get rid of him," I told the coroner at the subsequent public inquest.

Asked by the coroner about after-care, I told the court: "Typically there was very little. There was a system of social welfare and social care in place, but that had become very strained and threadbare..."

"I got a call from a social worker about two weeks after he passed away saying that his phone wasn't responsive and could I get a message to Simon. They

had no idea. [The hospital] didn't know he had passed away, the social welfare didn't know he had passed away. He was basically ditched."

The inquest heard that Simon's death was caused by too much of a particular type of medication used to treat schizophrenia.

Simon had been cooking a meal for himself and had taken the medication, probably to calm what he believed were the demons acting up against him, but the dose was far too high. Simon had a long history of altering his dosages to suit what he himself felt was an appropriate level. This time, it killed him.

He died alone, probably in fear and almost certainly in psychological pain. His body wasn't found for several days.

The inquest found two things that were important to me, as his brother. First, crucially, that he suffered no pain. The medication basically put him to sleep and then stopped his heart.

It also found that Simon was incapable of forming a suicidal intention. I knew this to be true. Simon's battles were characterised by defiance, never resignation or escape. He was simply not able to regulate his own illness.

He should never have been discharged. The health system didn't have a way of dealing with his sickness, so it let him go and he died alone.

When we were making arrangements for Simon, my wife and I discussed whether or not to have both a removal and a funeral service. Because he had secluded himself for over 20 years, effectively cutting himself off from the world, I wondered whether more than a handful of people might turn up.

The decision was made to have both anyway. If even a half dozen people came to the removal, Simon deserved that.

More than 200 people turned up. Most were people from Simon's life. They remembered and adored him. They were his friends from school, from his sports clubs, from the estate we grew up in in the 1980s and 1990s.

They told stories I hadn't heard before. Derring-do adventures on the Dart and in discos. Scrapes navigated on nights out in town. Acts of kindness toward strangers. And, once, defiant bravery in the face of would-be muggers.

More than a few of his friends stayed the full two hours. The funeral the morning after was larger again.

The message couldn't have been clearer. Simon was important. His life meant something. My mother's heart would have swelled with joy. I know that mine did.

Simon was talented, powerful and beautiful. While he was in the world, his light shone brightly — for a while, at least. As cruel as his psychiatric illness had been, that light is what his friends and family remember about him.

Adrian Weekler is technology editor of the Irish Independent and Sunday Independent

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