



NAMI

PA, CUMBERLAND and PERRY COUNTIES NEWS

National Alliance on Mental Illness

November 2014

Volume XVII, Issue 11

NAMI is the largest nationwide, grassroots membership organization devoted to improving the lives of those affected, directly and indirectly, by serious mental illness. NAMI is comprised of family members, friends and consumers.

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Calendar:

- Nov. 17th— Dauphin County Support Group
- Nov. 20th—Membership Meeting w Elections
New Cumberland Support Group
- Nov. 21st—Ask the Doctor teleconference
- Nov. 24th—NAMI PA C/P Board Mtg
- Dec. 4th—West Shore Support Mtg
- Dec. 18th—Annual Holiday Pot Luck finger-food/snack Social

Contact Us:

P.O. Box 527
 Carlisle, PA 17013
<http://www.namipacp.org>
findhope@namipacp.org
 Message line number:
 240-8715

COME OUT THIS MONTH TO OUR MEMBERSHIP MEETING WITH ELECTIONS AND REPORTS

NAMI PA Cumberland and Perry Counties will convene a Membership meeting for the purpose of electing officers and members for our Board of Directors on Thursday, November 20, 2014 at 7 PM at STAR. This is consistent with our tradition and bylaws.

NAMI PA C/P is a Pennsylvania Non-profit corporation and our operations are determined by our bylaws and PA law. We are governed by a Board of Directors comprised of individuals elected by our members. Our Board members serve for a three year term. Our officers are also elected by our members and serve for a one year term.

It is a strength and a challenge for NAMI PA C/P that we operate as a totally volunteer organization without any staff. Therefore, those involved in governance become also involved in activities that support our Mission. This is a strength because we are not impacted in our personnel by budget cuts at the state or county level. This is a challenge, because staff could smooth changes in personnel.

This year our Nominating Committee has done a terrific job of identifying and recruiting a slate of officers and Directors to be elected. The slate is as follows:

- | | |
|---------------------|----------------------|
| President: | David Brown |
| Vice President: | Maureen Ross |
| Secretary: | Kathy Zwierznya |
| Treasurer: | Steve Zwierznya |
| Directors at Large: | Kelli Murphy-Godfrey |
| | Kevin Sanderson |
| | Don Palesky |
| | Joy Mullen |

(Continued on page 4)

NOVEMBER MEMBERSHIP MEETING NAMI PA of CUMBERLAND and PERRY COUNTIES THURSDAY, NOV. 20, 2014 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

7:00 —7:30 PM Elections and Reports

7:30 —9:00 Support Meeting

support

Nov 2014 Vol. XVII No. 11

Publisher:

NAMI Pa. Cumberland/ Perry Counties

Editor: Taylor P. Andrews

243-0123 or 243-1645

**NAMI Pa. Cumberland/
Perry Counties**

P.O. Box 527
Carlisle, PA 17013

Message line number:
240-8715

Officers:

President: Taylor Andrews
243-1645/243-0123

**Vice President: Joan
Signore**

**Treasurer: Stephen
Zwierzyna**

**Secretary: Kathleen
Zwierzyna**

Board of Directors:

Thom Fager 697-2602
Hazel Brown
Jennifer Hacker
Teresa Kerns
Sarah Roley

What: Support Group Meeting

When: Meets 3rd Thursday of each month

Location: STAR (253 Penrose Place Carlisle, PA 17013)

Time: 7:00 pm up to 9:00 pm there will occasionally be an educational program. Where there is an education program it shall run from 7:00 PM until 7:50 PM, and the support meeting shall follow at 8:00 PM.

Sponsored by NAMI PA C/P

Nov 20, 2014

MEMBERSHIP MEETING—ELECTIONS AND REPORTS

Followed by a support meeting

Dec 18, 2014

7:00 PM Holiday Pot Luck Finger food/snack Christmas Social

8:00 up to 9:00 PM—Support Meeting

Jan 15, 2014

7:00 PM Announcements

7:15 up to 9:00 PM—Support Meeting

WEST SHORE SUPPORT GROUP

Meets at 6:30 PM on the 1st Thursday of each month at St. Timothy's Lutheran Church, 4200 Carlisle Pike, Camp Hill, PA. Thom at 697-2602 for information.

Dec 4, 2014

6:30 to 8:00 PM—Support Meeting

NEW CUMBERLAND SUPPORT GROUP [from York County F2F Class]

Meets at 6:30 on the third Thursday of the month at the New Life Baptist Church, 530 Big Springs Road, New Cumberland, PA. Contact Beverly Riggins at 717-979-0519 for more information.

Nov 20, 2014

6:30 to 8:00 PM—Support Meeting

DAUPHIN COUNTY SUPPORT GROUP [Assoc with NAMI PA Dauphin County]

Meets at 7:00 on the 3rd Monday of each month at the Epiphany Lutheran Church at 1100 Colonial Rd., Harrisburg, PA. Contact Marge Chapman at 574-0055 for more information.

Nov 17, 2014

6:30 to 8:00 PM—Support Meeting

WE MUST FOCUS RESOURCES ON THE MOST SERIOUSLY ILL, URGE PROMINENT MEMBERS OF THE AMERICAN PSYCHIATRIC ASSOCIATION

(Sept. 29, 2014) Two prominent members of the American Psychiatric Association called for major reforms to the mental illness treatment



system in an editorial in *JAMA Psychiatry* ("[Fixing the troubled mental health system](#)," Sept. 24).

"The first step in reform is to focus attention and resources on the most severely ill, high-need, high-cost patients," wrote Lloyd Sederer, MD, and Steven Sharfstein, MD. "We have to have the right structure for the delivery of care."

Sederer is medical director of the New York State Office of Mental Health and was director of APA's Division of Clinical Services from 2000 to 2002. Sharfstein is CEO and medical director of the Sheppard Pratt Health System and was president of APA from 2005 to 2006.

"Federal and state governments should prioritize the move of patients from the criminal justice system to the treatment system," they urged. "Some of the neediest people who would have been institutionalized are now in the criminal justice sys-

tem. This is an absolute disgrace. We need to provide incentives for people to be treated in the community and to avoid jail and prison."

In an interview with *Psychiatric News*, Sharfstein argued that the Helping Families in Mental Health Crisis Act (HR 3717) has the potential to offer some relief to the suffering of the most severely ill, their families and their communities. "In my view it tackles head-on some of the major impediments to access to care for a critical subset of individuals who are high cost and very difficult to retain in treatment, in large part because they don't recognize they are sick," he said.

Even though some of the nation's leading psychiatrists are calling for more resources and attention for the most high-need patients, the plan put forth by the leading federal agency dedicated to improving mental health efforts, the Substance Abuse and Mental Health Services Administration, falls short, said the current president of the APA, Paul Summergrad, MD, in this month's issue of *Psychiatric News* ("[SAMHSA strategic plan falls short on serious mental illness](#)," September).

The plan leaves out "a focus on the appropriate medical care of patients with serious mental illness," Summergrad said.

Ask the Doctor: Teleconference Series

NAMI's *Ask the Doctor* teleconference is a monthly series hosted by NAMI's Medical Director, Dr. Ken Duckworth. Typically, he is joined by another mental health professional or advocate who in turn presents on a topic in his or her area of expertise. Each month, two such calls are hosted; one focuses on adult issues, the other on child and adolescent issues.

To access these calls, dial **1 (888) 858-6021** and enter pass code **309918#**. These calls are always held at *11 a.m. E.T. on scheduled dates unless otherwise noted*. The *Ask the Doctor* schedule and previously recorded podcasts can be found below.

Upcoming Ask the Doctor Schedule

Calls on adult issues

Due to the holidays, there will be no more calls this year.

Calls on child, adolescent and young adult issues

November 21 2014: *Dr. Gabrielle Carlson; Changes to the DSM V*



Ken Duckworth, M.D.



JOIN US FOR 2014-15

THE NAMI CONNECTION RECOVERY SUPPORT GROUP THAT PREVIOUSLY MET ON THE 2nd and 4th Sunday of each month has suspended its meetings.

Notice will be given if the meetings resume under new leadership.

(Continued from page 1)

2014 has been an eventful year with NAMI PA C/P. The most significant event was the emergence of several new individuals who have become involved as teachers of our Family to Family Education program. This enabled us to finally realize our goal of conducting two Family to Family Classes in a year. Some improvements were made to the presentations within the class in the Spring, and these have continued in the Fall class. Both classes were fully enrolled so we now have a population of class alumni that is growing at an increasing rate.

It is very exciting to see the increased interest in NAMI Programs that has translated to new members for our expanded Board of Directors.

In 2014 we also had a successful Peer to Peer class that was conducted with some coordination with friends who are active with the Depression and Bipolar Support Alliance [DSBA].

The coordination with DSBA was also valuable for a WRAP class that was conducted this Fall.

We also conducted a Hearts and Minds class this Fall in Shippensburg. Finally, on the Education front, Theresa Myers taught several Mental Health First Aid classes during 2014.

Our oldest Support Meeting held on the 3rd Thursday of each month operated throughout the year with attendance that fluctuated between robust to sparse. Our other Support Meetings [West Shore & NAMI Connections] have had sparse turnouts. The West Shore meeting [first Thursday] was suspended for 2 months and is restarting with increased publicity. The NAMI Connections meetings are now suspended until there is new trained leadership interested in restarting the group.

We were able to support 5 members with scholarships to attend the NAMI National Annual Convention in Washington, DC.

We have maintained our monthly newsletter [excepting Oct '14], but we have experienced an interruption of operation of our Website as we move from one platform to another.

There is more that NAMI can do. If you want to be involved in new or continuing activities, now is the time to come forward to meet the new Directors and Officers.

\$35.00 For an individual

Membership includes membership in NAMI [national] and NAMI PA, and Subscriptions to The Advocate, The Alliance, and NAMI PA C/P News.

\$35.00 For a Family

Same price as an individual. A family consists of two people living at the same address. A family has one vote, and will receive one copy of subscriptions.

\$3 - \$35.00 For "Open Door" membership

*Anybody can opt to join as an open door member. Dues are **any amount that can be afforded**. This option is available so that membership is not denied due to financial hardship. Open door members are regular members with all the privileges and powers of membership including all subscriptions.*

\$50.00 For Professional Membership

A Professional member shows support for the mission and goals of the organization. Upon request, NAMI PA C/P will provide multiple copies of our newsletter for the waiting room of Professional Members.

Make Payment to:

NAMI PA C/P

**Send Payment to: NAMI PA C/P
Box 527, Carlisle, Pa 17013**

**JOIN NOW TO BECOME PART OF
THE NAMI FAMILY**

**Memberships submitted now will extend
to the end of 2015**

DIRECTIONS TO S.T.A.R.

From I-81:

- Take Hanover St. Exit and turn towards town, [Rt. 34 North];
- At the major intersection at Noble Blvd, turn left on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.;
- Turn right after the gas station on Penrose Pl.;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front on the right end of the Plaza.

From Downtown Carlisle:

- Take Hanover St. out of town [Rt. 34 South].
- At the major intersection at Noble Blvd, turn right on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.
- Turn right after the gas station on your right;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front on the right end of the Plaza.

NAMI PA C/P THANKS

Dr. Hazel Brown

Joan Signore

Taylor P. Andrews

**FOR THEIR LONG TIME SERVICE
ON THE BOARD OF DIRECTORS**

WORST THINGS TO SAY TO A PERSON WITH BIPOLAR DISORDER

Some people trivialize depression (often unintentionally) by dropping a platitude on a depressed person as if that is the one thing they needed to hear. While some of these thoughts have been helpful to some people



(for example, some people find that praying is very helpful), the context in which they are often said mitigates any intended benefit to the hearer. Platitudes don't cure depression.

"What's your problem?"
Will you stop that constant whining?"
What makes you think that anyone cares?"
"Have you gotten tired yet of all this me-me-me stuff?"
"You just need to give yourself a kick in the rear"
"But it's all in your mind"
"I thought you were stronger than that"
"No one ever said life was fair"
"Pull yourself up by your bootstraps"
"Why don't you just grow up?"
"Stop feeling sorry for yourself"
"There are a lot of people worse off than you"
"You have it so good - why aren't you happy?"
"What do you have to be depressed about?"
"You think you've got problems..."
"Well at least it's not that bad"
"Lighten up"
"You should get off all those pills"
"You are what you think"
"Cheer up"
"You're always feeling sorry for yourself"
"Why can't you just be normal?"
"You need to get out more"
"Get a grip"
"Most folks are about as happy as they make up their minds to be"
"Get a job"
"You don't 'look' depressed"
"You're just looking for attention"
"Everybody has a bad day now and then"

"Why don't you smile more?"
"A person your age should be having the time of their life"
"The only one you're hurting is yourself"
"You can do anything you want if you just set your mind to it"
"Depression is a symptom of your sin against God"
"You brought this on yourself"
"Get off your rear and do something"
"Snap out of it"
"You're always worried about your problems"
"Just don't think about it"
"Go out and have some fun"
"Just try a little harder"
"I know how you feel - I was depressed once for several days"
"You'd feel better if you went to church"
"Shit or get off the pot"
"What you need is some real tragedy in your life to give you perspective"
"This too shall pass"
"Go out and get some fresh air"
"We all have our cross to bear"
"You don't like feeling that way? So change it"
"You're a real downer to be around"
"You are embarrassing me"
"You'd feel better if you lost some weight"
"You're too hard on yourself. Quit being such a perfectionist"
"Don't take it out on everyone else around you"
"You are going to lose a lot of friends if you don't snap out of this"
"You're dragging me down with you"
"You're just being immature"
"You are your own worst enemy"
"That is life - get used to it"
"My life isn't fun either"
"You don't care about the rest of us - you're so self-absorbed"

MENTAL ILLNESS MAKES FAMILIES SICK - PERSONALLY SPEAKING

(Oct. 27, 2014) Before my brother got sick, really sick, I had started taking masters level psychology classes and what I learned has come in handy over the past few years. Even when he hasn't wanted it, I've been able to help my sick brother. I've been able to help my sick family navigate the confusing, frightening, and very tumultuous seas that are mental illness.

That's something I've realized, just now in this moment: serious mental illness doesn't just impact the person who is sick, but it effects and infects those closest to that sick person, making them sick too, in a very real way.

Mental illness makes mothers cry. It makes siblings fight. It makes fathers afraid in their own homes, afraid of loved ones who refuse to keep psychiatrist appointments and who refuse to take meds.

Mental illness leaves pits in the stomachs of those who aren't ill – those who listen to the delusions; who watch the abnormal behavior; those who care; those who want to heal every part of the broken brain that turns water into poison that twists memories into horrible misrepresentations of the truth.

Mental illness sucks.

It sucks the color and order from this beautiful intricate life of ours and replaces it with a black and white jigsaw puzzle missing dozens of very important pieces. In other words, mental illness is no fun at all. Did I mention that it sucks?

My brother is very sick right now. My parents are with him in his college town 10-hours away, taking turns in the ER while they wait for a bed in the psych unit.

We are lucky this is happening in Nevada, where the laws are



more balanced and allow family members and concerned doctors provide treatment to people like my brother.

This is not the case in our county in California, where you have to commit a crime before they'll take your severe mental illness seriously.

My poor parents are exhausted. My poor brother is chasing his tale around a cage of paranoia and anger and fear. And all I can do from here, hundreds of miles away is research treatment centers and blog and pray.

You know how we all want to cure cancer? Parkinsons? Lou Gehrig disease? Clearly there are lots of things we all want to cure. Well, I'd like to add one more to the list: can we please find a cure for mental illness too? Please.

Stephanie Mignon
Family Member and Advocate

NAMI PA CUMBERLAND and PERRY COUNTIES

Wishes you a very

HAPPY THANKSGIVING

This is a good time to:

Renew your membership, and

Attend the Membership meeting on November 20th to support our new leaders

**SPECIAL ALERT FROM PENNSYLVANIA HEALTH LAW PROJECT:
BENEFIT CHANGE LETTERS MAILED TO 800,000 CURRENT ADULT MEDICAID ENROLLEES**

Editor's note: This alert is rather technical, but it may be important for those who receive a notice. A short explanation will follow the alert.

This week, DPW begins mailing all **adult** Medical Assistance (MA) recipients a letter introducing them to benefit changes tied to the Healthy PA initiative. The letter tells each adult recipient which of three benefit packages they will likely receive starting January 1, 2015.

Please note: the MA benefit package for children under age 21 is not being changed.

Adults assigned to the Healthy or Healthy PA Private Coverage Option (PCO) may need to take action to be sure they have coverage for needed services next year. Individuals placed in these two groups who fail to act may end up with a benefit package that does not meet their needs and they may be unable to change this package until the end of 2015.

To help people understand these notices and what action, if any, is needed, PHLP offers this summary of the benefit packages. Examples of the particular mailings being sent for each benefit package are linked below.

Healthy Plus – Also referred to as “high risk,” **Healthy Plus** is the benefit package assigned to all adults in a disability-related MA category (i.e., Healthy Horizons, Medical Assistance for Workers with Disabilities, Home and Community Based Services Waivers, those on Medicare, those in Nursing Homes or other institutional settings), and any adult found to be “medically frail.” This will become the most comprehensive MA benefit package. No action is needed if someone is given this benefit package.

Healthy – Also referred to as “low risk,” **Healthy** is a benefit package that will have limits on a number of services. For example, radiology will be limited to six tests per year and lab work will be limited to \$350 per year. This package is assigned primarily to adults in the low-income parent and caretaker category who have not been found to be “medically frail.”

Any adult assigned this benefit package who needs regular, ongoing physical or behavioral health care services should seek the Healthy Plus package by completing a health screen questionnaire before November 26th either (i) online through My COMPASS account or (ii) by phone at (844) 290-3448.

Healthy PA Private Coverage Option (PCO) – The Healthy PA PCO benefit package will have service limits. It will be given to adults in the General Assistance-related MA category who are not “medically frail.” These individuals will also be moved out of their current HealthChoices managed care plan and into the

new Private Coverage Option. To pick a PCO plan for coverage starting January 1, 2015, these recipients should call enrollment services at (844) 465-8137.

Any adult assigned this benefit package who needs regular, ongoing physical or behavioral health care services should seek the Healthy Plus package by completing a health screen questionnaire before November 26th either (i) online through My COMPASS account or (ii) by phone at (844) 290-3448.

Individuals assigned to the **Healthy** or **Healthy PA PCO** benefit package who miss the November 26th deadline for completing the health screen could still seek the Healthy Plus package by completing an **Employability Assessment Form (EAF)**. If the doctor checks box 1 or box 2 on the form, this can help someone qualify for a MA category that automatically gets the Healthy Plus benefit package. The form will need to be submitted to the individual's local County Assistance Office after it is completed by the individual and the doctor. We encourage individuals to include a note with the EAF asking that their eligibility be reviewed using this new information.

Each letter includes a general listing of services expected to be covered under each benefit package, but no details are given about the amount of services or limitations on services. All adults on MA will receive a notice in December confirming which benefit package they will receive in 2015. If they disagree with the assignment, they can file an appeal at that time. PHLP may be able to help with those appeals.

Editor's explanation:

*Since most of those in the NAMI family who have Medical Assistance coverage need and value coverage for Behavioral Health services [Psychiatric, counseling, etc.], the category **Healthy Plus** is desired. This is the category that should be assigned to those who are now receiving MA as a result of a disability or under MAWD. If you have Medical Assistance for these reasons and if you are categorized correctly, there will be no need for action.*

*If, on the other hand, you need and value Behavioral Health services and are categorized as **Healthy** or **Healthy PA Private Coverage Option**, you should seek to be categorized as Healthy Plus by submitting an Employment Assessment Form [EAF] to the Office of Assistance. You should also appeal the categorization if it is not changed in a timely manner.*

The Central PA office of the Pennsylvania Health Law Project may be reached at 717 236-6310, or on their Helpline at 800 274-3258, or by email to STAFF@PHLP.ORG.

REFUSING TO LEAVE BORDERLINE ON THE SIDELINES

By Courtney Reyers, NAMI Director of Publications

"I've been trapped all my life not by man or by cages but by my own emotions. Where I've been, what I've seen while traveling inside myself can be summed up by one word: damn."

Brandon Marshall is one of the NFL's best wide receivers. He's a 5-time Pro Bowler and has the NFL record for catches in game. His nickname is the Beast. But Marshall's career hasn't always been smooth. The Chicago Bears star was the subject of *A Football Life*, a documentary series produced by the NFL Network, on Sept. 19. This inside look at the NFL player offers a deeper look at his life and career—and his journey of living with borderline personality disorder (BPD).

The NFL is Marshall's platform, but awareness is his purpose. BPD is frequently viewed as a disorder that affects females and means that you're "weak," but Marshall embraces who he is, owns up to his mistakes and takes full responsibility for his recovery. Before Marshall was diagnosed, though, it was a pretty bumpy ride.

"There would be times where a switch would just flip and you'd be like 'I don't know this guy,'" Bears quarterback Jay Cutler says in the documentary. Cutler and Marshall started their careers together on the Denver Broncos and have found themselves back together on the Bears.

Marshall acted up in practice and during games, disobeyed his coaches, sabotaged plays and received penalties that jeopardized his team—and career. Two NFL teams dropped him due to his antics. He also racked up two domestic abuse charges. He suffered injuries to himself too—even punching through the screen of a TV.

Brandon's mother says she noticed "outbursts and hissy fits" during his time with the Broncos. His mom and teammates approached him asking him to "grow up," to "control" his behavior. His mother says "We still weren't thinking something was clinically wrong—we were under the impression that

Brandon could control this."

Finally after years of ups and downs, Marshall was diagnosed with BPD and was able to take control of his life.

Marshall voluntarily joined a 3-month outpatient program at McLean Hospital in Belmont, Mass., where he used treatments like cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) under the guidance of Dr. John Gunderson. Psychotherapy is the cornerstone of treating BPD and there is no medicine approved by the FDA for treating the illness, though some people will take medicines to control symptoms such as anxiety.

After educating himself on his illness and continuing to engage himself in therapy, Marshall became a heavy-hitting advocate for mental health awareness. In 2013 he was hit with a \$10,000 fine by the NFL for rocking green cleats (green is the color for mental health), spoke at the NAMI National Convention in 2012 and started the **Brandon Marshall Foundation** in 2013. He and his wife Michi have a strong connection to NAMI Chicago and NAMI Cook County North Suburban in Illinois. Michi is an avid NAMI-Walk participant, and attended the NAMI Chicago walk last weekend and will be walking at the NAMI CCNS Walk on Oct. 18.

By speaking out and proudly owning Brandon's recovery, the Marshalls are becoming powerful advocates. Brandon's willingness to use his public status to create understanding around mental illness is a quality I wish all public figures and celebrities tapped into.

Speaking out is a choice and I can respect that, but every time we get to hear about somebody who overcame a mental health condition, it creates hope. It lets us know that even if you feel like the world is against you, you're not alone if we're dealing with something similar. It shows us how mental illness can touch anybody. And it can even save a life.

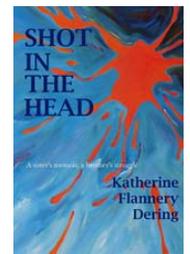
Shot In The Head A Sister's Memoir A Brother's Struggle

Katherine Flannery Dering

A bittersweet memoir about life and loss. This true story brings to life the experiences of one large family before and after the onset of mental illness. Using a mix of narrative, photographs, emails and pictures of various cherished objects, the book takes the reader into author Katherine Flannery Dering's world of caring for her younger brother Paul, who suffered from schizophrenia.

When her brother developed lung cancer, the author had to step up to help in his care. Maneuvering through the maze of our mental health system, she (and her eight siblings) got to know social workers and the employees of nursing homes on a first name basis, saw friends and family less often, missed work, and ate fewer meals at home and more fast food. Along the way, she changed in unforeseen ways, and her perception of her ill brother, Paul, changed as well.

Available at Amazon.com



“My Son Tried to Enter the White House” – guest column The Washington Post, Oct 24, 2014

By Dottie Pacharis

(Oct. 24, 2014) My adult son suffered from severe bipolar disorder. During his first manic episode in January 1994, while he lived in northern Virginia, he became psychotic, paranoid, and lost touch with reality. He developed an unhealthy fixation for the president and made many attempts to get into the White House for what he actually thought were scheduled meetings with President Bill Clinton.

But he was in denial that anything was wrong with him. It took the assault of a police officer to get him committed. He spent his 27th birthday in a padded cell in the psychiatric ward at a Virginia hospital. He was diagnosed with bipolar disorder and transferred to a mental hospital where, after six weeks of involuntary commitment and forced meds, he recovered and resumed his life. Six years later, when he stopped taking his meds, he suffered a second psychotic break, this time fixating on President George W. Bush.

He claimed he was in possession of very important information for both these presidents and he needed to share it. As seems to be the case with the two alleged White House fence-jumpers this month, Dominic Adesayana and Omar Gonzalez, his sickness propelled him there.

After 9/11, my son told his family he had obtained a top secret security clearance at the White House, that the FBI had issued him a special gun permit, and that he was exercising his constitutional right to purchase a gun. Several days later, he showed up at the White House and told the Secret Service he was there for his scheduled appointment with Bush.

State laws vary, but all states set strict controls on involuntary hospitalization, limiting it to circumstances when a person is an imminent danger to self or others, or likely to become so. These laws give people with severe mental illness the right to decide when, where, how, or even if they will receive treatment.

Today’s laws, although well intended, were mostly written decades ago, in response to an era when doctors and hospitals had broad control over patients’ lives. Mental institutions, as they were called then, became a dumping ground not only for the mentally ill, but for the disabled, the handicapped, and the elderly. Eventually a public outcry led to laws forbidding the state from forcing treatment or medications on mentally ill people. Once you turn 18, you have a civil right to refuse treatment and remain mentally ill.

Yet some serious mental illnesses make it difficult for sick people to assess their own need for treatment. Families watch their loved ones descend, sometimes slowly, into Code Red territory, but current laws do not allow them to push help onto

a deteriorating person until he or she reaches crisis stage. Only



when a sick person becomes a danger, as determined by a judge at a commitment hearing, can he or she be committed.

But by this time, it is sometimes too late.

When patient rights exceed necessary protections, individuals with severe untreated mental illness can die because we’ve protected their civil liberties to remain mentally ill and refuse treatment. Many—like my son, who committed suicide on his third attempt in 2007—do die. Sometimes they harm others along the way.

Mental illness is not going away. We must find a balance between protecting the rights of mentally ill people and also getting them the treatment they require to recover and not be a threat to society.

Rep. Tim Murphy has introduced a bill, the “**Helping Families in Mental Health Crisis Act**,” that does just that. It would require states to have commitment criteria broader than “dangerousness” in order to receive Community Mental Health Services Block Grant funds. It would clarify HIPPA to assure caregivers are able to receive protected health information when necessary to safeguard the well-being of a patient or the safety of another. It would require states to have “**assisted outpatient treatment**” laws. AOT is for a small segment of the most seriously mentally ill individuals who have accumulated multiple episodes of homelessness, hospitalization, arrest, or violence associated with not taking their medications. AOT allows judges to order them to stay in six months of mandated and monitored treatment while living in the community. My son would have been a perfect candidate.

Sometimes the best way to neutralize a threat (and prevent a tragedy) is to preempt it.

NAMI PA

CUMBERLAND and PERRY COUNTIES

Enclosed is my membership or my tax deductible donation (check or money order)

Payable to NAMI PA C/P - mail to PO Box 527, Carlisle, Pa. 17013

Individual membership [\$35] Family membership [\$35] Open Door [3\$] Professional membership [\$50]
 New member or Renewal

NAME: _____ Date _____

STREET: _____ Tele; _____ email: _____

CITY: _____ STATE _____ ZIP _____



Place
Stamp
Here

