



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:

- July 17th—Carlisle and New Cumberland Support Group
- July 21st—Dauphin County Support Group
- July 27th— NAMI Connections Support Group
- July 31st—NAMI Convention Scholarship requests due
- Aug 7th— West Shore Support Grp
- Aug 8th— CSP Recovery Picnic
- Aug 10th—NAMI Connections Support Group
- Aug 21st—Carlisle and New Cumberland Support Groups

Contact Us:

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

DON'T MISS THE NAMI ANNUAL CONVENTION IN WASHINGTON DC IN SEPTEMBER



It has been many years since the NAMI National Convention was in Washington, D.C., and it will be many years until it returns. Now is the time to make plans to attend the Convention. It is hard to describe the strength of the positive experience that you will find from being with thousands of other family members and consumers as well as outstanding speakers including researchers and physicians. If you found a sense of comfort in finding support from a dozen or so other individuals at our local support meetings, just imagine the support you will feel when this experience is magnified by a factor of 200.

SCHOLARSHIPS ARE AVAILABLE

The NAMI PA Cumberland and Perry Counties Board has approved the award of up to 8 scholarships to cover two days of registration and one night of hotel lodging [max value \$400] for members of NAMI PA C/P. These scholarships are for individuals who are unable to attend the Convention due to its cost. The need for a scholarship is established by your own self declaration. There will be no review of finances, just declare you are in need, and request a scholarship if you need one to attend the Convention. Send your request by mail to NAMI PA C/P,

(Continued on page 4)

JULY MEETING

NAMI PA of CUMBERLAND and PERRY COUNTIES

THURSDAY, JULY 17, 2014 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

7:00 —8:30 PM Support Meeting

support

July 2014 Vol. XVII No. 7

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

<http://www.namipacp.org>
findhope@namipacp.org

Message line number:
240-8715

Officers:

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243-1645/243-0123

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Zwierzyna**

**Secretary: Kathleen
Zwierzyna**

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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 be an educational program once each quarter [every 3 months]. 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.

July 17, 2014

7:00 PM Announcements

7:15 up to 8:30 PM—Support Meeting

August 21,
2014

7:00 PM Program TBD

8:00 to 9:00 PM—Support Meeting

Sept. 18, 2014

7:00 PM Announcements

7:15 up to 8:30 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. There may be an education program 1x per quarter. Call Thom at 697-2602 for information.

August 7, 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.

July 17, 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.

July 21, 2014

6:30 to 8:00 PM—Support Meeting

THE GOAL OF MEDICATION: RECOVERY WITHOUT RELAPSE

By Jerry Malugeon

Medication today is doing more than ever to stabilize sufferers of mood disorders and help them to have happy, functional and productive lives. For a large number of those fortunate enough to successfully manage their symptoms with the help of medicine, the road to recovery has not been an easy one. For many it's taken months (if not years) for them and their doctors to finally discover just the right combination of medicines to achieve the most favorable results with the least side effects. But all of the time, numerous adjustments and faithful trust they've placed in their medical support team has ultimately paid off. This is the great goal the patients, their companions and family members, and the physicians prescribing these medicines have all been working toward: *ongoing stability and recovery without relapse.*

This is an amazing achievement. Especially in light of all the possible obstacles we meet on the road to recovery that, if we're not careful, can cause us and our loved one to take our eyes off our goal and lose sight of our direction. When this happens, we can needlessly delay if not entirely derail our rightful recovery.

Here are just a few of those obstacles and why it's important to overcome them:

- Some allege that the medicines doctors could prescribe for our loved one may cause diabetes or other life-threatening diseases so it's safer not to take them. Such claims are almost always incorrect and bring about a much more life-threatening situation by inadequately treating a brain illness. This is a concern that must be discussed with the treating physician.
- Psychiatry and psychotropic medicines are destructive to society and should be avoided if not banned altogether. These kinds of charges are usually from science-ignorant cults and have no basis in fact. The closest such critics have ever come to a psychiatrist has been as an actor playing one in a film or on TV. Again, consult your doctor with any concerns you may have.
- Patients who have taken medications in the past may have experienced unpleasant side effects and now refuse psychotropic drugs to treat their illnesses. This is unfortunate as well as short-sighted. New medications are being developed all the time; some do not produce previous negative side effects. Medicines that are now available may not have been around when the previous unpleasantness occurred. Every day is a new day in the world of medicine, and it's useful and smart to keep all our options open. Try to help your loved one not to permit the past to overshadow decisions that are more wisely made in the present.

Medication isn't the only treatment tool available to help a loved one recover from a brain illness, but it is a very important one. Many healthy and happy people are alive and in recovery today because of it.

NOTICE

Adult Mental Health First Aid 8-hour Course

will be held Tuesday and Wednesday, August 26 and 27, 2014 from 10:00 AM – 3:00 PM both days
(Lunch on own each day)

Location: United Methodist Home for Children
Administration Building
5120 Simpson Ferry Road
Mechanicsburg, PA 17050

To register, please email the information referenced below to findhope@namipacp.org

If you do not have access to email, call (717) 423-6907.

Cost is \$25.00 and is payable to NAMI PA Cumberland & Perry. Mail to: NAMI PA Cumberland and Perry P.O. Box 527 Carlisle, PA 17013

Thank You, Theresa Myers
MHFA Instructor

Information needed for Registration

Name _____

Phone number _____

E-mail address _____

Occupation and employer Name, if any:

Brief description of why you're enrolling in this course:

"I've been there, I understand."

Connections is meeting at new day and time!!

NAMI Connection is a recovery self help support group for people living with mental illness.

WHEN: 2nd and 4th Sunday each month at 2:00 PM

WHERE: Aurora Cyber Café 104 West Main Street, Downtown Mechanicsburg, PA 17050 (717) 591-9598 (across from Jo Jo's Pizza)

WHO: Jen and Chris, NAMI National trained Support Facilitators

CONTACT: Any group related questions can be directed to Jennifer at (717)385-8028.

JOIN US FOR 2014

\$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 2014**

(Continued from page 1)

P.O. Box 527, Carlisle, PA 17013, or by email to taylorandpat@comcast.net by July 31st. Include your name and contact information [address, phone #, email address [if you have email]].

Scholarships are only available to NAMI PA C/P members. If your membership has lapsed or if you have not joined NAMI, you be given a lower priority in the award of scholarships than current members in good standing. If you are awarded a scholarship you will have to become a member in order to receive the scholarship.

Scholarships are paid as a reimbursement of expenses. You will need to pay the cost of registration and hotel accommodations and submit receipts for reimbursement.

If there are more requests for scholarships than have been authorized the winners of the scholarships will be determined by a random drawing with the winners notified by the 8th of August so that registration and reservations can then be arranged.

See the national website at www.nami.org for more information about the Convention. Also see page 6 of this newsletter.

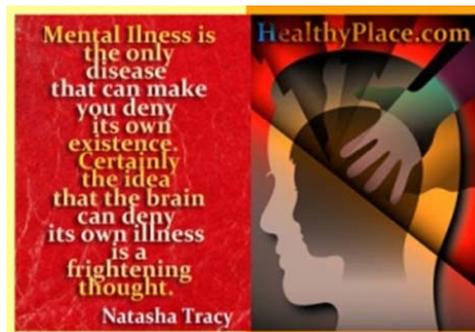
DIRECTIONS TO S.T.A.R.

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.



'Bleak picture' for mentally ill: 80% are jobless

Liz Szabo, USA TODAY 1:52 p.m. EDT July 10, 2014

Eighty percent of people with mental illness are unemployed, a statistic that says more about the lack of support for this group of people than it does about the economy, according to a new study.

As in so many other areas of mental health, solutions to this problem exist, but simply aren't utilized, says Mary Giliberti, executive director of NAMI, the National Alliance on Mental Illness.

"These statistics paint a pretty bleak picture," she says. "We think we can do a lot better."

About 60% of people with mental illness want to work. And two-thirds can successfully hold down a job, if they're given appropriate support, the report says. Yet fewer than 2% of people in the public mental health system receive this help, a cost-effective program called supported employment, which has been studied in 20 high-quality clinical trials over the past 25 years.

Yet supported employment programs are rare, partly because of the difficulty of cobbling together sufficient funding, says Robert Drake, a professor at the Dartmouth Psychiatric Research Center in New Hampshire. Unlike medication, which is covered by health insurance plans, there's no central funding source for employment support.

Although the payoffs to helping people with mental illness succeed in the workplace are enormous, achieving that goal will "take both leadership and resources," Giliberti says.

Unemployment among those with mental illness dwarfs the overall rate in the USA, currently at 6.1%. Yet the new report probably underestimates the true size of the problem because researchers didn't factor in the more than half a million people with mental illness who are homeless or in jail, Giliberti says.

In a series of stories over the coming months, USA TODAY will explore the human and financial costs that the country pays for not caring more about the nearly 10 million Americans with serious mental illness.

The benefits of work

Beyond allowing people to support themselves, work is also a powerful form of therapy, Giliberti says.

People with mental illness who find competitive jobs have higher quality of life, fewer symptoms and lower mental health care costs, studies show.

A year of supported employment – in which job coaches help people cope with the demands of their new jobs – costs about \$4,000, Drake says. But it can save the mental health system tens of thousands of dollars over the course of a person's lifetime, because participants use fewer services.

"Work is critical to identity, to dignity, to who you are," Giliberti says. "When we are funding work, we are decreasing the cost of future treatment."

Unemployment costs the entire country.

About two-thirds of the \$444 billion cost of mental illness in the USA comes from lost earnings and disability payments, says

Thomas Insel, director of the National Institute of Mental Health. Nearly half of those receiving federal disability income – 44% of the total – have a mental illness.

That makes people with mental illness the largest and fastest growing group of people on disability, according to the NAMI report.

Many factors keep people with mental illness out of the workforce, including discrimination. In a 2006 survey, 62% of Americans said they were unwilling to work with someone with schizophrenia.

Diane Volpe says her sister, a survivor of a violent crime, was fired from her job as medical technician after she began to show signs of bipolar disorder. "They never gave her the option of medical leave or short-term disability" to get treatment, says Volpe, of Warren, Vt. "Maybe that would have prevented her from spiraling out of control."

Disability payments and federal health insurance programs, such as Medicaid and Medicare, can provide vital help to people too sick to work. But some people with mental illness find that they can't afford to work for fear of losing these payments, Giliberti says.

"We have state-enforced poverty," says Judge Milton Mack, a member of the Michigan Mental Health Commission in 2004 who has presided over guardianship hearings for people with mental illness for many years. "If they get a job, they lose their benefits."

A helping hand

Stephanie Joseph, who suffers from major depression and attention deficit disorder, says she works only 25 hours a week, mostly to avoid losing her benefits.

Yet Joseph – a certified public accountant working on a master's degree in business at Johns Hopkins University in Maryland – is one of the few people with mental illness lucky enough to enroll in a supported employment program.

Joseph, 50, lost a string of jobs over the years, sometimes after as little as a few days, because she would oversleep – a symptom of her debilitating depression and fatigue caused by breast cancer treatment. One day, after her father's suicide, Joseph overslept again and became overwhelmed by the fear of losing her job. "I made a snap decision to swallow a bottle of pills and follow my father," Joseph says.

Joseph survived but continued to struggle with depression.

Her prospects improved after she found Cornerstone Montgomery, in suburban Maryland, which offers supported employment. She was accepted after 10 months on the waiting list and has been working as an office administrator at NAMI's office in Montgomery County, Md., since August.

Cornerstone assigned Joseph a job coach who trained with her. When Joseph was too nervous to ask her supervisor questions about her job, she turned to her job coach, who had taken detailed notes. When Joseph had trouble remembering all of her daily tasks, he reminded her to make a list.

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**Advocates
for Change**
From Dialogue to Action

JOIN US AT THE
2014 NAMI NATIONAL
CONVENTION
WASHINGTON, D.C.
SEPT. 3-6

- **Top-notch researchers** and clinicians provide information and tools to advance and sustain recovery from mental illness.
- **Be a voice for your community** and meet with your legislators during advocacy visits on Capitol Hill.
- **Important perspectives** on recovery presented by people living with mental illness and their families.
- **Strategies and tactics** to effectively advocate for changing the mental health system from the country's keenest minds and savviest policymakers.
- **Networking opportunities** enable us to learn from each other about how to improve the lives of all people living with mental illness.

Speakers & Presenters

Patrick Kennedy

Thomas Insel, M.D.

Melody Moezzi

Judge Robert Russell

Creigh Deeds, J.D.

Jason DeShaw

Full Registration Rates (includes dinner ticket)

	Member	Non-Member	Deadline
Early Bird	\$235	\$310	7/31/14
Last Minute	\$250	\$350	After 8/1/14
Consumer Early Bird	\$150	\$210	7/31/14
Consumer Last Minute	\$160	\$220	After 8/1/14

Day Registration Rates (does NOT include Dinner Ticket)

	Member	Non-Member	Deadline
Day rate	\$100	\$125	N/A
Consumer	\$60	\$75	N/A

Contact

NAMI
3803 N. Fairfax Dr., Suite 100
Arlington, Va 22203

Main: (703) 524-7600
Fax: (703) 524-9094

Member Services: (888) 999-6264
Helpline: (800) 950-6264

Lodging & Travel

Convention Headquarters Hotel

Washington Marriott Wardman Park Hotel

2660 Woodley Road, N.W., Washington, DC 20008

NAMI has a negotiated rate of \$155/night plus tax for single or double occupancy.

Webpage at

<https://aws.passkey.com/event/10796996/owner/1786/homek>

Note:

Attendees may select a room with either one King size bed or two Double beds.

- For one bed select the guest type: King
- For two beds select the guest type: Double (you do not need to include an access code)

by phone

Call: 1-877-212-5752 and be sure to let the reservations agent know that you're attending the **2014 NAMI National Convention** so you can receive the discounted room rate.

2014 Recovery Picnic

Friday, August 8th, 2014

10:00 am - 2:00 pm

Pine Grove State Park

Menu:

Fried Chicken

Potato Salad

Cole Slaw

Fruit Tray

Vegetable Tray

Please R.S.V.P. by contacting the Cumberland/Perry Community Support Program by phone at **717-254-6060**, or via e-mail at cspcp@cspcp.org by **Thursday, July 31st, 2014** to make sure that we can order enough food for everyone.

ACTIVISTS AND LEADERS

WANTED

BY NAMI PA C/P

In anticipation of elections in the Fall, and the need to replace retiring members of the NAMI PA C/P Board of Directors, we seek to identify individuals who are interested in serving on our NAMI PA C/P Board of Directors either as a Director at large, or as an officer.

If you have questions, do not hesitate to contact any of the current officers or Directors listed on page 2 to discuss.

If you are interested, please send a note or email expressing your interest and outlining your experience relevant to the desired position to P.O. Box 527, Carlisle, PA 17013, or by email to :

findhope@namipacp.org.

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Her job coach also stepped in when Joseph became too overwhelmed by depression to go to work for two days. She didn't return phone calls or e-mails and was on the verge of losing another job. Her job coach asked Joseph's therapist to call her, which finally prompted her to respond.

Joseph says she would have been too ashamed to return to work on her own. Her coach accompanied her, however, and helped break the ice with her boss.

"Work helps me stay healthy and grounded," Joseph says. "It gives me a reason to swing my legs over the side of the bed and get up in the morning."

Joseph's supervisor, Stephanie Rosen, says that working with her has been a "100% positive experience."

Rosen encourages other employers to give people with mental illness a chance and says that hiring Joseph was not an act of charity. "We're a non-profit, but we're also a place of business," says Rosen, executive director of the Montgomery County office. "People give us donations in good faith that we will use their money efficiently, so all of our employees need to be efficient and reliable."

Steven Manning says his experience also shows the value of supported employment.

Manning, of Fort Wayne, Ind., lost his job after developing bipolar disorder at age 38. At one point, he was even homeless.

"Depression is like torture," says Manning, now 56. "I tried to commit suicide because I wanted out of that."

Yet Manning found a full-time job through an employment program offered by the Carriage House clubhouse in Fort

Wayne, part of Clubhouse International. The group offers places for people with mental illness to socialize, as well as find work.

Today, Manning says, "I'm enjoying my life, every moment of it. I never thought I would go back to work."

The clubhouse helped place Manning in a 6-month job in the mail room of an attorney's office. A clubhouse staff person trained with him on the job. In the event that Manning couldn't report to work, the clubhouse staffer would have reported to work for him.

Manning's mail-room job led to a part-time job at a radio station. Manning also began producing videos for the clubhouse. Today, he runs his own video production company, Manning Video Productions, shooting everything from TV commercials to weddings. He takes medication and sees a mental health provider every three months.

"On this side of my illness," Manning says, "my life is about 10 times better than before."

Editor's note: This article is unusually long for this newsletter. It is included because it so vividly tells the story that we have heard so frequently at our support group meetings. It is good to know that this terrible experience has been described by a writer for the Washington Post.

Behind the yellow door, a man's mental illness worsens

By [Stephanie McCrummen](#) June 28 From Washington Post

Everyone is worried about the man in the house.

His ex-wife, his mother, his father, his neighbors, the psychiatrists he has seen and no longer sees, they are all concerned because he has been alone in the house in suburban Maryland for two years.



No one knows what he is doing. No one knows what he is thinking, what he is eating or how he is surviving. In two years, since his frightened wife took their three young boys and left him there alone, he has not spoken to anyone for more than a few minutes. He has not let anyone beyond the front door, which he has fortified with a new lock, a piece of plastic bolted over the window, and a piece of plywood bolted below that, all of which he has painted a bright shade of yellow. He keeps the living room curtains shut.

The man in the house, a 42-year-old who once earned six figures working on Capitol Hill and was a devoted husband and father, tells his family that he is not sick, even though a psychological evaluation found he had “a schizoaffective disorder, depressive type with persecutory delusions.”

As far as they know, he has stopped taking the psychiatric medication prescribed after he told police that God was speaking through his 3-year-old son. He has quit his job and stopped paying bills. His family doesn't know what to do.

His mother leaves bags of groceries on the porch. His ex-wife sends text messages, and his responses are increasingly worrying, such as when he refers to his sons as his “suns.” His father is always leaving a version of the same phone message — “Hey, this is dad. Let me know if you want to come out and talk. We love you. We care about you.” — which his son never answers.

Once, the man's family might have handled the situation by having him involuntarily committed to a psychiatric institution. For decades, it was a routine and simple procedure: If a doctor agreed that the patient had a mental illness, he could be institutionalized even against his will.

The problem was that it was a process with few safeguards,

and during much of the 20th century, all kinds of people who didn't belong — from free-thinking women to gay people, minorities and rebellious children — wound up locked in hospitals where abuse was common and conditions were often bleak.

So the system changed, with one catalyst being a 1975 Supreme Court ruling that effectively restricted involuntary commitment to instances when a person becomes a “danger to self or others,” a phrase that now appears in one form or another in state laws across the country.

But 40 years after that standard was established, some people are asking whether society's concern for the constitutional rights of people with mental illness has led to their abandonment. At a moment when about one-quarter of the homeless population suffers from severe mental illness, when the number of mentally ill prison inmates is higher than ever and when mass shootings are often followed by stories that the shooter had heard voices, the people asking questions include the family of the man in the house. Their concern is growing every day.

Because he does not think he is sick, voluntary treatment is not an option.

Unless he threatens to harm himself or someone else, or is so sick he cannot keep himself alive, he cannot be deemed dangerous, particularly in Maryland, where commitment laws are among the most stringent in the nation.

And although there are days when he wears bright yellow from head to toe, or all white including sandals he sprayed with white paint, he appears well-groomed and healthy, so he is unlikely to meet even the most lenient legal definition of dangerous.

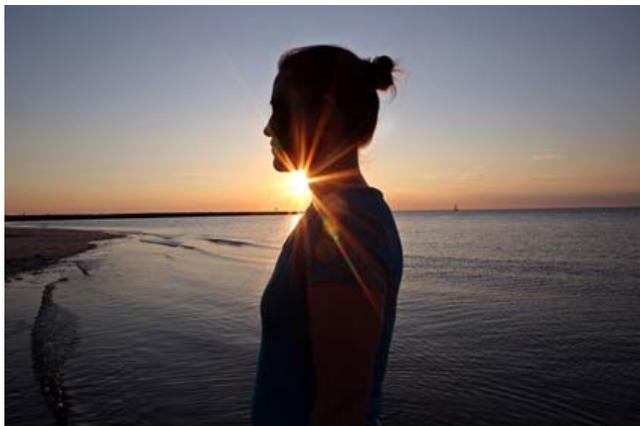
On day 730 of being alone in the house, he still tends his lawn. The few times he has opened the bright yellow door to get groceries or money from his worried mother, what she could see of the living room appeared clean, if bare — the family photos removed from the walls.

The ex-wife

The ex-wife of the man in the house — who for privacy reasons

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Jennifer now lives in New England. Although she loves her ex-husband, his behavior became too alarming and she decided to take their sons and leave. (Michele McDonald/for The Washington Post)

is being identified only by her first name, Jennifer — remembers the last time she was in the house before she left.

The furniture was neatly arranged. The stereos, TVs and computers were working. The boys' rooms were set up with bunk beds, and the kitchen was full of food for a family of five.

That was the day she decided her husband's behavior had become so alarming that she had to take their sons and leave, and now, 755 days later, Jennifer is in the New England town where she lives, watching from a distance as the boys Skype with their father.

He sits in a chair she does not recognize, saying "my sons, my sons" as the boys play in front of the computer screen. His head is tilted to the side, a half-smile on his face. He looks thinner, she thinks.

On another day, he sends her a text message.

"skyp sun," he writes. He sends a yellow dot symbol.

What she wishes is that her ex-husband, whom she still loves, could be involuntarily committed to a psychiatric hospital for however long it takes doctors to figure out what's wrong, for medications to work, and for him to once again be the person she married.

But because she can't have him committed, she is doing the only thing she can think of to do. In accordance with the divorce decree, she is selling the house, which she is hoping will force her ex-husband into a situation desperate enough that he might meet the standard for involuntary commitment. For him to get better, she realizes, she and his family have to let him get worse.

"He'll be homeless . . ." she says. "And we just have to let it

happen."

She has been watching him deteriorate for three years now, a process she traces to the night he didn't want to share a glass of wine, which had been their evening ritual since they bought the house and started building their life together.

He wanted to be on the computer instead. He began reading conspiracy theory Web sites. He started saying he was going to jail and taking batteries out of cellphones. Jennifer told herself it was stress and tried to get him to see a counselor, but he wouldn't.

Then one day a package arrived, and he told her to take the kids outside, and she watched as he put on a biohazard mask and used long-armed tools to open the box, which contained a crank radio he ordered.

He built an eight-foot-high cross and nailed it to a tree in the front yard. He started wearing all yellow or all white. When they visited a relative who had a gun with five bullets mounted on a wall, he said the bullets were a sign that their family of five was going to be killed. Jennifer kept trying to persuade him to see a counselor, but there was nothing else she could do to get him treatment until the day he disappeared with the boys.

On that day, Jennifer called the police, who tracked him to Atlanta, where he reportedly told them that he and his children were going to be killed and that a flock of birds had signaled for him to take the boys south.

She and her father-in-law arranged for a mobile crisis team — mental health workers and police trained for such situations — to meet them back in Maryland, and when he still refused to see a doctor, police were able to invoke the "danger to self or others" standard because of the erratic trip, his delusions about being killed and a small knife found in his possession.

It was the one time he met the threshold of involuntary commitment. He was taken to the emergency room in handcuffs, at which point an array of regulations aimed at protecting his civil liberties kicked in.

Within six hours, a doctor had to certify that he was dangerous. Within 30 hours, the ER had to locate a bed in a psychiatric hospital or release him.

Once he was admitted, he was appointed an attorney and a hearing was scheduled before a judge who would review whether he was still dangerous enough to stay hospitalized. And even then, he still had to consent to taking medication.

After a while, doctors thought he was improving. He acknowl-

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edged making “errors in judgment,” according to his medical records, and agreed that his thoughts about the family being killed were “not based in reality.”

After 24 days, doctors found that he was “no longer suicidal or homicidal.” He no longer met the criteria for involuntary commitment, and so he was discharged.

Back home, he went off his medication. He became angry and withdrawn, cursing his wife and family for putting him in the hospital. Then he sent Jennifer an e-mail referring to her in the third person — “She’s hell bent on lying,” it began — which a counselor told her exhibited the kind of dissociative thinking that precedes a potentially violent psychotic break, and she left.

He followed her. He banged on her parents’ door in the middle of the night. She called the police, who saw that he was violating a protective order she had obtained, and took him to jail, which as Jennifer now sees it was his last chance for help.

She said that during his court appearance she begged the judge to order mental health treatment, but a psychiatric evaluation found that he was only delusional, not dangerous, which limited what the judge could do. He was released after four days.

He went back to the house and painted the door yellow.

Jennifer filed for divorce in the New England town, where the judge in the case ordered her husband to have another psychiatric evaluation after he attempted to represent himself. That one found “the presence of schizoaffective disorder,” which led the judge to declare him incompetent and appoint him two legal guardians.

Jennifer thought the ruling could help force another involuntary commitment, but a friend of hers who is a judge in Maryland told her it wouldn’t be enough.

“Everyone says he could become dangerous,” she says. “But not that he is dangerous.”

It wasn’t enough, she realized, that the divorce judge found “by clear and convincing evidence” that her husband “suffers from a profound mental illness which renders him incapable of caring for the children or exercising parenting time with them except in a supervised setting.”

It wasn’t enough that she has notified her kids’ school to call the police if he shows up.

Or that she dreams he kills her, which she shakes off because he has never been violent, but which remains a visceral enough

fear that when she sees a black SUV, as she does one day, pulling into a gas station across from her office, she is startled.

“It’s just like his,” she says, squinting at the car.

When she sees a homeless man walking by her office, she thinks that could be her ex-husband, too, and sometimes the sight of him makes her cry.

But none of that was enough, so she is waiting for him to become sicker, so he might become dangerous, so he might get some help. She imagines how it might happen.

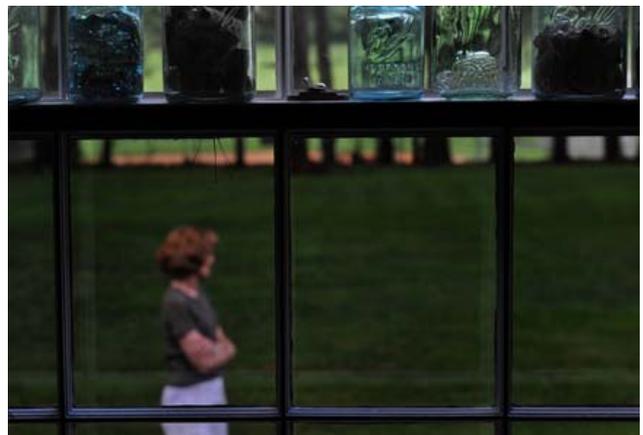
“Maybe if he stopped eating and passed out — that’d be an ideal situation,” she says.

“Maybe if he steals food and gets caught, and if he’s in a state of confusion so police officers could see,” she says.

“You hope he tries to kill himself and fails,” she says.

“My goodness,” she says, realizing how horrible that must sound.

The mother



Kay has had a long and painful ordeal coping with the mental illness of her son. She put off her retirement indefinitely because she didn’t know how long she would have to support her son. (Michael S. Williamson/ The Washington Post)

On day 768, the mother of the man in the house, Kay, drives over to see her only son.

She keeps in contact with a psychiatrist who once evaluated him and gives her advice about what to do, and one thing he has been telling her lately is to stop going over there alone. But she is going.

She, too, wishes her son could be committed to a psychiatric facility of some kind, but because that is not possible she texts him that she is bringing groceries.

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"Ino.l" he texts back.

The other thing the psychiatrist tells Kay is that she needs to stop bringing food, stop paying for his car and take him off her credit card. He says that she is enabling her son's delusional behavior and that any support should be conditional on him seeing a doctor. Otherwise, the psychiatrist says, she should cut him off and let him get worse.

Another text: "I no l" he types.

She decides not to go to the house. Instead, she calls her daughter, who is the sister of the man in the house, and a few days later they are talking about what to do.

"Everything has to stop, isn't that what the doctor said?" the daughter is saying gently.

"Yeah," the mother says.

She looks pale. She has been getting thinner.

"His thought is it doesn't give him any incentive to talk to us as long as he knows he's going to be supported," the daughter says.

"And my fear is we're going to push him into a corner, and he's going to feel desperate," the mother says. Then she remembers what the doctor said about that. "He said, 'You don't know that because you haven't tried it.'"

She is 66 and has put off her retirement indefinitely because she doesn't know how long she may have to support her son.

"My feeling is we use it to barter with," the daughter says. "We say that our help is going to be based on him seeing a doctor."

"I guess," the mother says.

She is fidgeting with her earring; she is kneading her cheek.

"I think it'd be easier if we saw him," the daughter says.

The last time her mother saw him was several weeks before, when she was bringing food and he came outside. It was evening, and he would not let her inside, so they sat on the porch. She tried to talk to him, but he took almost every word as having a double meaning. When she said "hi," he said, "I'm not high." When she said she didn't mean it like that, he said, "Do you think I'm stupid?"

He told her that she and his father — they divorced when he was a teenager — were bad parents. He would seem angry, then lost, and then, she thought, close to a realization. He looked at the sky and said, "Don't you just wish we could go back to when we were a family again?" He talked about being

"free." He said the family was trying to kill him.

The psychiatrist has told her not to take such talk personally, that it's the illness.

But she always believes there is truth in what her son is saying, however jumbled it might seem, and one thing he has said is that he's never going back to a hospital. She thinks he'd die rather than go.

During his one involuntary commitment, she had visited him nearly every one of those 24 days. She still regrets how it happened, the handcuffs in the middle of the street. She regrets that he was in a locked ward with patients who she guessed were homeless and an elderly man who walked around naked one day, which she is sure embarrassed her son. She worried that he felt demeaned. She promised him then she'd never do anything to put him back there again.

Only now, almost three years later, she knows he needs help, and she knows that cutting off his financial support might be the only means to that end.

"Me personally, if I saw how bad off he was, it would be easier to be firm that we're doing it for his own good," her daughter is saying. "I feel if he's near the final stages, and we're only going to make him suffer a short period, it's easier. If he's not near the end, and we're going to make him suffer longer, it's going to be worse."

"When you say 'near the end,' you mean the point, where — ?" his mother asks.

"Where he's near his low point," is all the daughter says, trying not to upset her mother. "We just cut to the chase and force him to that point quicker."

They go on talking, the mother fidgeting, the daughter gently prodding, and resolve that they will tell him that there will be no money without cooperation.

A few days later, the mother tells him. Then she leaves him \$100 for his birthday, and \$200 for Christmas, and more groceries on the porch, until her son says if she comes back he will get a restraining order.

A few days later, he sends her a text.

"IIIIIIII" it reads.

The father

Nine days later, day 802, his 69-year-old father, Charles, is going over to the house.

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He is worried like everyone else, and as he pulls into his son's neighborhood at noon on a Thursday, he is surprised to see him out of the house and in his car, parked by the neighborhood entrance. He seems to be adjusting a GPS device.

Charles honks his horn, parks and walks over. He taps on the window, and as it rolls down, he sees his son for the first time in so many months of trying, months of sitting outside the house, waiting for him to come outside, leaving messages — "Hi, it's Dad. I'm out here."

He looks thin, his father thinks, but neat and clean. There are piles of blankets in the back seat and, on top of the car, a wooden cargo box.



Charles has tried to get help for his mentally ill son from anyone he thinks might be able to help, but no one can. It leaves him wondering: If his son can't get help, how will things end? (Andre Chung/for The Washington Post)

Charles asks his son how he is doing, and his son just stares. Charles says they need to talk about a new living arrangement because the house is being sold and tells his son about his own health problems. He says he won't be around forever.

"We all care. I care. You're always on my mind," Charles will recall saying, along with his son's response.

"I don't care," the son says and tells his father that if he doesn't move, he will call the police. The son says he's not afraid of the police, and drives off.

And now Charles drives down the hill to his son's house to see what he can figure out.

"Isn't that bizarre?" he says, looking at the yellow door.

He notices a yellow "X" spray-painted on the garage door, or maybe it is the number 7. He stares at it.

"All my kids are born on the 7th; maybe it's related to that," he says.

He gets out of the car and looks at the yard of dead leaves.

"See, that's not like him," he says.

He tries to open the front door but it is locked. He tries to see inside the living room, but the curtains are drawn. He tries to open the wooden fence gate, but it is locked, too. He grabs it, rattles it.

He leaves, and Jennifer calls, and they have the same conversation they always have, which ends the way it always ends.

"Our hands are tied," he tells her. "What can we do?"

This is one question he lives with, but there are others.

When news broke that a man shot and killed 12 people at the Washington Navy Yard, he wondered, is that my son? When he reads a story about a body pulled from the harbor, he worries, is that going to be him? If his son can't get help, how will things end?

For two years, he has written his governor, his U.S. senator, the U.S. Department of Health and Human Services, whoever he can think of to plead for help.

"We are lost in how to help our son who lives alone and we can't do anything because of existing mental health laws," he wrote in one letter.

"In light of all the recent tragic issues with mentally ill involved in tragic events, we want to help prevent this situation from occurring with our son," he wrote in another.

"As soon as his savings are exhausted . . . he will become another nameless, homeless person wandering the streets or in jail!" went another.

"Please help us!!!!!" was how he ended them all.



Jennifer sits in her car outside the church where she got married. She wishes that her ex-husband could be involuntarily committed to a psychiatric hospital so he could get better and once again be the person she married. (Michele McDonald/for The Washington Post)

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Remembering who he was

Two days after his father sees him, the man in the house is gone.

Jennifer is on the phone with Kay telling her this, saying he left a message on her phone overnight about how he pitied her because her thoughts were being controlled. He said that he was in another state and that he had “a plan.”

So Kay is again driving over to the house. It is dark, and as she winds down the little valley toward his cul-de-sac, she passes houses lit with white Christmas lights until she comes to his, which is dark. She pulls into the driveway and points the headlights at the garage. Dead leaves are piled against it.

“It doesn’t look like he’s loaded anything out of the garage,” she says.

She squints at the first-floor living room windows, but the drapes are drawn. She looks up at the second-floor windows, which are dark. She taps her index finger on the steering wheel and gets out.

She walks across the soggy side yard to the locked wooden gate and looks over the back yard at the picket fence, the stone patio, the grass covered with months of leaves.

“He built this whole fence by himself,” she says. “He built all this.”

She walks to the other side of the house.

“Oh,” she says, seeing a light in a basement window.

She trudges closer through the leaves. She leans on the fence and tries to see inside but can’t. She looks at the back yard again.

“The grass was beautiful,” she says.

She notices that a light is on in a second-floor bathroom window and wonders if he could be inside.

She looks back at the yard and keeps talking about who her son was — a handsome, sensitive, loving person who adored his family, who sent her birthday cards and Mother’s Day cards that she often takes out and reads.

People tell her she needs to take care of herself, to go to a support group for families, and she did go to a meeting once. The topic was acceptance, which was the last thing she wanted to contemplate, and she never went again.

She wants to believe he can recover with the right help, and if that remains impossible, she wants to believe that her sheer

devotion can somehow get through to him, and if that can’t happen, she hopes he can be happy in his own world, in some new life, even if that means she never sees him again.

She gets back into her car and drives away past the Christmas lights. She is talking about how her son loved Christmas. She is saying the lights make her sick.

How to react?

Two weeks later, a neighbor calls Jennifer. Her ex-husband is back in the house. He has returned with a different car.

A few days after that, the neighbor calls again: He’s gone.

And then another call: He’s back in the house, this time with his own car.

And now the neighbor is calling Jennifer again to tell her that her ex-husband’s car isn’t in the driveway, where he always keeps it, but inside the garage. In a panic, Jennifer calls her former sister-in-law, and the sister calls her father and asks him to please go over there now.

So on day 849, Charles is going, thinking of a neighbor who committed suicide in a garage, car running, succumbing to fumes, and also thinking with some guilt about how things reached the point they have.

On the day of his son’s involuntarily commitment, it was Charles who told police, “That’s my son, arrest him,” and it was Charles who heard his son’s reply: “You’ve got to be kidding. There’s nothing wrong.”

And even though he knew how very sick his son was and how badly he needed help, all Charles could think of as his son was handcuffed was how terrible it was. It was terrible seeing him in the hospital, too, which Charles refers to as “zombie land.”

But the most terrible thing of all has been seeing his son decline without any mental health treatment — seeing him lose his wife, lose his kids — and being unable to do anything about it except wait for him to get worse and, now, drive over to the house to see what potentially awful thing has happened.

He reads stories all the time about how people “missed the signs” after some tragedy involving a person with mental illness, only here he is, not missing the signs. Everyone sees the signs, only there’s nothing anyone can do.

He pulls up to his son’s house. No car in the driveway. He pounds on the yellow door. No answer. He goes back to his car and leaves a message.

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“Hey, it’s Dad. I’m out front.”

It’s the message he always leaves, but this time the yellow door opens.

His son appears gaunt and disheveled. He is wearing white earphones, wrinkled khakis and a wrinkled button down. He yells for his dad to stay where he is. He yells, “I don’t like you!” and “I don’t want to ruin your life anymore!”

His father yells, “I want to help you!”

His son says he needs \$7,000 and starts cursing at his dad, who finally drives off.

“How are we supposed to react to him?” he says later. “Are we supposed to leave him alone? Let him hit rock bottom? Give him money? Is that the right thing? I don’t know.”

On day 851, Charles tries one more thing. He drives to Annapolis, where a growing backlash against the current standards for involuntary commitment has led advocates to press for a bill to change Maryland’s involuntary commitment law, one of the nation’s strictest.

Among the legislation’s provisions that would make involuntary commitment easier is one that would change the wording in the law from requiring that a person “presents” a danger to himself or others to “is reasonably expected, if not hospitalized, to present” a danger.

In a crowded hearing room, the committee hears from a lawyer opposed to the measure, who argues that the language would “enable the roundup of the homeless” and others unable to care for themselves for economic reasons. She says the bill would require the reopening of old psychiatric hospitals and would return the state to “darker days.”

Another opponent says increased hospitalizations would cost at least \$40 million. A former patient testifies that she felt “humiliated and powerless” during her own involuntary commitment.

Then the senators hear from a psychiatrist who supports the legislation, who says the changes in the law would apply only to a very narrow spectrum of people who suffer “clear psychotic symptoms anyone would recognize.” They listen to family members who support the changes, too, who describe what happened when they were unable to get loved ones hospitalized.

A 92-year-old woman testifies about the lasting memory of her husband on his knees, begging their son to see a psychiatrist two days before he committed suicide.

A father describes how he was unable to hospitalize his adult son in the days before he tried to poison his mother and how he went on to live under a bridge.

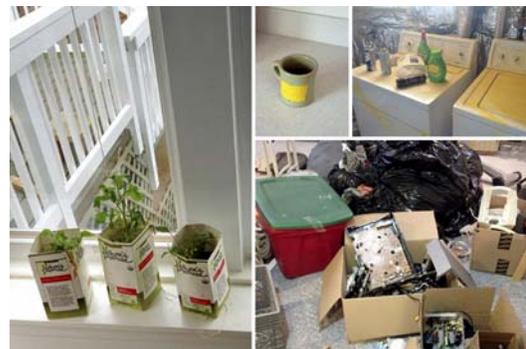
A husband recalls the day he received news that his long-disappeared wife had flown to Europe, swam into the Mediterranean and died of hypothermia.

Then a father testifies about his 42-year-old son, who has lived alone in a house now for 851 days “detached from society,” and who has begun “disappearing for weeks at a time and offering no insight to anyone as to what he is thinking.”

“His disease has taken over how he thinks, feels and acts and has taken over his personal liberty,” he says. “To wait for hospital treatment does no one any good. Everyone suffers.”

The father goes home, and nothing changes. The bill doesn’t pass. His son seems worse. He talks to his priest. He checks the newspaper for names when something horrible happens.

On day 889, word comes that his son has disappeared again.



Clockwise from left: Plants grow inside the house where a man with mental illness lived alone for more than two years. A mug with yellow duct tape left inside the house. The washer and dryer painted with yellow spray paint. A box of circuit boards left inside the house. (Photos by Stephanie McCrummen/The Washington Post)

Remnants of a life

And now Jennifer is standing at the yellow door. Her hands are shaking. She has her old keys and she is trying to get inside the house for the first time since she left.

She slides a key in the deadbolt, which opens. She tries three different keys in the second lock, but he has changed it.

She and a friend who has come with her climb over the locked fence gate, and she yanks at the sliding glass door until the frame bends, but the door won’t open.

On the patio, she sees the frame of her ex-husband’s mountain bike, duct taped and painted white, and she touches it. She

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walks into the yard and kicks a small pile of blackened charcoal into the dying grass. The neighbor who has been giving her updates comes by.

"I almost didn't recognize you, you're so skinny," he says, hugging her. "He's gone, right?"

"He's gone," she says.

She had monitored his Skype call with the boys a few days earlier. He appeared to be in some kind of shed.

"I think it's better to come through here," the friend says, motioning toward a basement window. "He may have something pointed at the front door."

The friend starts bashing the glass with a brick.

Jennifer yells into the broken window.

"Excuse me! Anyone in there?"

She slips through the window and lands in the laundry room, and for the first time in more than two years, she is inside of the house. She turns on a light.

"Wow," she says.

The washer and dryer are sprayed with a streak of yellow. The labels on two bottles of Sun soap are covered with yellow duct tape.

She walks upstairs and into the foyer. "Please remove footwear," she says, reading a handwritten sign taped to the wall, and turns into the living room, where the stuff of their old life is heaped in piles.

"My God."

There is their leather chair, turned over. There is their couch, all the cushions pulled off. By the fireplace is a crate of wires and circuit boards, a half-disassembled power washer, and the boys' dissembled bunk beds. There is box of gray and brown bird feathers and a can of charcoal lighter. There is a big red bin, which she opens. It is full of family photos removed from walls and shelves. In a corner is a coffee table with more photos of the boys, and one of a little girl she picks up for a moment — "Who is this?" she says, studying it — and then puts down.

She walks through the dining room, where a desk is sprayed with yellow and scattered with plant care instructions for fruit trees, onions, asparagus and grapes.

She goes into the kitchen, where there are little green plants potted in orange juice cartons by the sliding glass door. There

is a mug that says "I love my Dad" only "Dad" has a square of white paper taped over it, and another one with yellow duct tape covering "life is good."

She opens a cabinet, which is empty except for containers of oatmeal and some nuts.

A soap bottle by the sink has the label scratched off. The stove has cardboard underneath the knobs, covering the heat settings.

On a counter are 20 pale orange pills half disintegrated on a greasy paper towel, and next to the pills are more photos of the boys, and one of the actress Keira Knightley carefully trimmed around the shape of her head with a piece of yellow duct tape on the back.

She turns into the foyer where she began and opens the closet. On the floor is a pair of flip-flops painted white, and hanging is a jacket with the "Nike" label covered with duct tape.

She goes upstairs. More plants in cartons. More dissembled furniture and clothes in piles. In one room, a square is cut out of the ceiling, and yellow duct tape is hanging down.

She goes back downstairs, down into the basement den where they used to share their glass of wine, and where there are now heaps of garbage bags she pulls open. The boys' clothes. Toys.

There are seven empty cardboard boxes with invoices for a recently purchased solar panel, synergistic nutrition pills and work boots. There is an empty box for a power inverter.

She opens a cabinet that is empty except for two things.

"Huh," she says, taking out a Coke bottle that she had kept for sentimental reasons, and a sherry carafe that was a favorite wedding present.

"See?" she says. "He knows these are two things that would mean anything to me. He's not mean."

She goes outside into the garage, where there are more boxes of wires, more scratched-off labels, more yellow duct tape and stacks of cardboard boxes she starts opening. She pulls out her college clothes, her old backpack now painted yellow.

"Oh my," she says, and pulls out her wedding dress.

She puts it back and shuts the box.

She circles through the house a few more times, studying the mugs again, the disintegrating pills, the white sandals, the plants, the feathers, the yellow.

She walks into the back yard and stands in front of the tiered garden he planted for her, which is weedy and brown and

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slopes down into a small valley of grass.

"This was an awesome sledding hill," she says, and she folds her arms and cries.

That night, she doesn't sleep.

The next morning, she comes back with a truck to pack up what she wants to salvage, and several friends and neighbors stop by to help.

"He started DNA-swabbing the boys," she says when they start asking.

"He painted the yellow X on the garage door and then painted the door yellow."

"You should see the back, my husband made it really nice when he was a healthy, happy person."

"He's been alone for two years now."

"I'm just so sad," she whispers to a friend.

A real estate agent arrives to discuss selling the house.

"We talked to a judge," she tells him. "He said as long as he's not dangerous, there's nothing we can do."

Which is what his family finally comes to accept.

His mother calls the psychiatrist to ask if there is anything else to do, and he says no. The psychiatrist says the person he is becoming increasingly worried about is her. She keeps her son on her credit card but decides not to go to the house again. She says she doesn't want to see it the way it is.

His father doesn't go either. He stops leaving messages. His blood pressure is spiking.

On day 895, Jennifer finishes packing the truck, hurries through the house one last time and drives straight back home, deciding not to stay another night.

On day 896, the house with the yellow door is empty.

The man who was there stops communicating with his family, except for text messages he sends his ex-wife to arrange calls with his sons, which are becoming less frequent.

The family who loves him, who would do anything for him, stops trying to persuade him to get help. They wish he could be involuntarily committed. He can't be involuntarily committed. The man in the house is now out of the house and somewhere else on his own.

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