



NAMI

PA, CUMBERLAND and PERRY COUNTIES NEWS

National Alliance on Mental Illness

February 2015

Volume XVIII, Issue 2

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:

- Feb. 15th— NAMI Connections
- Feb. 16th— Dauphin County Support
- Feb. 19th— Carlisle Support
- Feb. 19th— New Cumberland Support
- Feb. 22nd— NAMI Connections
- Feb. 29th— NAMI Connections
- March 5th— West Shore Support
- March 8th— NAMI Connections
- March 15th— NAMI Connections
- March 16th— Dauphin Cty Support
- March 18th— Peer to Peer starts
- March 19th— Carlisle & New Cumberland Support

Contact Us:

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

NAMI PA C/P OFFERS ACCLAIMED

PEER TO PEER RECOVERY EDUCATION COURSE FROM MARCH TO MAY

NAMI Peer-to-Peer is a recovery-focused educational program for adults who wish to establish and maintain wellness in response to mental health challenges. The course provides critical information and strategies related to living with mental illness.

WHAT YOU SHOULD EXPECT

- *Ten two hour sessions, free of charge.
- *Designed for individuals (18 and over) living with mental illness.
- *Taught by a trained team of individuals living in recovery from mental illness.
- *Incorporates presentations, discussion and exercises.

WHY YOU SHOULD ATTEND: A TOOLKIT OF INFORMATION

- *Up-to-date research on brain biology.
- *Mental illness symptoms and their relationship to personal experiences.
- *Personalized relapse prevention plan.
- *Tools to prepare for interactions with health providers.
- *Skills for making decisions and reducing stress.

WHAT OTHERS ARE SAYING ABOUT NAMI PEER-TO-PEER:

“Peer-to-Peer has allowed me to take the focus off my illness and learn to balance it with the rest of my life. By engaging in recovery I am able to be more relaxed and productive both at work and home.”

“It made me feel I was not alone in coping with mental illness; it gave me hope that I could recover and that my life would not always be filled with chaos; it gave me positive role models to inspire the drive for recuperation and success in life.”

WHO: The course is for people living with mental illness who live in Cumberland/Perry counties.

WHEN: On Wednesday evenings from 6:30 pm to 8:30 pm for ten weeks from March 18th to May 20th, 2015.

WHERE: NHS STAR Center, 253 Penrose Place, Carlisle, PA 17013 (Next to Dairy Queen).

TO REGISTER: Call Thom at 717-697-2602. There is no fee for the Peer-to-Peer class.

FEBRUARY MEETING

NAMI PA of CUMBERLAND and PERRY COUNTIES

THURSDAY, FEBRUARY 19, 2015 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

7:00 —8:30 PM Support Meeting

support

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**NAMI Pa. Cumberland/
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Carlisle, PA 17013

<http://www.namipacp.org>

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240-8715

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Kelli Murphy-Godfrey

Don Paleski

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.

**February 19,
2015**

7:00 PM Announcements

7:15 up to 8:30 PM—Support Meeting

**March 19,
2015**

7:00 PM Announcements

7:15 up to 8:30 PM—Support Meeting

April 16, 2015

7:00 PM Announcements

7:15 up to 8:30 PM—Support Meeting

WEST SHORE SUPPORT GROUP

Meets at 6:30 to 8:00 PM on the 1st Thursday of each month at St. Timothy's Lutheran Church, 4200 Carlisle Pike, Camp Hill, PA. Call Thom at 697-2602 for information.

March 5, 2015

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.

**February 19,
2015**

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.

**February 16,
2015**

6:30 to 8:00 PM—Support Meeting

Is treating mental illness proper role of corrections?

JOHN WETZEL | Special to LNP | Posted: Sunday, January 25, 2015 6:00 am

Dial 911, and ask for an ambulance.

Now, contrast that with coming upon someone having a mental health crisis. What's your first instinct? Dial 911, and ask for police.

If you're unfortunate to have too much sugar in your blood, that's not your fault. If you're unfortunate to have a lithium imbalance, society believes that is your fault.

Sadly, that's where we're at.

Some are concerned that the criminal justice system isn't adjusting to the shifting of the duty to care for mentally ill offenders to it from the human service world.

Please don't count me among them.

I'm concerned that the criminal justice system will adjust, is adjusting, and in many cases has adjusted.

The true question is: Is it good public policy for the primary deliverer of mental health services in America to be the corrections system?

Prisons and jails have become the nation's new mental hospitals. Almost one-fourth of the state's nearly 50,000 inmates are receiving psychological or psychiatric treatment. About 4,000 of those inmates are characterized as having a serious mental illness.

Since 2011, one of the priorities of the Pennsylvania Department of Corrections has been to enhance treatment for mentally ill offenders and implement training to better prepare employees to handle mental health emergencies.

Pennsylvania's Department of Corrections was the first to develop and implement these transformative initiatives to provide effective programs. Many have had tremendous results, including:

- Developing new treatment units and implementation procedures for inmates with serious mental illness, resulting in a steep decline in the number of those inmates being housed in restricted units for disciplinary reasons.
- Improving identification of individuals in need of services through diagnosis and classification, ensuring that they are connected to needed resources and that their individualized treatment and care are tracked.
- Training inmates to provide peer support and counseling services to other inmates on a variety of issues, including participation in mental health treatment.
- Providing corrections officers with extensive Crisis Intervention Team training to help them understand ways in which mental illness may affect inmates, as well as to give them the



Message from our President



I'm honored to serve as your president. We met as a board of directors last month, and I was in awe of the enthusiasm each member brings to the table. We are committed to adding support programs and educational programs to meet the needs of our affiliate members. Stay tuned for details.

We also want to learn from other larger affiliates in Pennsylvania their secrets to success.

If you have any ideas you would like us to consider, please contact me at david.brown@ducttapeandwd40.com. After all, we are here to serve you.

Sincerely,

David

David Anderson Brown
President
NAMI PA, Cumberland/Perry Affiliate

skills to de-escalate crisis situations. In addition, all Department of Corrections employees have received mental health first-aid training to equip them to understand, recognize and respond to symptoms of mental illness.

— Instituting at each state correctional facility a Suicide Prevention Committee that includes a multidisciplinary team of mental health and security personnel that reviews attempted and completed suicides. Additionally, these committees monitor policy compliance, conduct training exercises and make recommendations for improvements to policy and procedure.

These are just some of the steps we've taken at the Pennsylvania Department of Corrections to help diagnose and treat those with mental illness, hoping to guide them successfully back into society rather than returning to our care and custody.

But many more changes are still needed, and the greatest opportunity for system-changing impact lies at the local level.

The Affordable Care Act has game-changing implications for the front end of the criminal justice system. Human services and law enforcement need to work together in the early identification of mentally ill persons, helping them get the services they are entitled to through this federally funded benefit. This will divert those individuals into the appropriate level of treatment — not into the criminal justice system.

Local criminal justice systems have the ability to sign up

(Continued on page 5)

*“Talk with someone who understands...
Someone just like you.”*

Too often, mental illness is an isolating experience, accompanied by profound anxiety. For people with any mental illness, talking with someone to share coping strategies and insights, as well as problems and concerns, can be an important link to the path to recovery. This group provides a place that offers Respect, Understanding, Encouragement and Hope. It offers a casual and relaxed approach to sharing the challenges and success of coping with mental illness

When: Each Sunday from 6:30 PM to 8:00 PM

Where: S.T.A.R., 253 Penrose Place, Carlisle, PA 17013 (see directions on this page)

Who: For Individuals Living with Any Mental Illness

Group Leaders: Joy and Pamela, NAMI National trained Support Facilitators

Contact: Any group related questions can be directed to Joy at (803) 409-9702.

WE’VE BEEN THERE: WE UNDERSTAND.

NAMI Support Groups are free and confidential

No preregistration is required

Find us on the Web at:

WWW.NAMI.ORG/CONNECTION and

WWW.NAMIPACP.ORG

Find us on Facebook at:

WWW.FACEBOOK.COM/NAMIPACP

JOIN US FOR 2015

\$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.



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CNN PICKS MENTAL WELLNESS WARRIORS: FIGHTING FOR THOSE WHO NEED IT MOST

By [Wayne Drash](#), CNN

Updated 11:01 AM ET, Sat January 17, 2015

(CNN) Too often the nation only hears about mental illness when tragedy strikes. But there are warriors for mental wellness in many fields, fighting for better treatment and working to defy stigma. CNN highlights nine fighters, from the famous to the everyday, who are making a difference.

1. Demi Lovato

Actress and singer Demi Lovato stepped into the mental health advocacy role in 2014 by openly discussing her struggles with bipolar disorder.



"I want to show the world that there is life -- surprising, wonderful and unexpected life -- after diagnosis," she says.

In September, Lovato headlined the National Alliance on Mental Illness' "Call to Action" day, telling the audience she will

(Continued from page 3)

offenders for entitled benefits prior to release, making it more likely they will get continuity of care when they return to the community.

Specialty courts show great promise at the local level. We've seen a significant expansion of these here in Pennsylvania, with drug, mental health and veterans courts and even broader-defined treatment courts. They allow the criminal justice system to employ a targeted case management approach for these individuals.

Another concept to be developed involves the partnering of local probation and parole officers with human services case managers to form teams for the dual supervision of mentally ill offenders.

We all need to learn to look at people with mental illness as deserving of treatment and compassion, and that does not necessarily always include incarceration.

John Wetzel, Pennsylvania's secretary of corrections since January 2011, has been selected by Gov. Tom Wolf to continue in the post.

fight for comprehensive mental health reform. She also launched what she calls the Mental Health Listening and Engagement Tour to meet others struggling with mental health issues.

"Those of us here today," she told NAMI supporters, "know that mental illness has no prejudice. It affects people of every race, age, gender, religion and economic status. ... We need to send the simple message to our nation's leaders: Mental health matters and must be taken seriously."

The 22-year-old singer of smash hits "Let It Go" and "Give Your Heart a Break" struggled with depression and feelings of helplessness. "I'd medicate myself with drugs and alcohol in an effort to feel normal -- not better, just normal."

"I had very low periods that were so emotionally draining that I couldn't find the strength to crawl out of bed."

Her diagnosis of bipolar disorder was a "relief in so many ways." It helped make sense of the desperation she had felt for years.

"Even with access to so much," she told the NAMI crowd, "my journey has not been an easy one."

The former Disney Channel star's recovery was aided by a comprehensive approach: seeing a therapist, getting proper medication, sticking to a treatment plan, being honest with herself and taking better care of her body.

"Doing better with bipolar disorder takes work, and it doesn't always happen at once."

Mental health advocates say trying to reach America's youth is one of the toughest things in overcoming stigma, and that Lovato's star power helps bridge that divide. She says she's proud of her recovery and that she got the "help that I need."

"You can have that, too."

2. Fred Frese

Fred Frese stands as the epitome of successful recovery from mental illness. At 25, he was diagnosed with schizophrenia as a Marine Corps officer, and over the next decade he cycled in and out of military, state, county, Veterans and private hospitals.



"Fred Frese was once declared insane. He eventually headed up psychology at Ohio's largest state hospital."

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Fred Frese was once declared insane. He eventually headed up psychology at Ohio's largest state hospital.

In the summer of 1968, he was picked up by police because "I was trying to convert people to love, peace and justice." A magistrate in Ohio found him insane and committed him to the state psychiatric hospital. "Twelve years after I was declared to be insane," Frese says, "I was promoted to be the director of psychology at Ohio's largest state hospital."

Frese travels the nation promoting mental health treatment, giving speeches and serving as a positive example for those with severe mental illness. He says not enough people in recovery speak publicly because the stigma of mental illness is so strong.

Frese is a bundle of energy, a man who speaks in rapid-fire fashion almost like an auctioneer. He approaches mental illness as both patient and practitioner: his schizophrenia kept in check by medication and proper care. He says the nation's mental health care system is in need of drastic reform. He points to the rise in homelessness, suicide and the difficulty in getting treatment.

"This is a national disgrace. We have abandoned, ignored and marginalized persons with these disorders, and something has to be done," he says.

Frese approaches the topic with authority, and with humor. He describes himself as a stand-up schizophrenic. "Particularly proud of being an escaped lunatic," he tells audiences to laughs.

Even as he struggled with his own mental health, Frese earned master's and doctoral degrees in psychology from Ohio University. He eventually became the director of psychology at Western Reserve Psychiatric Hospital in Ohio. He held that position for 15 years, until his retirement in 1995.

He currently is an associate professor of psychiatry at Northeast Ohio Medical University and a clinical assistant professor at Case Western Reserve University. He also has served for 12 years on the board of directors of the National Alliance on Mental Illness, the largest nonprofit advocacy group for the mentally ill.

His latest goal is to convince mental health professionals to "self-disclose" about their struggles with mental problems.

"This is an excellent way to fight stigma," he says. "That's a major part of my new mission."

3. Ted Stanley

Ted Stanley, a billionaire businessman and philanthropist, gave the largest donation in psychiatric research history in 2014.

The \$650 million donation to the Broad Institute of MIT and Harvard is aimed at enhancing scientific research on psychiatric disorders with the hopes of leading to a breakthrough in new treatments.



Ted Stanley has dedicated his personal wealth to find a cure for mental illness.

Stanley has been on a quest the last 2½ decades to get to the root cause of mental health disorders. He saw the need for effective treatment after his son, Jonathon, was diagnosed with bipolar disorder at age 19.

His son responded to medication, but he met countless families whose children's conditions never improved with medication.

"Human genomics has begun to reveal the causes of these disorders. We still have a long way to go, but for the first time we can point to specific genes and biological processes. It's now time to step on the gas pedal," Stanley said in announcing his gift. "I am donating my personal wealth to this goal."

He said his dedication to this cause -- and solution -- is because he witnessed so many other patients and families have disappointing outcomes. "There was no treatment in sight to end it the way ours had ended with medication solving the problem," Stanley said.

Coinciding with the donation was the release of a groundbreaking study on schizophrenia by Broad Institute scientists and hundreds of others. The study identified 108 genes linked with schizophrenia and could result in breakthrough treatment in the years ahead.

"We are finally beginning to gain the deep knowledge about these disorders that we have sought for decades," says Tom Insel, director of the National Institute of Mental Health.

4. Sarah Spitz

Sarah Spitz struggled with suicidal thoughts, first in high school and then again in college. The urges only intensified as the stress of college built up.

College senior Sarah Spitz has made it her mission to help students struggling with suicidal thoughts.

A senior at Emory University majoring in psychology, Spitz has

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turned her fear into action. She encourages students to seek help and uses her own experience as a way to relate to students struggling with the demands of college.

Spitz is the president of Emory's chapter of Active Minds, a nonprofit group that links students across the nation and inspires them to speak up about mental health issues. She has seen the group grow from a handful of people to a couple dozen.

"When I first got involved with Active Minds, I felt like a bit of a hypocrite, because I used to be suicidal. I've made multiple suicide attempts," she says. "Then, I was coming at it from the other perspective: trying to prevent suicide by connecting students. It felt kind of strange at first."

It's a role she now embraces because she sees the need for the help and for students to have a peer who can relate. She left Emory her freshman year in 2009 because her mental health was spiraling. She couldn't eat or sleep.

When she returned to school two years later, she felt lost as she went from "being a mental patient to a real person in college."

Active Minds provided her an outlet to "openly talk about where I'd been."

"I will speak up about my own mental health struggles, and I help to encourage others to do the same," she says.

Spitz believes students coming back from medical leave for psychiatric reasons need more help during that transition. She is determined to work with the university in helping future students during that phase.

5. Michael Woody

Michael Woody was a police sergeant in Akron, Ohio, when a woman with a long history of mental illness tried to kill him. That incident changed the course of his life work -- to make sure police were properly trained to deal with the mentally ill.

Michael Woody saw the need for mental health treatment as a police officer. He now trains law enforcement on how best to respond to calls involving the mentally ill.

The woman eventually jumped off a bridge after a grand jury



recommended she go to prison for up to 25 years for felonious assault. Woody was the officer who found her body.

"That always stuck with me."

Woody rose through the ranks and eventually became the director of training for officers. He studied how often police went out on calls involving people with mental health problems: at least one in 10 calls, meaning a rookie officer will likely encounter someone experiencing a mental breakdown on their first day.

Woody now heads CIT International, which works with local, state and federal agencies to train officers on how best to "de-escalate a situation when people are in crisis." CIT stands for Crisis Intervention Team training.

"Law enforcement needs to recognize that at times, it is the wise officer who can conceal their combat-ready status," says Woody. "Your normal police officer does not have a realistic view of mental illness. That's because they only get called when there's a crisis."

CIT International has trained more than 3,000 law enforcement departments on how best to respond to mental health calls. Police undergo a 40-hour course in which they meet people with mental illness and their families, tour mental health facilities, and train for an array of scenarios.

CIT is meant to teach officers to respond with empathy while maintaining their own safety. "We're trying to get officers to understand that this is an illness," Woody says.

Officers typically "don't get to see the person on a good day and usually we don't get to see their parents or their loved ones on a good day."

"In a CIT course, they get to see them on a good day and they hear a heart-wrenching story of a person with mental illness."

And, in turn, a tense situation is calmed without violence. Getting police to understand takes time, Woody says, but it works.

Editor's Note: CNN's remaining 4 warriors will be profiled in our March Newsletter.

NAMI'S TOP 10 STORIES FROM 2014

By Brendan McLean, NAMI Communications Manager

Every week NAMI publishes articles and blogs about the latest research, advocacy breakthroughs, interviews with leading researchers, advice on how to manage a mental health condi-



tion and other topics of interest to our active and information hungry audience.

In 2015, don't miss out on our stories by signing up for our monthly newsletter *NAMI Now*. All you need to do is [sign for a free account on NAMI.org](#). But before we get too far into the New Year, here's a look back at the most read stories from 2014.

1. [Should a Mental Illness Mean You Lose Your Kid?](#) – Mindi has never harmed her daughter and is capably raising a son, but authorities took her daughter under a concept sometimes called “predictive neglect.”
2. [60 Minutes: Here's the Full Story](#) – On Jan. 26, *60 Minutes* aired "Nowhere to Go: Mentally Ill Youth in Crisis," to help bring attention to failures in the mental health care system and the effect on youth and families.

3. [What We Can Do about Depression](#) – Robin Williams' passing reminds us that depression and suicide can affect everyone.
4. [Why Do Y'all Have Tattoos?](#) – A simple question can have a much bigger impact than you'd expect.
5. [Trying to Unlock the Secrets of Schizophrenia](#) – With new technology, scientists are taking a deeper look in the human genome to find the cause of schizophrenia.
6. [Stopping Schizophrenia in Its Tracks](#) – When the right supports and services are available, tragedies can be prevented.
7. [NAMI Statement by Mary Giliberti: Reflecting on the Passing of Robin Williams](#) – NAMI remembers the life Robin Williams and reminds us all how important it is to reach out and help one another.
8. [Federal Proposal to Limit Access to Psychiatric Medication Causes Concern](#) – Proposed alterations to Medicare Part D could mean changes in the availability of medication for individuals with mental illness.
9. [Hyperbole and a Half Draws a Unique Picture of Depression](#) – Allie Brosh chronicles many of her difficult days as a child, including living with depression, in her humorous and poignant new book.
10. [Depression: A Scientific Approach](#) – A 7th grader shows an understanding that many people much older don't even have.



Information Helpline



Welcome!

The **Information HelpLine** is an information and referral service which can be reached by calling **1 (800) 950-NAMI (6264)**, Monday through Friday, 10 a.m.- 6 p.m., EST. Business callers, including those seeking particular NAMI staff members, should call 1 (703) 524-7600.

Need help now?

Start with our list of [Frequently Asked Questions](#) at

http://www.nami.org/Template.cfm?Section=Frequently_Asked_Questions

A “DICKENSIAN NIGHTMARE” OF PRISON ISOLATION TO BE REDUCED

(Jan. 9, 2015) The state of Pennsylvania and disability rights advocates have agreed to a plan that will liberate mentally ill inmates written up for misconduct from “an endless cycle of isolation and punishment” in isolation cells.

Under the settlement between the states Corrections Department and Disability Rights Network of Pennsylvania, mentally ill inmates in new treatment units will spend more hours outside of their cells than the typical 1 hour per day allowed in isolation. They will be screened and classified for serious mental illness upon intake, and prison guards will receive crisis intervention training.

The plaintiffs said the agreement will end “a Dickensian nightmare” for inmates with serious mental illness (“[Pennsylvania to expand treatment for mentally ill inmates](#),” Associated Press, Jan. 6).

An estimated 4,000 of Pennsylvania’s 51,000 state prison inmates are potentially affected. Already, the number of mentally ill inmates in “restricted housing” for the disciplinary issues that often arise from psychiatric symptoms is down from more than 800 a year ago to about 135.

The Treatment Advocacy Center’s 2014 study, “[The Treatment of Persons with Mental Illness in Prisons and Jails](#),” reported

“The effect of solitary confinement on mentally ill prisoners is almost always adverse. The lack of stimulation and human contact tends to make psychotic symptoms worse. Thus, it is not surprising that many of the incidents of self-mutilation and suicide by mentally ill prisoners take place when they are in solitary confinement.”

The report called for careful intake screening so that individuals at risk for problems because of their psychiatric symptoms could be identified and handled more appropriately – a step contained in the agreement.

Pennsylvania is one of 44 states where a jail or prison holds more individuals with serious mental illness than the largest remaining state psychiatric hospital. Compared with the 4,000 mentally ill inmates potentially affected by the agreement, for example, the state’s largest remaining state hospital has less than 400 beds.

Anything that diverts psychotic and suffering inmates from the further torture of solitary confinement is progress, and Pennsylvania inmates will be better off for this agreement. Even greater progress would be diverting the mentally ill from prison in the first place by providing the inpatient beds and outpatient treatment they need to avoid arrest and incarceration in the first place.

My Son Refused to Believe He Was Sick– personally speaking

(Jan. 13, 2015) Our son Eric is 24-years-old. He first got sick when he was 18. Even though his first diagnosis was bipolar, a few years later he was diagnosed with schizoaffective disorder.

We spent two years at a loss for how to treat him. He refused treatment and refused to believe he was sick, a condition called anosognosia.

He thought I was poisoning him. He heard voices and would have conversations with himself in the mirror. He thought the TV was sending him messages and believed the government was after him.

Eric’s illness affected the whole family. Our youngest son stopped having friends over and spent a lot of his time trying to protect me from Eric’s violent outbursts.

Every time we tried to get him into a hospital he was turned away and was sent home with us again. The hospital would say he wasn’t a danger to himself or others.

We called the police several times after he became violent. Every parent of someone with a severe mental illness knows the fear of calling the police. Many of us are reluctant to call the police because we fear that a poorly trained officer will respond and escalate our child’s crisis, leading to jail. But often we find we have no other options.

Eric also spent some time homeless during which he had several run-ins with the police for minor infractions like disturbing the

peace and disorderly conduct.

Two years ago, Eric was arrested again. He went to a police station because he wanted to see his police record. He was untreated and in the middle of another psychiatric crisis. He became violent at the police station and was arrested for assaulting an employee. He was charged with a felony and taken to prison.

We want to know why he wasn’t in treatment in the first place. He spent most of his time in prison in solitary confinement. For anyone who knows what mental illness is like, I am sure you also know that solitary confinement. He finally had a hearing to send him to the hospital, where he should have been in the first place.

Eric is at least finally at a state mental hospital, in the forensic unit. Now finally, almost six years after this ordeal started and only because he was arrested does it look like he finally might get treatment in a hospital.

What kind of system is this? Where someone with a serious mental illness goes to jail instead of to treatment in a hospital? What kind of system is it that keeps the people who can give help locked out of care?

Kathy Bruno
Pennsylvania

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: _____ email: _____

CITY: _____ STATE _____ ZIP _____



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