

January 23rd, 2014

Dear Governor Shumlin,

Thank you for appropriating \$350,000 for the Mental Health program. I am writing to ask if some of those funds can be spent on my 28 year old son David who has a Bipolar Disorder and has recently spent six and a half months in most of the psychiatric units in Northern Vermont.

David was mentioned on VPR's ON Point program a few months ago. Following is an excerpt from that program.

” At a recent meeting, the oversight committee heard from Tony Stevens, a licensed clinical mental health counselor. Stevens works in Franklin County, and chairs a committee of emergency services directors. He described a case this summer in Addison County when a patient was in crisis and came to a hospital and asked for help. But no bed was available so he had to wait for five days in the emergency room.. “That’s not unheard of, unfortunately, in the emergency room,” Stevens testified. “But that’s a long time. And much of those five days he ended up being requiring to be held in four point restraints. He came in asking for help, and this is sort of how it ended for him.”

Let me clarify a few points:

- 1 . David went to the Emergency Room at Porter Hospital voluntarily three times. His first visit was on Thursday May 29, the second on Friday May 30th and the third, Saturday June 1. The first time, the Emergency Psych. Team took so long to get organized that David changed his mind about being admitted. The second time he was given medication and my sister-in-law, with whom David was living at the time, went to the hospital to take him back to her house. There were also problems finding a bed for him at a psych hospital. It was only on the fourth time, when accompanied by two policemen, that he was involuntarily hospitalized. Because the police had had several calls about David over the three previous days, the emergency team felt they had enough evidence to think that he

“might cause harm to others” and the hospital was able to admit him involuntarily. He had been clearly psychotic and delusional the whole 3 days.

2 . He was kept for 6 days in a small room in the ER, with the light on most of the time, guarded by two sheriffs and a mental health worker twenty-four hours a day. Out of necessity for everyone’s safety, he was often held in restraints. This was a terrible strain on David and the hospital workers.

3. When a bed in a psych hospital finally opened, he was kept involuntarily for over 4 months and went to most, if not all, the psychiatric units in Northern Vermont. After he was released to a halfway house in October, he did not do well and a second visit to the Porter Emergency Room meant 10 days in a small windowless room, again with two sheriffs and a mental health worker guarding him. He finally got a bed at Fletcher Allen.

When David was finally released in early December, my sister-in-law prevailed upon to take David in again as there was no place to put him even though she had previously been told by his counselor that it wasn't a good idea for David to continue living with her. She was assured that it would only be for a short time as “they” - CSAC - would help David find an apartment. At the time of writing this letter, he is still living with his aunt.

Winter is a hard time for many people with depression. My son desperately needs rehabilitative care, somewhere to live, a job to boost his morale and income and keep him engaged in the community, talk therapy and reminders to keep taking his medications, if he is not to be hospitalized again. CSAC is doing what they can to help him with these issues but it doesn’t seem to be enough.

Concern for David is taking a toll on the mental well being of both my sister-in-law and myself, but the most important thing is to keep David out of hospital. Please help us to achieve our goal.

I applaud your efforts to “fix” the Mental Health Program . I think the involuntary commitment law needs changing, and I think the idea of

community care rather than hospital care needs a lot of work and would welcome a chance to talk with you and give input from a family member's point of view.

Thank you.

Sincerely,

Kay Faust

I would like to address the issue of involuntary hospitalization. As someone who has had two family members with bipolar disorder, and a dear friend with serious mental health issues, I know personally how ridiculously hard it is to get a loved one into the hospital when they are clearly psychotic and not in charge of their actions and thoughts. Just because someone hasn't done harm to himself or others does not mean he or she should be allowed to run amok. The strain it puts on family and friends to try to deal with a manic individual who will not listen to reason, who will not sleep, who will not take medications, and who will not give up the car keys, or even a weapon, is hard to imagine for those who have never experienced it. Most people in a manic state have no self-awareness of how crazy they are acting; they will say that YOU have a problem, not them. You cannot reason with them. A person in this state is simply not responsible for their actions or hallucinations or paranoia and needs to be put in a safe place. The family and community care workers who are expected to deal with this are being asked to take care of someone who is beyond reason, someone who has the "right" to get in their car and drive 110 miles an hour until they crash, or run over someone, or shoot someone, THEN they can be arrested when terrible harm has been done. Mental health workers and emergency teams need to be able to listen to and take action when families and friends of people with mental illness, especially those with a long

prior history of breakdowns and hospitalizations, report that a person has gone over the edge and needs help. Families and friends know the telltale signs, the gestures, the words and phrases a loved one uses when they are on the way up and out. It's a tragedy that a clearly sick person cannot be treated (or at least put in a safe place) until they are so far gone that it will take 3 or 4 times as long to recover as it would if intervention had occurred earlier. Even if the person refuses medication once they are in the hospital, at least the rest of us can be assured that no harm will be done, and families can continue their lives without spending every minute worrying about what's going to happen next, or trying to fend off disaster, or attempting to cope with bizarre and inexplicable behavior that is beyond their power to control.
(written by Kay's sister-in-law)