

1/30/14

**TESTIMONY for Senate Health and Welfare and Judiciary Committees in support of S.287**

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I am the very close family member of a person with childhood-onset schizophrenia, which is a particularly severe form of this terrible brain disease. I have known and loved this person from the day he was born. I will refer to him as "Milo," an acronym for "my mentally ill loved one."

I started taking Milo to child psychiatrists in the sixth grade, but the diagnosis was missed until he had a clear psychotic break on the day of his 18<sup>th</sup> birthday, at which point anyone could tell he suffered from a serious mental illness and several psychiatrists confirmed the diagnosis. Like many with this disease, he has experienced anosognosia, a neurological condition where a brain disease or injury affects the brain in ways that render the patient unable to tell they have a mental problem. Since he could not perceive anything was wrong with his mental functioning, he was not about to voluntarily accept medical care, especially medications with bad side effect profiles. Psychiatrists all told me I could do nothing to get him medical care involuntarily because as a legal adult it was his civil liberty to refuse it. There is not time to detail everything I did to help him, but it included a court hearing.

The disease progressed and in 2006, at age 20, he allegedly committed felonies during a severe psychotic episode that he could not even remember afterwards. At last he will get the care he needs I thought, but **NO!** Initially he was sent to jail by providers at FAHC with no treatment shortly after emerging from a catatonic stupor. The next day the correctional facility sent him to VSH and thus began our odyssey with the VT court system. It took months and thousands of dollars in lawyer's fees to keep him out of jail under the insanity defense and in the hospital.

In addition to trying to spare him a criminal trial and jail, initial efforts were spent explaining his situation, diagnosis, and need for treatment to him. Involuntary treatment was the last thing on my mind and his physicians were not proposing it. Involuntary treatment is not the usual initial approach even with the sickest psychiatric patients in my experience. It is a last resort, when all else has failed and the patient is direly ill, suffering and sometimes dangerous.

I thought that once all this had happened and he was in the hospital he would come to understand the terrible reality and thus be willing to try treatment. That was before I knew that patients with schizophrenia often have anosognosia. As an internist, I was mainly familiar with it in stroke patients. He remained incapable of comprehending his condition and making decisions in his best interest.

After a month or two he went to court for a commitment hearing and by then all "providers" involved had decided he needed to be treated involuntarily. After the hearing, while still in the courthouse, I learned he could still not be treated; that required another hearing for which there was another long wait. I was stupefied and horrified. I broke down and cried. Never had I encountered such inability to treat such a severely ill and suffering patient.

By now once-brilliant Milo has been hospitalized 17 times. Two hospitalizations were out of state after he elected to leave VT without telling anyone. He was hospitalized for about a week both times. The very different laws in those states worked to his benefit.

In Vermont waiting times have ranged from over 60 to 88 days before being treated. Yes, *during one of his later admissions in 2009 it took 88 days* between when his psychiatrist decided he needed medication and when the judge's permission was received. *During this time his suffering was indescribable and the schizophrenia repeatedly caused him to become violent and thus be subjected to the trauma of involuntary "emergency" injections of psychotropic medication, which is legal, accompanied by restraints and often seclusion.* After the 88 day ordeal during which he was particularly ill and the hospitalization lasted 1.5 years, I tried to determine where the worst delays occurred and can provide that information. If he had received treatment sooner his hospitalization probably would have been shorter, he would have suffered less and I think it is possible his long-term outcome might have been less dismal. Certainly a shorter hospitalization would have cost the taxpayers considerably less.

This is why I support a much shorter period of time being spent waiting for a judge's decisions about involuntary hospitalization and medication for patients such as Milo. Passage of S.287 should help considerably in achieving this goal.