

My name is Judy Barrett. I serve as president of NAMI (National Alliance on Mental Health). The mission of NAMI is to improve the lives of the individuals and families who are impacted by living with mental illness/brain disorder. I am also the parent and legal guardian of a 31-year-old daughter who has suffered from severe and persistent mental illness since adolescence.

My daughter has been hospitalized numerous times. She has also been in jail and is currently on probation. She has been placed in local group homes and then evicted 4 times. The circle goes around and around. She suffers from a multitude of symptoms including self-harm, delusional thinking and crippling paranoia. But added on top of these debilitating symptoms she and others with brain disorder is chronic loneliness. Brain disorder brings along with it an inability to make friends and integrate into normal everyday life with family, friends and the work place.

The problems with our system for those with brain disease are numerous. We would like to propose a solution for one of the gaping holes. We at NAMI are constantly working with families and their loved ones who are in desperate need of real help. Our finger is on the pulse, we are in the trenches. We have a very clear idea of the direction to go.

Our ASK:

1)- A Step Down Treatment Program. Following a hospitalization or in lieu of jail time, treatment is needed. This needs to include residential, psychiatry, therapy and constructive therapeutic living time. Skills need to be built; new habits formed for a successful reentry. The brain, like all other body parts, needs time to heal and rebuild after trauma.

2) Housing follows the Treatment Program. This is an important triage point as individuals will differ in the kind of housing that will be the next step to their successful reentry. (supervised, group home, independent)

No step can be skipped or the jail /hospitalization cycle begins again. The steps of treatment and appropriate housing must be done and in that order.



**National Alliance on Mental Illness
Grand Traverse**

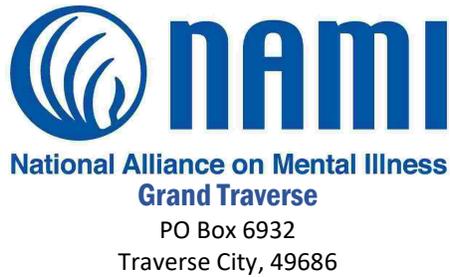
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My daughter has been in two residential Treatment Programs in the state of Michigan, Pine Rest and Hope Network. We would be open to working with them, or developing our own. We would like to explore the grounds at the Commons, (the old State Hospital) as a potential location. Our obvious roots are there. We threw the baby out with the bath water when we dissolved all the programs for the mentally ill. People with brain disease deserve time and a place to heal. They thrive with companionship to do it with. Can't we give them a place to share a cup of coffee and a beautiful place to take a walk while they rebuild their lives?

Our streets, homeless shelters, jails and hospitals are full. The suffering in our area is visible and profound. We are a small army of citizens that are rolling up our sleeves. We have solutions, but we need help. Can you help us please?

Sincerely, Judy Barrett

President, NAMI Grand Traverse



My name is Paula McLain and I am the Secretary of NAMIGT. I am also the mother of a 37 year old daughter who began psychiatric therapy and psychotropic drugs at the age of 12.

I join my fellow witnesses in the "ASKS" they have requested. Or probably we should call them "NEEDS".

I want to tell you about another NEED. This one will require a drastic change in the law regarding the criteria for hospitalization or court ordered outpatient treatment (medication, Dr. and counseling visits). Yes, we desperately need the continued residential and outpatient support for the seriously mentally ill (i.e. schizophrenia, schizoaffective and bipolar disorder). My ask, and that of thousands of other family members whose loved ones suffer from anosognosia (lack of insight that they are ill), is also necessary if millions of the ill are ever going to participate in those treatments. The DSM-V (the psychiatric "bible") states on page 101 " Unawareness of illness is typically a symptom rather than a coping strategy". Since 1992, 22 studies have compared the brains of schizophrenics with insight to those without. All but 2 showed significant differences between the 2 groups in the anatomical structures of their brains. It is not their "decision" to "deny" their illness and refuse treatment. It is a result of the damaged brain. In addition, the longer they remain psychotic the more the brain changes. These are the people the law won't let us help/treat. My daughter is one of them.

My daughter first suffered with anorexia, depression and severe anxiety at the age of 12. She was a straight A student, popular, played piano and basketball, was on yearbook staff. By sophomore year her anxiety at school required she take a different path. She graduated from high school with 52 college credits. A year later she moved to Chicago to attend Columbia College. She was the paid chair of the Student Organization Council and graduated with a 4.0 in 2006. She won a marketing competition in 2005 and was awarded a study abroad in France. She was co-manager at Ann Taylor and Tiffany in Chicago. She graduated Cum Laude in 2013 from Loyola Business School with a Masters in Human Resources. That fall she ran the Chicago Marathon.



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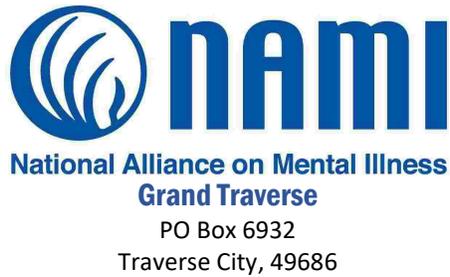
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She worked hard at managing her symptoms. She acknowledged the benefit of her medication, therapists and psychiatrists. She had debilitating muscle pain and weakness for years. She was unable to carry her groceries or books or walk any distance. She was admitted to ICU with "Serotonin Syndrome" and was taken off all 3 of her antidepressants. We discovered the meds had been causing the years of pain. She was put on increasing doses of antipsychotics until Tardive Dyskinesia (constant swallowing and tongue movement) developed and she couldn't take those any more. After 18 months at home in Michigan to find a medication that would relieve her symptoms, she finally returned to Chicago and to work with a treatment that was working.

In late 2013 my daughter's symptoms worsened. She developed paranoid delusions, lost touch with reality and stopped all medication (including her thyroid replacement). We forced her into the hospital in Chicago in 2014. She refused medication and 4 days later they discharged her - still delusional. In 2015 she took an overdose of sleeping aids and a month later the police were called because she was hanging out a 9th floor window. She continues to refuse all medication and treatment and insists there never was anything wrong with her. She returned to MI to live with us that fall and remains off all medications, has not seen a doctor or dentist since. She cries, yells and talks to herself in her room, for hours each day. She has no contact with any friends.

Please believe me when I tell you that watching an accomplished, outgoing, kind, generous, intelligent, caring and loving person become a sobbing recluse is heartbreaking. But it is also infuriating and frustrating. Her life, as she worked so hard to make it, is over because she CANNOT recognize she is sick. NOT WILL NOT - CANNOT.

My daughter and thousands of others suffering on the street and in our jails and prisons are out of touch with reality. Their brains are not working correctly, but they don't know it. They should **not** be deemed able to make judgements about their treatment. If 2 mental health professionals deem them delusional and in need of treatment, why do we leave them in their misery, often homeless or jailed?



My mother developed dementia and lost touch with reality. She too could "fake" it and appear normal in brief conversations. But she was no longer able to manage her meds, her personal care, her life. No one objected to her loved ones making decisions for her to keep her safe, fed and housed. Why is it that families are able to step in and care for an 80 year old with dementia, while bright and capable young adults with mental illness are left to their misery?

I want my daughter and the millions like her to be treated, to benefit from the things we are asking for.

BUT, if we don't change the law about when and how we can MANDATE treatment, then it will be after our beautiful children are dead or someone else is hurt. No one should want that. Suicides in Michigan increased by 33% between 2009 and 2018 to at least 1,547 per year. Michigan is home to 86,000 individuals with schizophrenia and 171,000 with bipolar disorder. Over half of those will have poor or no insight. Meaning they need mandated treatment or they won't be compliant. Meaning their futures are squandered.

In 2010 the TAC reported MI had 10,741 Seriously Mentally Ill incarcerated and 2,496 inpatient psychiatric patients. We jail 4 times those we treat. Michigan ranks 47th in the USA for number of psychiatric beds per 100,000 residents. 50 is considered minimally adequate and MI has 7.3.

We need treatment beds and we need to change the mandated treatment criteria. No one stands a decent chance of getting better from a serious mental illness without safe and reliable housing with access to quality health and mental health services.

I have known my daughter needs mandated help for almost 7 years. The law won't let me make that happen. She well may "DIE WITH HER RIGHTS ON". I know my once compliant daughter would want to be treated if she only knew she was ill.

Thank you,

Paula McLain