

For the Governor's Commission on Mental Health:

Through the suffering of my younger brother, I have 35 years experience with a severe case of schizophrenia. His condition lies beyond my ability to understand the phenomenon of schizophrenia. Even his doctors seem to be limited to treating the symptoms. Finding a cause or cure is not part of the treatment plan.

I do understand my brother is a singular case of one facet of mental illness, and every case has its own individual characteristics. Through frequent visits with my brother I have gotten to know many other people with disabilities living in Adult Foster Care and other treatment venues.

The deepest sadness of their situation lies in the isolation generated by the stigma of their conditions. Many have been committed to treatment by their own families, and then basically disowned and forgotten. Not even family members can see through the unusual behaviors and mystery of severe mental illness to help support them.

This stigma is as difficult to alleviate, as their disorders are to treat. The only means to possibly lessen the burden of the stigma is through more effective treatment and a reduction of the mysterious behaviors. An intelligent public relations campaign – with text and images that stress the unjustifiable victimization of mental illness – might have some impact, but the effect would only last if the drastic violence of the occasional, exceptionally bad behaviors can be controlled.

Life in the warehouse environment of AFC homes, no matter how well they are administered, is an inhumane circumstance for anyone living with the anxiety and delusional perspective of an even moderately mentally ill person. The demands of living in a crowded, confined home with other people who reflect and remind a person of their own problems cannot be considered a therapeutic environment. If there were even a program for some kind of constructive arts and crafts, some kind of distraction beside a television, would have to help. Light woodworking is something my brother used to enjoy during his stays at the facility in Newberry that later became a prison. I guess in a sense it is still a mental health facility.

Treatment for those with mental illness and living in adult foster care consists of occasional visits for a review of their medications. The essence of these visits is an

interview with a psychiatric nurse or doctor, lasting no more than half an hour. In the case of my brother this amounts to asking a diagnosed psychotic on mind numbing drugs how well he feels his drug regimen is working.

I attend all of these appointments now because of the complications that can arise from this situation. My brother has been so intensely medicated at times he cannot hold onto his line of thought long enough to finish his sentences. Analyzing even his physical condition is difficult; let alone giving an accurate analysis of his mental state. Any changes in his medications are the doctor's best guesses with respect to ramifications and effectiveness.

When the hospital was open in Newberry his treatment included a six to eight week stay to give doctors a chance to observe him and make considered adjustments to his medications. This process worked very well for my brother, he always came away stronger, more relaxed and in touch. It used to make me wonder if his life would be better if he were a permanent resident in a place like that.

On April 1st of this year I received a call from my brother's AFC home to inform me he had collapsed and was nearly incoherent and immobile. Feeling this problem had to do with his medications I called CMH, and they told me their protocol required a complete physical examination and to have him transported to an emergency room for that purpose. No one from that office followed up on this action, or stopped to visit with him throughout this entire episode. I have been told their duties are only related to the drugs they prescribe for him.

This incident resulted in an eight-week adventure with over a week stay in the hospital proper, three weeks in the acute rehabilitation facility of the same hospital, and over three weeks spent in two different care facilities. I will spare you the complex details, but the bright side of all this was a remarkable recovery for my brother in both his physical condition and cognitive abilities.

One aspect of this stay I found especially frustrating was the lack of communication between the medical doctors and the mental health people. Medical doctors have little knowledge concerning the intricacies and protocol of mental health treatment. At one point a urologist ordered the complete elimination of my brother's anti-psychotic medications, completely ignorant of the serious effects of that action. For

the first few weeks of this hospitalization I was nearly the only source of information for the medical people.

Some of his problems led to reductions in the dosage of his anti-psychotic drugs by the medical staff at the hospital. Reductions I had been advocating for with CMH over the last eighteen months as I watched his condition deteriorate. It was surprising didn't recognize or acknowledge the worsening of his condition as symptomatic of the long-term effects of the drugs. Late last year we had visited a neurologist who told us the symptoms of his condition were related to Haldol and Cogentin, two of the drugs my brother was currently taking.

I am very aware my brother's is a very difficult disorder to treat. I hold no animosity toward any person who has tried to find a way to help him, and had difficulties finding the right balance in that treatment. There are times I find it extremely hard to maintain my own focus of assistance for a personality rarely aware of, or grateful for that assistance. There is no other option in a humane, civil society.

A society, a government, can be best judged by its treatment of its weakest members.

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