

PATIENT AND FAMILY CASE EXAMPLES: SERIOUS MENTAL ILLNESS (SMI)

**San Diego County League of Women Voters
Committee to Update Mental Health Care Position, February 2015**

At her wit's end because her 28-year-old son with schizophrenia refused to comply with his medication regimen, a mother called the Police Emergency Response Team (PERT) to ask for help. The officer put her in touch with a clinician who explained her options, limitations, and the steps she needed to take for conservatorship. She appreciated the professional, competent, and helpful staff that assisted her and her husband in their time of crisis.

A teenage girl whose parents are Cambodian refugees became sad and depressed because she felt she "wasn't good enough," had body image issues, and was overwhelmed by college. After two hospitalizations for depression and schizophrenia, she came to understand the stigma of mental illness in the Asian culture, and began the journey to recovery through her art and the support of family and community. Today, she realizes she is "strong, not weak, not ugly, but beautiful." She graduated with an AA degree and works as a peer specialist at the Union of Pan Asian Communities where she helps others.

(It's Up to Us: <http://www.up2sd.org/personal-stories/139-susans-story>)

When an adult male living with schizophrenia moved to San Diego with his parents, they inquired about safe, clean housing for him, so he could live apart from them and become more self-sufficient. The Independent Living Association (ILA), a Community Health Improvement Partner (CHIP) came to their rescue. The online website listed member homes (with phone numbers) that met safety and health criteria for people living with a mental illness.

A local family called PERT on four occasions when their young adult son with schizophrenia stopped taking his medications and ended up in a crisis state. They'd learned about PERT in their NAMI Family to Family class, but were disappointed when PERT was unable to respond to their emergencies. Instead, local police officers came. After their first call, the officer scheduled an appointment for a PERT team to visit the family one week later. The PERT team was helpful at this time, but that didn't help when they called on the next three occasions. The family advocates for expanded PERT teams in order to provide true emergency response, and training for more police officers to handle calls from families in crisis due to SMI.

After four months of family talks with staff at the In Home Outreach Team (IHOT), including back-and-forth phone calls, misunderstandings, and other delays, a young homeless man with schizophrenia was told that he was eligible to receive services from IHOT. The young man was initially reluctant, but agreed to meet with the IHOT representative. The mobile unit of health professionals provides screening, crisis management, transitional support, educational support, and links to community resources for treatment-resistant adults over 18 and their family members. After about fifteen minutes, he learned he could no longer continue with the same social worker. Since he'd established a positive relationship with her, he rejected IHOT and remains homeless. His family fears for his health and safety on the streets, because he has no treatment plan nor medications to address his SMI.

A 17-year-old girl who went through her parents' separation and a breakup with her boyfriend started to cut herself, "to get control over something." She eventually found a resource center

that helped her to quit. However, when she faced more challenges in college, she had thoughts of suicide, but a friend quickly intervened and she got help again. Later, when she told her boyfriend she might relapse, he reassured her "you have more to live for -- to help people," so once again she got the help she needed. Now she is married and works with the American Association for Suicide Prevention, and has been able to help others when they feel suicide is their only solution. (It's Up To Us: [LINK](#).)

A young man with schizophrenia stopped taking his medications and was hospitalized on three occasions in three different hospitals in 18 months. Each time, the family advocated for admission to the same hospital, but a shortage of beds meant a new hospital and new doctor each time. None of the doctors consulted with his past psychiatrists and the family was told they had to go through social workers and nursing staff, not the doctors, to discuss his case. One doctor said the family's two-page history of their son's treatment and medications was too long. Another doctor met with them for five minutes after they camped out in his waiting area for two days, to tell them their son was hopeless and would suffer a lifetime of relapses and hospitalizations.

After a 44-year-old woman with a mental health diagnosis attempted to obtain medical records from her psychiatrist, via phone, certified letter, and help from her local pharmacy (the doctor rejected the requests), she turned to the County-sponsored Consumer Center for Health Education and Advocacy (CCHEA). The Center's advocate facilitated communication between the patient and doctor, educated the doctor about patient rights under HIPPA, and the patient received her file. (CCHEA Annual Report July 1, 2013-July 31, 2014)

Two sisters, ages eight and five, were exposed to their parents' domestic violence and substance use, and were victims of sexual abuse, before they were taken to foster care and soon after placed with their grandparents. The adjustment was difficult for all of them, since the girls struggled with emotional issues and the grandparents were not prepared for their new responsibilities. The girls startled easily, woke with nightmares, and were suspicious of care and attention offered to them. At times, they ran from the house or car, grabbed a knife, or threw violent tantrums, sometimes resulting in injury. The grandparents requested help from a County-sponsored clinician who provided intensive and comprehensive services over the course of four months. Through family therapy including art, attachment building, and trauma-informed interventions, the girls were able to gradually let their guard down and accept love and direction from their grandparents. As a result, their focus and school performance improved.

A 28-year-old father with schizoaffective disorder is unashamed of his diagnosis and eager to combat stigma. He was one of 13 members of a San Diego County Clubhouse featured in a photographic exhibition in May 2013 that explored the impact of mental illness stigma on individuals and families, and the triumphs of people recovering from their illness. "I want people to know the other side of my story," he said. In a personal essay, he described his 11-year-old daughter as his "angel," who knows about his diagnosis and does not judge him. "This will help to erase stigma, hopefully one person at a time," he said. He receives treatment for his condition, which can cause a combination of schizophrenia symptoms, such as hallucinations or delusions, and of mood disorder symptoms, such as mania or depression. See more at San Diego County News Center, "14 Faces of Mental Illness" (May 16, 2013). [LINK](#).