

Bipartisan Task Force on Gun Violence Prevention and Children's Safety
Hearing on Mental Health Issues by the Mental Health Subcommittee
January 29, 2013

Good afternoon/evening Senator Harp, Representative Wood, and distinguished members of the committee. My name is Cheri Bragg Acker. I am the daughter of a person living with bipolar disorder, I've struggled with depression and anxiety and I am the caregiver of a wonderful child who struggles with ADHD. I have worked in the mental health field both in advocacy and direct service for over a decade. I have lived with the effects of mental illness my entire life.

My mother was first hospitalized when I was 2 and was institutionalized for decades. She does not believe to this day that she has a mental illness. She would stop taking medications that often made her sleep all the time (makes it hard to parent two small children) and end up back in the hospital. I worried when she was missing, was sometimes scared or confused when she experienced psychosis or delusions, and grieved immeasurably when she was suddenly re-hospitalized. Today she believes that my family died in a car accident when I was 11 – as a daughter, I don't exist. So I **“get it”!** I understand why families might think outpatient commitment is the answer. I've spent over 40 years grieving the “loss” of my mother and if outpatient commitment was the magic wand that would change anything, no one would wave harder or faster, but my experiences tell me otherwise.

My mother has been hospitalized multiple times, often for very lengthy periods of time during which she was forcibly medicated. Yet not once did she decide that she has a mental illness. Not once did she decide that taking medication was the answer.

Outpatient commitment laws often mandate 90 days of treatment, sometimes up to 6 months. What happens then? Are we back to square one? Or are we really talking about forcibly medicating people for life with medications that can have side effects worse than the illness

and life expectancy reductions of an average of 25 years? It also assumes that treatment will work.

Quickly. Many people live with treatment-resistant psychosis and delusions. Treatment largely hasn't worked for them, nor for my mother. Outpatient commitment would also open up the doors for abuse by professionals who, even with good intent, may jump to forcibly medicate someone as an "easy" short-term answer rather than work at engaging someone in treatment, a long-term solution. I had this experience at my mother's nursing facility. In addition, anosognosia is a permanent condition which cannot be changed by any period of forced medication. What CAN be changed is engagement. People are what make the difference by being respectful, truly listening, recognizing strengths vs. focusing on deficits, employing peers who can offer hope, support, encouragement and even mentoring, etc. My mother remembers only one doctor who listened to her and recognized her strengths. She considered possibly being "a little hyper", rather than having bipolar disorder and taking a "mood stabilizer". I urge this committee to invest in what works: fostering relationships, not force. Reject outpatient commitment!

Working with children and families, the answer is the same. I hear over and over from families that "the school doesn't understand my child and his/her disability." We also know that the #1 reason for school drop-out among disability groups is mental illness. Let's offer schools the preventative and early identification tools they need through mental health education so we can give children and youth not just academic, but the social and emotional skills needed for a successful life in the community. Chronically punishing children for behaviors that are really symptoms of a disability or just discounting them as "weird", "different", or "hopeless" has consequences for all of us.

I urge this committee to invest in recommendations that are positive, strengths-based, evidence-based/informed solutions for children, adults and families with robust input and

guidance from individuals and families who are directly affected. It is the only way to create lasting, positive change for our families and communities. Thank you for your time.