

Testimony

of

Mary & John Gauker (family members)

In support of **SB226** – Assisted Outpatient Treatment

2 Oct 07

Our father has suffered from paranoid-schizophrenia for over 50 years. He was first diagnosed as a young adult, long before we were born. He is a wonderful person and we love him very much. But without medication he deteriorates to a point where it is very difficult for him to function in the family or society; he constantly hears strangers talking about him and plotting against him; he accuses us (his family) of poisoning his food and water, and curses and screams at us until hours later he runs out of steam; his delusions have led him to steal a truck and break into a motel room because he was “FBI and pursuing a case”; he spends his days writing letters to the white house and CIA and is forever “investigating” companies; he believes he has special government credit card privileges and has no responsibility to pay the bills, which are often in the thousands of dollars.

Our Dad has no insight into his illness and will deny it to his deathbed. For the better part of 30 years he took medication more often than not, with much support from the family and his psychiatrist, and was able to stay out of the hospital except for a few incidents. However for the past 12 years now it has been a constant battle to even get him to visit a doctor, let alone take his medicine. It has been a never-ending cycle and we have had him hospitalized more times than we care to remember. This has not been easy though given the current laws in Pennsylvania. It has always been a challenge to prove my father a "clear and present danger".

It seems there has always been a level/dosage of medication that as long as that minimum dosage was maintained, our father remained relatively stable. While never what our society considers “normal”, we were able to reason with him; converse logically. But if the dosage in his system dropped below some critical threshold because he forgot to take his pills or purposely stopped without telling anyone, he would then decide he didn't need the medicine at all and unfortunately the current system requires him to reach rock-bottom, again and again, before any help is available. He would become delusional, incoherent, angry, and threatening and eventually degrade to the point where he was completely psychotic.

Even when he was at rock-bottom, when he was not eating or drinking because of his paranoid tendencies, when he was unable to sleep or have a coherent conversation, when his only communication was cursing and screaming with hatred, yelling or sputtering in frustration, when he was obviously miserable, it was still difficult for us to prove him a clear and present danger, because he never pulled a knife on anyone; he also learned quickly: he never says anymore that he will kill any of us, only that he “should” kill us – because that can’t be used to commit him. We have to wait until in his rage he pushes one of us, usually my mother, and knocks her down hard enough to leave bruises.

Only at that point would he then be hospitalized and forcibly medicated. This is always a traumatizing and humiliating experience for our father and terrible for the rest of us to watch. However, once medicated and stabilized he is released and the cycle begins again. Eventually he would talk his current physician into decreasing his dosage and one day would again cross that threshold and the downward spiral would begin. Or he would simply decide he was doing so well he didn’t need the medication any more stop taking it. Again begins the deterioration.

It is terrible to have to go through that cycle again and again when you know that the downward slide could be arrested in the beginning with something like assisted outpatient treatment. Additionally, when the family has to step in and intervene in “his affairs” it has created a lot of friction that is not easily forgotten. Our father still harbors a lot of ill will for all the things that he believes we have done to him and thwarted him in. So the family relationship is very strained, despite the fact that we always are looking out for him.

Despite his lack of insight into his condition, our father is generally happier while taking his medication – until he forgets what it was like the last time he stopped, and he stops again. Time and time again after he has deteriorated to the point where we are able to have him hospitalized and he has been put back on his meds and released, he expresses regret over the way he acted, saying things like “Yeah, I was a fool” and “I’m lucky to be here...”

SB 226 would make it possible for my father to receive treatment and care before his condition deteriorates to the point requiring re-hospitalization. This would be less traumatic for both him and our family. It is also, I believe, the more humane approach. It is a terrible feeling to watch your

loved one's condition deteriorate when you are powerless to do anything to help them.

In conclusion, we believe SB226 has the potential to greatly improve the lives of those suffering from mental illness, as well as the lives of those who love them.