

**Testimony of Debbie F. Plotnick, MSS, MLSP, LSW
To the Senate Public Health and Welfare Committee
Public Hearings for Senate Bill 226
Hearing Room One, North Office Building
State Capitol
Harrisburg, Pennsylvania
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Good morning; my name is Debbie Plotnick.

Today you have heard some truly heart-wrenching testimony from parents of sons and daughters whose lives have been threatened by severe mental health disorders. I am one of them. In fact, I am proud to be one of those mothers who are (not too kindly) called “NAMI Mommies.”

We NAMI Mommies (and Dads too) are the parents who plead with doctors, hospitals, insurance companies, county administrators, and legislators to fix the broken system that perpetuates, rather than ameliorates, the all too real and immediate threats to our children. We find consolation by sharing with each other our stories of the almost successful suicide attempts, and the anguish of having to once again “302” our kids. We band together to advocate for changes that will help protect the lives of our offspring, and of those like them who are sometimes so sick that can’t even recognize it, and other times can—and therefore try to be dead.

It is because I have a daughter with bipolar disorder and have “been there and done that” that I really do get it. More times than I care to think about, I have cleaned up my daughter’s blood, vomit and feces after her almost successful suicide attempts. In the middle of countless nights, I have agonized over her whereabouts. And because I have experienced that which no parent should ever have to experience, and would have done anything to save my daughter, I have devoted not only my personal but my professional energies to working with and for those affected by severe mental health disorders.

While I was working toward my master’s degrees in social work and in law and social policy at Bryn Mawr, my professors were generous about extending due dates for my assignments during my daughter’s numerous hospitalizations. From these learned academicians and from the experience and wisdom of my colleagues, I obtained an excellent education as well as some fancy credentials. But it is what I learned from those I serve—mental health consumers—that has brought me here today to speak AGAINST Senate Bill 226.

Mental health policy is my area of expertise and my passion. And the most important thing that anyone who engages in policy making—at any level—must know are the people affected by the policy.

In addition to my daughter and several other family members, I know—really know—many, many people with mental illness through my work. I have worked with those affected by the most severe mental health disorders in a psychiatric rehabilitation clubhouse. I have run a consumer center for NAMI of Bucks County. Currently, I am a researcher at the National Mental Health Consumers’ Self-Help Clearinghouse, where I provide technical assistance in evaluation techniques to programs run by and for mental health consumers from around the country. From all of these individuals, I have learned what saves lives and what impedes recovery.

Medications are often very helpful. If only it were always so simple: just take a pill and get better. But psychiatric illnesses are not like ear infections, cured by penicillin. It almost always takes a long time to find the right medications, or the right combination of medications. And often, especially at first, medications make people feel worse. And people don't take them as directed, or they stop taking them. Studies covering more than 30 years have shown that medication compliance rates between those taking medications for physical and psychiatric conditions are about equal¹ -- an alarmingly low 50%.²

At the worst of my daughter's illness she was taking between eight and ten prescribed medications. She found that number of medications quite useful to hoard for yet another suicide attempt. Obviously, medications alone are not the answer.

So how do we help those who, for a variety of reasons, don't want to engage in treatment or take the medications that we professionals and parents hope will save their lives? Truly, it's not by legislatively violating the very autonomy of our sons and daughters—by forcibly drugging them, testing their bodily fluids, and threatening to lock them up if they don't do what we want them to do. No, we do what loving parents, and a caring society, can and must do—we provide for their needs, and we respect their autonomy. We do not coerce them with threats of loss of freedom; we do not force our choices upon them. We help them make their own choices.

This is the resounding message that I have heard from my own daughter, from all the consumers that I have ever worked with, from programs all across the county. This is what the evidence base supports—people accept and stay in treatment when treatment options are presented in a way they can hear, are offered without fear of coercion, and are actually available to them.

... [T]he mental health field has seen a big shift in the paradigm of care of the last few years"; so declares the federal Centers for Medicare & Medicaid Services (CMS) in an August 15, 2007, letter to State Medicaid Directors.³ This letter explains that at the heart of the shift is "an emphasis on recovery from even the most serious mental illness when persons have access in their communities to treatment and supports that are tailored to their needs."⁴ This federal directive encourages the use of peer specialists and other peer-run services, which have been proven to be effective. These are services that I have seen firsthand help those who had sometimes for decades refused to ask for or accept help.

Please don't enact SB 226. Don't punish and criminalize our kids because they are ill. Provide for them, which means increase the funds for the services that have proven to be effective. Let them have the benefit of what NAMI provides to its Mommies and Dads: peer support that offers strength, healing and hope.

¹ Cramer, J & Rosenheck, R. Compliance with Medication regimens for mental and physical disorders

² Noncommunicable Diseases and Mental Health Adherence to Long-Term Therapies Project. Adherence to Long-Term Therapies: Evidence for action. World Health Organization. 2003:22. <http://www.astrazeneca-us.com/content/aboutAZ/azInTheCommunity/appropriateCare/astrazeneca-adherence.asp>

³ CMS document SMDL#07-011 Letter to State Medicaid Directors, August 2007

⁴ Ibid