

3945 Gibsonia Road
Gibsonia, PA 15044
October 9, 2014

Dear Human Services Committee Members,

I would like to encourage Pennsylvania to develop an alternative, parallel court system for mental health-related infractions. My support is based on my experiences as the mother of a young man with schizophrenia. Schizophrenia poses some unique, very difficult challenges to our usual ways of thinking about civil and criminal justice. I believe a court system that was more familiar with these challenges and more flexible to assist with them could stop many potential tragedies.

On February 19, 2013, my gentle son committed the one and only violent act of his life: he used a large knife to stab his grandmother, my mother, once while she ate breakfast. She died within five minutes. Of course, my son is now beyond the reach of any sort of special mental health court system. But that wasn't so in the months leading up to his isolated violent moment. There was in particular one incident, about six weeks before my mother's death, when a special court could have intervened vitally.

The course of schizophrenia's onset is very long; it can go on for years before the individual's problem becomes public. First there is a period of sleep difficulties, inability to concentrate, and chronic irritableness. As psychosis starts to produce visual or audible hallucinations, the individual is at first able to keep them to himself. Then the family becomes aware and starts to worry.

Because the age of onset is only rarely in early childhood, the period of time when the family becomes aware of the illness is usually already well past the individual's legal age of adulthood. With someone over 18, the family is helpless and can only beg him to accept treatment. But schizophrenia at this early stage has another set of symptoms that make it nearly impossible for the individual to accept treatment. In whatever form the ideas take, the person develops ideas that he is special and has a unique mission in life. Nobody can understand him; the family is just trying to blunder into stopping the mission. He is also perfectly unaware of his own odd behavior; his mind is unable to detect that there's a problem. This is called anosognosia; it can occur in bipolar disorder, but it is especially strong in schizophrenia.

At this stage of the disease, the visible world becomes less real, and less comprehensible, than his delusional world. Now it becomes more likely that the individual will start to act strange in public. In my son's case, he sometimes called the police for imaginary reasons. Once, he believed that his grandmother had hidden a paring knife with the intent to kill him later, so he called police to the house to help look for the paring knife. Another time, he couldn't find his car in a parking lot and called 911 to report it as stolen. The local police knew he was mentally ill; they felt sorry for us but could not help.

On January 4, 2013, my son's voices told him it was a good idea to shoplift at a WalMart, so he did. He was easily noticed, since he was a mentally ill person not a practiced thief. He was arrested and then released. He received a summons for February, in an ordinary court. He never made that court date because two days before it, the voices told him to kill his grandmother. In that last moment, the real visible world was barely present with him; he was surprised when the police arrived to arrest him.

There was no question of his diagnosis; everyone knew he was sick. He had doctors trying to persuade him to accept treatment, and the police could easily see that he was out of reality. What if these factors had been enough to allow the officer who arrested him for shoplifting to refer him to a special mental health court? Could he have been helped in time to save my mother's life?

In order to effectively stop a tragedy like ours, a mental health court would need some ability to respond more quickly than the ordinary court system. In a shoplifting case, there isn't usually the danger that behavior will escalate to assault or homicide. But when the petty theft is an incident in the pattern of developing schizophrenia, it means something completely different. It means that the individual's unreality is becoming stronger than reality. It is an important red flag which could be the last warning before a deadly assault.

Other minor offenses like trespassing and disorderly conduct could have the same meaning. In an ordinary court, they are not urgent. But in the context of a schizophrenia diagnosis, they too can be the last warning before a public or private tragedy happens. An effective mental health court could look at the pattern of incidents and consider medical testimony.

Most importantly, a mental health court could be focused on involuntary treatment. At this time, the standard for the family to seek involuntary treatment is clear and present danger. In our case, my son met this standard exactly five minutes before my mother died. But his increasingly random public behavior could have flagged a specialized court to order him to accept treatment. While a first offense of shoplifting isn't going to merit jail time, it should be enough in the context of severe mental illness to merit a court order for increased supervision: meeting with a probation officer to prove medication cooperation, spending a short time inpatient, or attending a therapeutic day program.

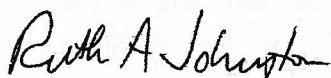
When Pennsylvania had an effective network of state hospitals, families could petition for inpatient treatment when someone's illness got to the point that it was creating public problems. With the state hospital system effectively dismantled, the family has no recourse until danger is literally clear, present and imminent. A mental health court could provide some assistance during the critically important stage *before* violence occurs, by applying legal pressure to outpatient treatment options. It might also help families very much by recommending inpatient treatment when it's clearly needed.

My son was never an aggressive person; on that fatal day, a rush of dopamine caused him to act in an uncharacteristic, fatal way. My mother is gone, and my son is now a dependent of the state. He will spend many years in the hospital division of a prison. By the time his last arrest forced him into treatment, he had suffered a certain amount of brain damage from the disease; we don't know if he will ever become a productive citizen.

The legal standards that work for sane people—for most of us—are not adequate for severe, untreated mental illness. Pennsylvania needs to restore portions of the state hospital system. Meanwhile, setting up a specialized court that can be more attentive to danger signs, and more focused on ordering and supervising treatment, will bless many families and rescue many lives.

Thank you for considering creating a mental health court system. I really hope that you will take this action and create a real, significant reform.

Sincerely yours,



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