

Schizophrenia and Anniversaries

Anniversaries are important. They present an opportunity to look back on life, see how far we have come, and apply the things we learned from our past experiences to our present life. Certainly, many people observe anniversaries of one sort or another, whether they be weddings, time spent working at jobs, or other major life events.

This spring of 2023, on March 3rd, I celebrated an unusual but life-changing 20-year anniversary. Namely, on March 3, 2003, unknowingly ravaged by the onset of schizophrenia, I officially dropped out of the university I had worked most diligently to attend and became homeless in the Los Angeles area. My delusional and homeless state would last exactly four years.

Every year when I was homeless, I recognized March 3rd as a marker of time passing, and reflected on my life. In my delusional state, I was convinced that my time spent in homelessness would someday make me a celebrity. I was unaware of how common it is for formerly successful people who develop schizophrenia to become chronically homeless, unable to work, and many of them, like me, spend months or years living outside.

While developing schizophrenia, I became obsessed with travel. In winter of 2001, I traveled to China. In 2002, I went to Africa for the summer. On my return from Africa, in the fall of 2002, even though I was failing my college classes, I spent time planning a trip to Thailand at Christmas.

In Thailand, I was entirely overtaken by psychosis, though I was unaware. I was speaking too fast, slightly agitated, and rude to my host family. I preferred to stay back at their house instead of attending parties and events with their friends.



Bethany Yeiser,
President of the CURESZ Foundation

Following my Thailand trip, and unable to face the fact that school was no longer working out, I planned an escape to Saudi Arabia. In hindsight, I see that my expectations of having a productive, safe trip in Saudi Arabia where I would be welcome and could integrate into the community (as an American, single woman) were ridiculous, and in fact delusions (fixed false beliefs).

On March 3rd of 2003, I did not have enough money to fly to the Middle East, but I went to a travel agency anyway, where I obtained a tentative reservation to Cairo, Egypt through Boston. Then, I flew to Boston, alone, expecting to meet a person at the airport who knew I was coming through his dream. I believed this person would fund my trip to Saudi

Arabia through Cairo, so I could become an internationally recognized philanthropist. No one came.

On my return to Los Angeles, the university library soon became my last resort, and I would be in the library often during the nights during my first three years homeless. I spent the last year living outside.

Looking back on my life, I am amazed at the power of delusions. The symptoms I experienced caused me to separate from college, friends, family, and all my resources, including my hopes and dreams. My inability to study or work was rooted in a neuropsychiatric illness. Incapable of focusing enough to work the easiest job, I preferred to sit in parks alone and stare into the distance. Though I had an able body, I had a broken mind.

*Twenty years ago,
I became homeless as
a result of untreated
schizophrenia.*

I also remember March 3, 2007 (remarkably the same month and day of becoming homeless four years before) when I was apprehended by police for erratic behavior. Due to screaming back at voices in my mind, I was taken to a psychiatric hospital, where I would begin treatment for my schizophrenia. In the hospital, I would reunite with my parents and would start a new life on medication, never to be homeless again.

Continues on Page 4

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WhatSZ IN THIS EDITION

**Schizophrenia Survivors –
The Story of Robert** Pg 2

**Enough is Enough: The Case for
Assisted Outpatient Treatment** Pg 3

**Schizophrenia and Anniversaries
(cont. from pg 1)** Pg 4

**Video Highlight – How to
Connect with Your Doctor** Pg 4

SCHIZOPHRENIA SURVIVORS



The Story of Robert

I was born in a small town of modest means in Jackson, Michigan. My mother was a dietician at a hospital, and my father worked for the government locally. I was born with a twin sister, and I had an older brother, born nine years prior.

My parents struggled to make ends meet financially and my childhood home left much to be desired, both in comfort and in activities. I remember cold winters. Our house was created by a World War II veteran with stone and cement, heated by a fireplace. Naturally it was drafty.

I remember much about my childhood. Growing up in the country, I was often isolated. My sister and I shared a room until around the age of nine when my brother attended college. We naturally butted heads often as we both struggled for limited attention from our parents. My father was often out of the home most evenings after school. He would bowl or visit friends on weekdays. My mother would often be upstairs working on projects or on long phone calls.

It was around middle school when my earliest schizoaffective symptoms started to manifest. I remember reading a book about Albert Einstein and imagining Einstein's essence or spirit was permeating in the sky as I thought about him. My mind would often wander.

My first breakdown occurred in high school around my sophomore year, after I smoked what may have been laced with marijuana. I kept thinking the same thoughts repeatedly. I had been bullied mildly in school, but I could not let it go, and it devastated me. I was extremely sensitive, and my emotions were inappropriate. When I should have felt happy, I felt sad. When I should have felt sad, I felt happy. As my symptoms worsened, I developed disorganized speech, and it seemed obvious to others that my words/thoughts were jumbled. My parents finally picked up on this and decided to send me to a medical professional.

My first doctor didn't know what to make of it. I was prescribed Lithium for my erratic emotions and Zyprexa for my disorganized speech. At that time, my doctor believed I was bipolar with psychotic symptoms. These medications caused massive weight gain (which I would eventually work off playing on the tennis team). My psychosis continued until I was placed on Abilify and Zoloft, which, fortunately, insurance was able to cover.

Once I was placed on Abilify and Zoloft my grades started to improve. I went from a C student to an A student. I eventually finished high school, and though I had missed substantial class time my sophomore year, I still graduated with my senior class. I remember the meeting with teachers who stated, "he is ready for college" as they were aware of my intention to further continue my education.

I started at a community college where I was awarded a Michigan MEAP scholarship. I then transferred to Michigan State University with around 50 credits. Despite this success, I felt alone and abandoned, like I was damaged. Though I channeled this academic success to further increase my self-esteem, I felt in some ways I was a fraud. I felt alone. Academics was my temporary escape.

Despite my feelings of confusion and isolation, I flourished at Michigan State. Looking back, I believe that my medications enabled me to keep my grades up. But I began to question whether I had a mental health condition at all.

My junior year, I was awarded a scholarship to study abroad in Tanzania, Africa. I also had a girlfriend I met the prior semester, though we broke up on my return to the United States.

Back from Africa, I decided to take less and less of my medication as I "felt fine." Out of my six semesters at MSU, I only missed the dean's list twice, including once my senior last semester. I attribute the last semester issues to not taking meds appropriately, but I still ended up with a 3.8 major and a 3.5 cumulative GPA.

After college, I followed my parents to Florida, where they had moved from Michigan. However, my family began telling me something was "wrong." Off medication, my disorganized speech had resurfaced, my emotions were inappropriate, and my behavior was erratic, though I was entirely unaware. My parents wanted to take me to another psychiatrist, but rather than comply, I decided to move back to Michigan.

In Michigan, I started working at a Web Host, IT company. I worked there for around a year before I realized symptoms were returning, worse than ever before. I returned to live with my parents in Florida, where I was hospitalized. I was unable to explain the situation to my employer.

In Florida, I was placed on all kinds of medicine, until my parents contacted my old childhood, board-certified doctor in Michigan, and I was placed on Abilify and Zoloft again. My diagnosis was now schizoaffective disorder. After realizing I had a lifelong condition, I have taken my medicine faithfully for over a decade.

Currently, I work in my studied field of IT for a global, industry leader in Digital Signage. I have a great group of friends who understand my condition, and I have hobbies I enjoy in my free time. I play pickleball, tennis and Magic the Gathering. I am under the impression that people have little idea I even have a condition. I am a writer of poetry, dystopian science fiction and hope to one day be a source of inspiration for others with similar conditions.

My parents have been helpful in my recovery and though part of any illness is nature and nurture, I hold no ill will. People often do as much as they can, when they can.



"I believe with proper and consistent treatment many people can recover the life they had prior to their diagnosis."

~ Robert Ross

ENOUGH IS ENOUGH!

THE CASE FOR ASSISTED OUTPATIENT TREATMENT

Ashoke Rampuria, Co-Founder AOTNOW, Vinita Rampuria, MSW, Co-Founder AOTNOW, and Ann Corcoran, RN, MSN

Any parent can attest, it is heartbreakingly difficult to watch your child suffer. This is particularly true when your child suffers from a chronic illness, such as a serious mental illness (SMI).

For us, our anguish is compounded by the fact that our adult children continue to be harmed by the failures of our mental healthcare system here in Massachusetts – a system we believe fails to help those most in need. Specifically, in adults suffering from SMI, a history of treatment avoidance often leads to frequent involuntary hospitalizations or incarceration.

Often, these individuals also suffer from anosognosia, which prevents them from acknowledging their mental illness and adhering to treatment.

In these extreme cases, families witness their loved ones stuck in an endless cycle of repeat hospitalizations, homelessness, joblessness, and despair. These conditions not only can seriously impair one's quality of life, but are often fraught with danger, leading to interactions with law enforcement and potential incarceration – or even worse outcomes.

Assisted Outpatient Treatment (AOT), also referred to as Community Based Healthcare Services, provides community-based behavioral health services under court order to people suffering with SMI who have demonstrated difficulty adhering to treatment and have difficulty living safely in the community without close monitoring. By providing continuity of care, under court supervision, these programs treat people suffering from SMI on an outpatient basis within the community in which they live. Also, an AOT order is limited to 1 year and can be extended if needed.

For most patients, one year of continued care and supervision can provide the stabilization they need to live independently.

Unfortunately, Massachusetts is one of just three states without an AOT law on the books. Despite years of attempts to bring AOT to the Commonwealth, the initiative has been routinely blocked by patient rights advocates and defenders of the status quo system. This opposition appears to be rooted in a grave misunderstanding of what AOT is and what it is not.

To begin with the latter, AOT is not forced medication nor is it institutionalized care. The sole goal of AOT is to provide treatment and care in a community setting – not in a hospital or locked facility.

In addition to treatment, this type of community-based healthcare can also include housing and other services that are crucial in improving the overall quality of life for those suffering from SMI. This coordinated approach ensures continuity of care, which can break the endless cycle of our current failed mental health system.

We are also aware that some of those opposed to this approach do so out of the belief in individual freedom. They believe that court-supervised care is “coerced” care and therefore a violation of personal rights.

We believe strongly in personal rights. Our children have a right to live free of the debilitating effect of their SMI. They have a right to live freely in their community without being imprisoned by a treatable disease or disorder.

As a society, we are failing the most vulnerable amongst us. As parents, we have witnessed the failings of the system firsthand. Enough is enough! The system must change.

While there is no magic cure for SMI or a one-size-fits-all approach to treatment, AOT or community-based healthcare services are proven to be effective. Under court supervision, people suffering from the most acute cases of SMI can get the help they deserve.

Our loved ones deserve better than they have received from our failed mental health system. They need our help in speaking up and getting them the help that they truly deserve.

As parents, we refuse to sit idle and watch our children suffer within a failed system.



Ann Corcoran, RN, MSN

AOT NOW | ASSISTED OUTPATIENT TREATMENT NOW!

Interested in learning more about AOT NOW?

Visit: AOTNOW.org



Schizophrenia and Anniversaries *(continued from page 1)*

Today, I live in Cincinnati, as I mark the anniversary of March 3, 2023. For nearly fifteen years, I have been fully recovered from schizophrenia. I often volunteer with the chronically homeless community in the downtown, and see that many of them seem to be in the same mental state that I was while homeless – confused, unable to work, possibly suffering from hallucinations and delusions. I am passionate about their plight. Though I never used drugs, the vast majority of the chronically homeless do, which can complicate the treatment and recovery process on a different level.

There is a great need for medication, therapy and the supportive housing with services that these desperate homeless people need to rebuild their lives. And the irony is that many of them do not want help. This is how I felt when I was at my sickest. However, once they take medication and engage in supported housing, and experience a level of recovery that gains insight and health, many may eventually ask the question, why was I not helped sooner? Why didn't anyone care? I sometimes ask these same questions about my own homelessness.

Today, as an advocate, I regularly interact with individuals with schizophrenia and families. In many cases, the loved one with schizophrenia is unaware of the depth of their illness, and the relatives worry they will soon run away and may become homeless as I did.

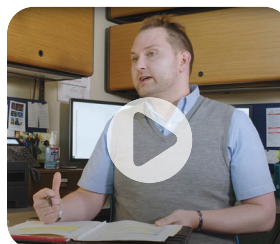
Today, in recovery, I celebrate my March 3rd anniversary every day by encouraging others with schizophrenia to press onward toward their highest possible level of recovery. I have had the privilege of regularly presenting my story for university classes, conferences, hospitals, and meetings since the publication of my memoir *Mind Estranged* in 2014.

Today, I am not a celebrity. But the third day in March will always be important to me. The events of my life on that date have come together to fashion me into the person I am today. The gift I give myself on this 20-year anniversary is a time to pause and reflect on my journey out of schizophrenia and homelessness, and the professional standing I have as a mental health advocate specializing in schizophrenia. This gift of thoughtful reflection always brings me to the point of profound thankfulness for my antipsychotic medication and my physicians.

I wonder what I will reflect upon in upcoming anniversaries, such as at the twenty-five or thirty-year mark.

Today, I am honored to serve as the President of the CURESZ Foundation. I am proud of the services we provide including our caregivers' mentoring program, CURESZ on Campus clubs, Ask the Doctor events, and monthly Advisory Council meetings.

I am grateful for the life altering treatment I have accessed since my diagnosis in 2007. Today, I remember the root problem of my homelessness was not a choice, but a biological brain illness, which has been healed through treatment.



VIDEO HIGHLIGHT

How to Connect with Your Doctor

Click on photo to view video.

Please consider making a donation to the CURESZ Foundation online at CURESZ.org

Your contribution will help provide education and referrals to persons with schizophrenia, their families, and those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain disorder, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

"We are committed to helping individuals to cope with and recover from schizophrenia."

You can now also support the CURESZ Foundation by signing up with Kroger Community Rewards and Amazon Smile.

