

# **NAMI-Schenectady E-NEWS**

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National Alliance on Mental Illness

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Nat'l Alliance on Mental Illness  
of Schenectady

## ***Teenager, 19, who won insanity plea, now faces an unsure future***

*(From Times-Union and Daily Gazette accounts and stories on the Internet from various sources)*

A 19-year-old Gloversville woman who won a rare victory in a plea of insanity in a Schenectady County court in March for stabbing a Schenectady cab driver more than a year ago now faces an uncertain future. Desere D. Shaw, 19, of Gloversville was deemed dangerously mentally ill by Judge Michael Coccoma in early May after he accepted the findings of two doctors who examined the woman, according to the Daily Gazette. The judge made the finding confirming a jury ruling after a March trial on charges she stabbed and tried to kill a cab driver.



***Desere Shaw***

The newspaper noted that "the judge's findings are the first in what is expected to be a series of examinations for Shaw as she starts her treatment for her mental illness at a secure state facility." It quoted Ms. Shaw's attorney Michael Braccini, as saying "she will be examined again in six months. Then, if found to still be dangerously mentally ill, she will be examined at intervals in coming years." The story continued, "If Shaw is found someday to be well enough to start the process for release, Braccini said he's been told that process takes about five years from a non-secure facility to a halfway house. If she is released, she still will be under court supervision."

However, we've learned that that depends on her progress and other matters. The outlook for a young person with severe symptoms of a mental illness, after a violent crime like this, who takes a plea for hospital treatment rather than serving time in prison, is clouded in uncertainty. While winning a Not Guilty by Reason of Insanity plea (NGRI) in these cases is rare, a review of other cases shows that hospitalization can be longer lasting than a fixed prison term. And some of the defendants could have bargained down the terms of their penalties to get out of prison sooner.

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## **Why families need Murphy bill reforms (see page 3)**



*Officers hear presenters at crisis training week of May 12*

## ***Police training winds up on high note for 33 here***

We had the Crisis Intervention Team (CIT) police training at the community college the week of May 12-16 with the windup Friday, when several mental health consumers and family members testified before the whole group. Among the six people to speak were three parents including NAMI's Patty Costa, who told about living with the issues on a daily basis. The selected officers who took the 40-hours training were in the last day of the cycle and relaxed as they listened and asked questions. They heard from a man who had been abused by his father as a child; a man who told them the police had bullied his child; and a man who had a life in drugs before he went straight.

Thirty-three officers took part altogether, 13 from Schenectady PD, some from Glenville, Niskayuna and Rotterdam, four state troopers, plus sheriff's officers and jail staff and some probation officers were there during the week, we were told. It was a great success for our NAMI chapter, having pushed for a number of years to get this done.

Erik Weaver, the special trainer brought in from Rochester, was the main speaker and host. Darin Samaha, county Community Services Board director, coordinated the training with his staff, and Bob Corliss of our NAMI group was instrumental in getting it set up and moderating Friday's panel. Erik is a retired sergeant who coordinated the Rochester PD's Emotionally Disturbed Persons Response Team (EDPRT), one of the first to get it going in NY State. He now acts as a consultant and trains teams in other cities of this state.

It was a full schedule with events running over the five days from 8 to 3:30 or 4. On Monday they heard presentations on Understanding Mental Illness, Trauma Informed Care, Specific Mental illnesses, and Stigma, given by clinicians, counselors and Dr. Seidenberg. They watched a film, "Schizophrenia, I'm Still Here." On Tuesday, topics were Communication Skills, Mental Hygiene Law, Understanding Suicide, and Personality Disorders; they also did role plays. Then on Wed. they discussed Substance Use, Intellectual Disabilities, Medications (with Dr. Van Bellingham), Hospital Procedures, and Community Resources, and there was a film called "Minds on the Edge." Thursday talks were given on The Courts, Housing, Juvenile Mental Health Issues, Elderly Issues, and Emotional Safety and Survival. On Friday the consumers and family members spoke and an hour-long open book test was given, before certificates were handed out to the *continued on page 5*

## Meetings and events

Sorry--no NAMI Schenectady lunch meetings in June, nor for the summer months. We expect to resume in Sept. Instead, ***we're hosting an educational forum in the Schenectady main library on Tuesday, June 24 from 5:30 to 7:30 pm.*** Our speaker will be Dr. Lloyd Sederer, chief medical officer for the NYS Office of Mental Health in Albany. He'll speak on a favorite topic: ***The Future of Mental Health Care—What the Consumers and Families Tell Us They Need.*** The meeting is in the McChesney Room where we'll have refreshments and there will be handouts of articles and reference materials. The public is invited.

Dr. Sederer writes and speaks frequently on topics of current interest to families and consumers of mental health services. He is the mental health editor of The Huffington Post and author of "The Family Guide to Mental Health Care—Advice on Helping Your Loved Ones," (Norton, 2013). He often speaks to families on how to help them better cope with serious mental illness and how to help their loved ones with treatment issues. We're looking forward to an engaging evening with Dr. Sederer and a chance to ask him questions.

***The forum is one of two planned by NAMI this summer in cooperation with the county Office of Community Services.*** The county office will bring in a trainer for the second topic, Trauma Informed Care, with a date to be announced, close to the June 24 date. Please stay tuned for that event. We think it's exciting that NAMI and the county office are joining to present more seminars in the next few months on leading mental health topics. We used to sponsor an educational conference here for many years jointly with the county, Ellis Hospital, the housing organizations and others. We will need our members and friends to volunteer help with publicity and organization, to be greeters and hosts for the events.

In July we take a different tack, something we've done in the past but skipped more recently—***we plan to invite a group of consumers and staff from the Ellis PROS program for a supper together at Jumpin' Jacks in Scotia.*** We will combine the supper with an escort to the ***free concert that night at Scotia's Freedom Park next door at 7 pm.*** So those who want to go to the concert can stay and those who want to go home can be taken home. The plan is to invite 20 consumers plus five staff since they accompany the people coming and provide transportation. NAMI will pay for the suppers. On our part, we need to have four cars available to drive some of the people coming from PROS in our cars and take them home. We will also invite some of the Mohawk Opportunities apartment folks—we did that before and they had their own transportation.

***Date not set yet—we're waiting for the Freedom Park concert schedule to be announced.*** Besides NAMI's giving out cash for a free supper, our family members have a chance to sit with the young people and their staff members and get to know them better, something we want to do more often. It's a night out for them—we don't think the consumers get many social evenings together like this. And there's the music—it's delirious to be out there at dusk with that big outdoor audience and those hot bands playing.

***Relatives mental health support groups*** meet regularly in two hospitals here and go on through the summer. Kevin Moran at Ellis and Frank Greco at the Franklin St clinic are the counselors leading these groups. Kevin's group meets at 6 pm every Wed night in classroom B-3 inside Ellis Hospital. You can call him ahead on 243-4255 if you are new to the group. These are conversational groups providing free counseling to those attending. Each person gets a chance to tell about their situation living with someone or in close proximity

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## ***Muriel Shepherd dies at 95; founded NAMI-NYS***

***(Jean Arnold note: With deep sadness, I share (below) a moving obituary written by Muriel Shepherd's eldest daughter, Althea Schoen. Muriel's strong and enduring presence will always be a source of inspiration for all who knew her and countless others whose lives she touched.) See also a tribute to Muriel on page 6.***

Muriel D. Shepherd, whose activism for social justice left a lasting mark on New York's mental health scene, passed away peacefully on May 11 at age 95. A long-time resident of New Paltz, NY, Muriel grew up in Hempstead, LI where she became valedictorian of her high school class. She went on to graduate from Barnard College and earned a Master's degree in vocational rehabilitation at Case Western Reserve University.

Muriel was a passionate advocate for those afflicted with mental illness, which became the focus of her activities for the last 30 years of her life. She founded the NY state-wide chapter of the National Alliance for Mental Illness. Through her almost around-the-clock volunteer efforts she grew the chapter into an effective lobbying organization with headquarters in Albany. She fought tirelessly for the establishment of essential community-based services and was honored with several awards for her work.

She frequently testified before the Albany legislature, and such was her dedication that when she could no longer drive the 120 mile round-trip to the state-house, she took a combination of bus and taxi.

Muriel was fiercely devoted to her family as well as to her work. In addition to her determination, resiliency, sparkle and humor, Muriel may be most remembered for her incredible selflessness and her generosity of spirit, which was a gift to all who knew her. She will be sorely missed by her family and friends.

She is survived by her two daughters, Sarah Shepherd of Lake Katrine, NY and Althea Schoen (Howard Schoen) of Brewster, Mass., a sister and brother-in-law Edwina and Jack Welton, a brother-in-law Peter Shepherd and several nieces and nephews. She was predeceased by her husband Richard Shepherd. Burial will be private. Contributions in her memory may be made to NAMI-Familya at P.O. Box 635, Orangeburg, NY 10962 or the Brain and Behavior Research Foundation ([bbrfoundation.org](http://bbrfoundation.org)).

***(Roy Neville's reply to Jean Arnold, shortened version)***

hi Jean: How sad. we knew she was older than the rest of us and would go sometime but it's a shock to read that she's gone. and we'll miss Muriel for so many reasons. She really was the guiding spirit for so many of us in this state. I can see her so clearly plodding down the corridors of the Empire State Plaza headed for the legislative leaders' offices, towing her oxygen tank and gabbing with us as she went. Once we got there, she'd lead off with her message and she always drew their concern because of the heartfelt way she could present what was happening to our children. That was 10 or more years ago, but it's not so far back. Most of the players—the key legislators and their staffers—are gone but a few remain, like Peter Rivera, who headed the Assembly mental health committee. And he'd always single out Muriel whenever he spoke at our gatherings.

## Why we want Murphy bill reforms



*US Rep. Tim Murphy. (R-Pa.)*

Two broad bills—many good points in each—meant to resurrect a broken system of mental health care in America—now vie on the national political stage for partisan attention. The first is the Murphy bill HR 3717 (Rep. Tim Murphy of Pennsylvania), a response to the crisis gripping the nation over the mass shootings by figures acting on their unchecked symptoms of mental illness. The other is the Barber bill HR 4574 (Rep. Ron Barber of Arizona), the Democrats

answer, with a broad outline for community mental health services to reform what we have now. What should be a united front for advocates for more and better services for mentally ill persons and safeguards to see the shootings stop has turned into a donnybrook. It has split opponents into two camps over what is most needed to turn the system around. The argument continues here in the Capital District where Congressman Paul Tonko had a hand in the Democrat bill. The hope is that both sides will come to sanity over the Murphy bill and its best features. Meanwhile, here is a quick analysis of what I believe we need most,

(1) putting emphasis on serious mental illness with assurance of medical treatment and hospital care when needed. Putting in place changes in the laws and policies that will identify people and avert crises. Not shifting the balance of funding attention and care to fixing neuroses and concentrating on the “worried well”, as we parents used to call them over 20 years ago.

(2) provide access to hospital care for those when they need it, with proper safeguards, not only in times of imminent danger, so visits to hospitals and emergency rooms are not abused. And provide other hospital based treatment like electro-convulsive therapy when medicines don't work; and proven behavioral strategies like cognitive behavior therapy. We need to invest more heavily in interventions in first episode psychosis and the early course of schizophrenia when the most damage is done.

(3) we need a full plate of community services—housing and jobs the foremost, plus clubhouses and companionship, for all those with a diagnosed mental illness. They need a life in the community—the future is there, not in hospitals—and they need decent apartments with subsidized rent and supports from a counselor/case manager and a doctor to call their own.

(4) we need the reforms in federal governmental policies now because they set the tone for the states to enact legislation that's missing and blocking access to reforms there. Such laws will change public attitudes towards those with both severe and less serious mental illnesses throughout America. These are “no fault” disorders. We need attitudes to change, especially by employers, landlords, police officers, teachers, judges and prosecutors, to recognize there is more they can do to create an even playing field for this group. Too many people suffering from a mental illness are sent to jail and prison, too many are without any services, too many are homeless and belong to the ranks of the impoverished. We need to move from toleration to acceptance—that would be a great outcome for the national debate over the broken mental health laws in America.

## NAMI team drops in on Tonko

A lordly visit—Our small team of five embarked uphill on a sunny



*US Rep. Paul Tonko (D-NY),*

morning from the NAMI-NYS office on Pine Street in downtown Albany May 23. We trekked around the corner to US Congressman Paul Tonko's office on Columbia St. We were going to press our support for the Murphy bill (HR 3717—The Helping Families in Mental Health Crisis Act) which we believe is highly important to us. Rep. Tonko, our usual ally in legislation both when he was an assemblyman and now in Washington, is part-author of the opposing Barber bill for the Democrats, claiming the same territory.

But this time we find he has missed the substance of the Murphy bill—which is to stop the crises involving the seriously mentally ill occurring in America that clearly call for reforming the broken mental health services system.

The whole interview went well—Paul is committed to getting the two bills closer together on the issues we disagree on, and there were no hard feelings. He said he'd continue to work for passage of the bills as they work out compromises. To summarize our discussion: We highlighted Kendra's Law (the Assisted Outpatient Treatment law), how important it was. He said the trouble was that the states with a weak program would use the AOT funds to replace their own funds instead of supplementing them. The Dems wanted states to show “maintenance of effort” to get this money. On the second main point, we mentioned the need to change wording in involuntary inpatient commitment laws to base hospital admission for mentally ill on “need for treatment” instead of the present dangerousness standard. Nobody mentally ill gets into a hospital psychiatric bed today in New York without being considered dangerous or a suicide risk. Refusal to admit has led to more violence and uncontrollable behavior by untreated people that we all read about in the headlines. Our team focused on the need to get seriously ill people into a hospital bed as the main shortcoming of the present community mental health services system.

We said the HIPAA/FERPA privacy laws were not working for our families nor on campus where parents report they've been unable to learn the condition of a son or daughter at college once a mental illness or other sickness has struck. We said that has to change. Rep. Tonko had his staffer Jeff Morgan in Washington on the speaker phone and Jeff was to meet in negotiations that day with Rep. Murphy. Paul said he's spoken to Tim Murphy two or three times on the floor of the House about the bill but Murphy wouldn't go beyond a point in tries to get him to compromise. Paul said a main interest of his was to get first instance attention to anyone who is showing signs of a crisis coming on. Seems to tie in with prevention efforts but also with having Kendra's law and police emergency pickups in place.

We agreed on the need for more community based services like housing and jobs, outpatient clinics, ACT teams, alternative treatment courts, police training, early intervention. Most of those features are in both bills. We said the bills have to address the system's failure which has led to so many mentally ill people being put in jails and prisons. It's evidence of a system that has to change. Paul thought there was a

## ***Desere Shaw wins insanity plea***

*from page one*

Some of the patients don't get free of the hospital by any easy means. There are various levels of approvals before a patient can be released from a forensic state hospital to go to a civil state hospital like CDPC and another set of releases before she is let out after that. The hospital forensic committee must approve; the hospital director, the state Office of Mental Health forensic office; the OMH commissioner, and the district attorney in the home county must also OK. The DA can go to court to challenge her release even then.

Of course, Desere Shaw faced 25 years in prison on charges of attempted murder and felony assault and her lawyer didn't dispute that she attacked the cab driver, Derek Leach, with a knife on Feb. 7, 2013, on Eastern Avenue. Braccini argued, though, that she wasn't criminally responsible by reason of her mental illness. The jury agreed.

She was to be sent to Mid-Hudson Forensic Psychiatric Center in Goshen. She can get the help she needs there, her lawyer said. "We didn't dispute the findings that she does have some issues. But the prognosis, if you read the reports, was very good, meaning that if she takes her medications and she participates in the therapy that they're giving her, that she could remain violence-free and not be a danger to other people," Braccini declared, according to the Gazette.

"The cab driver, Leach, suffered life-threatening wounds in the attack. He was left to seek out assistance on his own, finally finding help at the downtown branch of the library. Leach, who testified and attended much of the trial, still has a scar on his face and lingering effects, including numbness," the Gazette wrote.

"Shaw had been prescribed medications to control her mental condition, described by her attorney in closing arguments as bipolar with psychotic features. But she was not on her medications at the time of the attack. Braccini told the jury. Her mother had lost her insurance and Shaw stopped getting her medication, he said. The trial was marked by experts on both sides testifying to opposite conclusions over Shaw's criminal responsibility.

"Shaw exhibited odd behavior throughout the trial. She could be seen eating candy wrappers, paper cups and even tissues. She ate the tissues during her attorney's closing arguments, prompting Judge Karen Drago, outside of the presence of the jury, to have the tissues removed from the defense table," the Gazette reported.

### ***Others who faced insanity plea***

For some, taking an insanity plea can be a dubious choice. You're not going to get out of jail free any time soon. The first thing they do is make a determination of whether you're mentally ill or dangerously mentally ill and usually the finding is dangerously mentally ill. Every two years there is a retention hearing where the hospital system can have you examined by a court appointed doctor to find if you're dangerously mentally ill. Patients are able to seek out psychiatrists to do independent exams but they're up against the odds.

You could stay a long time in a state criminal forensic hospital. And if you're better they move you to a civil facility, like the Capital District Psychiatric Center in Albany. You wind up in their forensic unit and you can stay there for years, too. The state is very conservative about letting you leave to go back into society.

A substantial number of patients with a criminal history are said to be at CDPC now who have transferred in from Mid Hudson on a 330.20 petition (under the state Criminal Procedures Law). Others have served full prison time and are retained at the hospital rather than let them go free; some are sex offenders who have done their time also.

These patients are often held longer than others who are doing prison time for heavy crimes.

Another element is that for those who are going to get out there may not be appreciable improvement. The supervision they get on the outside is not always very intensive. To get out, they will have to go through various stages; first, escorted furloughs, then unescorted furloughs, then going to a supervised residence. It's a process of approval where the hospital forensic committee and the other layers of officials have to recommend these steps. The tight hold may be a reason why lawyers tell defendants to take the prison route rather than the hospital plea. And a lot become poor patients when locked into the forensic unit for an endless tenure.

Among those who have taken the hospital plea was an emotionally disturbed man, Kendall Spraragen, who walked into a Schenectady Trust Co. branch at 320 State St. in February 2005. He pulled a knife while trying to retrieve some money. He was arrested and charged with robbery and assault after a struggle with officers. According to newspaper accounts, he was on his way to go to kill his father before police intercepted him. He took the hospital plea rather than prison. For several years he is believed to have resided in a state hospital.

In another local case, Elvis Norwood was the 21-year-old disturbed man who wandered into the Daily Gazette building on October 9, 2011, asking the guard to let him have a drink of water. When he wouldn't leave the police were called. It was reported he brandished

a weapon and police shot him, seriously injuring him. He faced trial after recovering. He might have taken the plea, but instead they offered him two years in prison. He'd already spent a year in county jail, so he did his time. He's now completed his prison term but reportedly got in some minor difficulty recently while out in Rensselaer County.

In April 2002, Christine Wilhelm from Rensselaer County drowned her 4 year old son, Luke, and nearly drowned her 5 year old, Peter. She wasn't allowed to plead insanity. She was convicted at trial in 2003 and sent to Bedford Hills State Prison for 50 years. On appeal in 2006 her lawyer argued the prosecutor violated her constitutional rights by being overly aggressive and the verdict was overturned. The DA then accepted a Not Guilty by Reason of Insanity plea and she was allowed to serve her term in a state hospital instead.

An area man has been held in the forensic mental health unit at CDPC for more than 10 years after he first served a full prison sentence for a capital crime. Authorities didn't think he could be released safely back to society, even though his sister lived here in the area and could let him visit her at first and then stay over outside. The visits didn't work out and eventually she agreed she couldn't take him out.

A NAMI member on Long Island is the mother of a man sent to a forensic state hospital on a serious assault charge. His mental illness was never proven but he has stayed at Kirby Forensic Psychiatric Center in NYC for 15 years. The Mental Hygiene Legal Service tried to move him out but the case was overturned on appeal. His mother is arguing to have the state's involuntary commitment law changed. She wants someone who takes the insanity plea to only serve a length of time comparable to what the sentence would be if served in prison.

Others have pointed out that it's terribly demoralizing to someone with a severe mental illness who is confined to a state hospital where there is no end point and they have no hope of finishing their sentence. A client might not understand she has a serious illness that is holding her back from being released. She's stuck, one of many like her. And that could be the prognosis for Desere Shaw as well.

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*Police officers at training session*

new graduates.

At the close, NAMI provided some cookies, brownies and sodas from Pie in the Sky Bakery in Albany for the officers attending and guests. It was a time for the officers to relax and mingle with their colleagues from different departments. At final ceremonies, Erik Weaver thanked the leadership of Schenectady Police Chief Brian Kilcullen, county director Samaha and NAMI'S Corliss for spearheading the program.

We hope the momentum continues and the sessions continue again next spring. The aim here and in cities elsewhere in NYS where the CIT training exists (also called EDPRT) is to develop a cadre of specially qualified officers to respond to "mental health" calls. They can handle situations and emergencies involving a mentally ill person with greater safety to themselves and others in those places where they already exist. More police departments around the country are training their officers in the special response team roles. The state legislature debated a bill this past spring to pay for similar training of New York City police officers, at the urging of mental health advocates in the city. They've had public protests over a police killing of a mentally ill man who's life might have been spared with better officer training.

For families, we need to thank the city police department and Chief Kilcullen for taking this on. It brings us assurance the officers will know what to do with greater skill and confidence when they meet these situations. And they've recognized the role they share with the people in the mental health services arena, like those at Ellis, who do treatment. Sometimes the clinical staff has to deal with the patient who's had an emergency room visit accompanied by police officers and maybe admitted as an inpatient, and the treatment staff has to know about this.

## ***Public defender training coming***

Bob Corliss is closely involved in setting up with the county office a two-day, four hour training of county public defenders in June. The dates are June 17 and 24 and they've lined up a faculty to go over the topics planned for this training. Some assistant attorneys in the district attorney's office are included. This training is a breakthrough—it's doubtful other NAMI chapters have sponsored public defender training before. The idea was hatched by Bob in conversations with Debbie Slack Bean, the attorney who coordinates the city court's alternative sentencing program for the public defender's office. She noted that the attorneys have little training beforehand about these cases and they have little time to prepare when someone needs a defense and has a mental illness.



*Judge Sypniewski at relatives group*

## ***Judge fields questions at relatives' support group***

*City Court Judge Matthew Sypniewski joined us at the relatives mental health support and education group inside Ellis Hospital May 28. The judge led off with a few words about the alternative treatment court (mental health court) which he runs every two weeks. He answered questions the families brought up, such as how someone gets in the alternative program, whether families should come to court to support a loved one, and whether to obtain a defense attorney.*

The judge normally holds a busy criminal court for misdemeanor offenses in city police court, sometimes zipping through dozens of cases in a day. Some of these involve violence, some are referred to county court as felonies, and many involve mental illness, alcohol and street drugs, he said. The alternative treatment court is part of this court, meeting on separate days, as is drug court. These are options--jail is not the best place for someone with mental illness, he said.

Arraignments to present the charges and have the arrestee make a plea are set as soon as possible, often the same day or evening the person is arrested. If he's arrested Friday night or early Saturday, the judge said he will arraign someone on Saturday morning.

How does someone get into mental health court? A--We review those cases with the Ellis Hospital mental health liaison, a probation counselor and an attorney in the public defender's office who handles alternative sentencing. Once someone has requested this and is approved he is released from the crime he is charged with and enters a plea acceptable to the court. He has to attend the alternative court for six to nine months, and keep his doctor's appointments, his job or program on the outside. If he fails, the judge will talk to him and he can be sentenced back to jail.

How do parents find out if their son or daughter has been arrested? A--An arrested person has a right to make a phone call but is not obligated to do so. Your next best source to find if your son's arrested is from the public defender.

Should you get an attorney for your family member? A--It's always important if there's a current to communicate. The sooner you can let an attorney know what the charges are--if he can get treatment on a supervised basis, that's important. Judges look for those things--being present in court--perhaps you can be an influence on the court. Parents are welcome to attend any time.

What does he do about violent people in his court? The judge said they're more open about admitting to him that they were violent. Once we wouldn't admit we had assaults in places like the hospital. Bail is an important part of the pre-trial process, Judge Sypniewski remarked. Bail amounts vary--he sets bail at lower amounts than a judge does in a suburban town like Niskayuna. Poor people often can't make bail and have to wait in jail for their case to come up.

How do you graduate out of mental health court? The judge said he and the DA and public defender have to agree the person should be discharged. Hopefully over six to nine months there's consistency--keeping appointments, taking meds. He's allowed to plead to a lesser charge or have the charges dismissed. And one person with a record hasn't been rearrested in about a year and a half--a nice run, he smiled.



*Pete Earley, right, and son, Kevin*

## ***Crisis training for police officers saved my son's life***

*(Ex-Washington Post reporter Pete Earley, who wrote the book "Crazy", testified before the Senate Judiciary's subcommittee in April about lack of beds for someone as distraught as his son. It's a powerful reminder of the failure of the states to act and another reason for us to support the Murphy bill.)*

My family's story begins with a frantic car ride and my son saying these words: "How would you feel dad, if someone you loved killed himself?"

My college age son, Kevin, asked me this question while we were racing down Interstate 95 from Manhattan to an emergency room near my home in Fairfax County Virginia. Kevin had been diagnosed a year earlier with a mental illness, bipolar disorder, but had stopped taking his medication. When I picked him up, he had been wandering around New York for five days. He hadn't eaten, had barely slept and was convinced God had him on a secret mission. I pleaded with him to take his medication but he screamed at me: "Pills are poison. Leave me alone."

At the emergency room, my son and I were taken into a separate waiting room because of his bizarre behavior. Four hours later, Kevin announced that he was leaving. He yelled "There's nothing wrong with me!" I ran into the hallway and grabbed a doctor. I will never forget how he came into the room. He entered with his hands up as if he were surrendering.

"I'm sorry, I can't help your son," he said. The nurse had told the doctor that my son thought pills were poison and under Virginia law, my son could not be forced to take medication or undergo treatment unless he posed an imminent danger to himself or others. The fact that we had been waiting four hours and no one had been hurt was proof there was no danger. I was told to bring my son back after he tried to harm himself or someone else.

During the next forty eight hours, I watched my son sink deeper into a mental abyss. He slipped out of the house early one morning and broke into a stranger's house. Luckily no one was home. He broke into take a bubble bath. It took five officers and an attack dog to get him out. My son was charged with two felonies: breaking and entering and destruction of property.

I was so frustrated. Virginia laws had kept my son from getting help when he was not thinking clearly. Now Virginia laws wanted to punish him for a crime that he committed when he was not thinking clearly.

Fortunately, my son got two years of probation for breaking into a stranger's home. Medication helped him, but he stopped taking it the moment his probation ended. I called a Fairfax Crisis Response team but was told I had to wait for my son to become dangerous. When he became violent, they refused to come and called the police.

My son's last breakdown happened once again after he stopped taking his medication. Afraid I would call the police, he took off in his car. He ran out of gas in North Carolina and called me. Voices were telling him that if he stepped out of his car, he would die.

I arranged for him to get gas. He drove up Interstate 95 completely psychotic, twice going off the interstate. I took him to a mental health facility. That night, he took off all of his clothes because he thought it made him invisible and walked out.

But this time my son was picked up by a Fairfax County Police officer who had received Crisis Intervention Training. When Kevin asked him to not handcuff him, the officer used his discretion and treated my son with respect. He didn't handcuff him and took him to an emergency room where he persuaded the doctor to admit my son. It is thanks in part to the CIT program that my son is thriving today rather than being in jail.

## ***In Honor and Memory of Muriel Shepherd***

*(Harvey Rosenthal of NYAPRS wrote this May 23; it's been shortened for space reasons)*



*Several weeks ago, New York's mental health advocacy community lost one of our greatest champions. From the very first days when I ventured into statewide advocacy in 1993, it was immediately clear that Muriel was the very best we had. She understood the details of every issue, however complex, and would always patiently and clearly explain the challenge or opportunity that was facing us and what to do about it. Her*

*great intelligence was matched by her deep devotion to people with psychiatric disabilities and their families.*

*She seemed ever-present at the Capitol, from the 1990's to what seems like just a few years ago. She was indeed ever-present because she came up to Albany on a weekly basis to walk the halls and work policymakers and staff in support of initiatives to increase services or expand availability of housing and the like.*

*Muriel was an early and ardent support of recovery, empowerment and the consumer movement and a great bridge to our friends in the family movement. She was always very generous with her always on target advice and her passion for what we were doing and bringing to the policy table. I've attached a few photos. It's a remembrance of the extraordinary collaboration between NAMI and NYAPRS that was the nightly candlelight vigils we held at our state Capital in Albany in the 1990's.*

*In 1993, we came there, together, to insist that then-Governor Mario Cuomo sign into law the Community Reinvestment Act that came to funnel over \$200 million to create or expand a broad array of critically needed community based recovery services, including rehabilitation, employment, housing and crisis, peer and family support. When Governor signed this bill into law at Fountain House a month or so later, he credited the groups that 'wouldn't leave' with convincing him to approve this landmark piece of legislation.*

*NYAPRS will always remember Muriel in another way. I came to visit Muriel in her nursing home a year ago to tell her that we had re-named one of our annual awards as the "Muriel Shepherd Partners With Families Award." She glowed for a moment...became silent... and then proceeded to return to another policy issue she wanted to discuss and plan around. We will always miss her and, once a year, at our annual conference, we will honor her and the family members who have carried on in her great tradition.*



Lori Ghany, mother of missing son

## ***Insanity Plea*** *continued from page 4*

### ***Notorious cases where plea was refused***

Desere Shaw was lucky to win an insanity plea, where so many others have failed. In a notorious case in 2001, Texas nurse Andrea Yates drowned her five small children and pleaded insanity. She had delusions that Satan was inside her and wanted her and the children dead. Callers to a talk radio show clamored for the death penalty. Her attorneys won the right for a competency hearing, believing she couldn't contribute to her own defense in court. They submitted hundreds of pages of testimony on her history of mental illness. But at trial the court refused to accept this and she was found guilty in the death of three of her young boys. Three years later an appeals court threw out her conviction in her first trial. She was found NGRI during this trial and was sent to a state hospital. She's been denied release several times, most recently last year.

Susan Smith made even more brazen headlines in 1994. The South Carolina mother let her car roll into a lake, drowning her two small children inside. Her motive was to hold onto a lover who didn't want children in the picture. She falsely claimed a black man had carjacked her and kidnapped the children. Police were suspicious but conducted a search until she confessed after a few days. She suffered from depression and had tried suicide twice but she did not plead insanity. Her behavior was deemed contemptible—others in similar crimes mostly didn't know right from wrong. She is still in prison.

In New York's most famous case, Andrew Goldstein, the schizophrenic man who pushed Karen Webdale in front of a NYC subway train in 1999, was sent to prison after an insanity defense failed. He was first tried for murder in Oct.-Nov. 1999 when the trial ended in a hung jury. A second trial in March 2000 brought a verdict of guilty and a sentence of 25 years to life. But this was overturned in Dec. 2005 when the state Court of Appeals ruled his right to confront witnesses was violated, and a third trial was ordered. Then in October 2006 Goldstein's attorneys reached a plea deal with the Webdale family in which he pleaded guilty to manslaughter and would serve 23 years in prison plus five years of post-prison aftercare. Goldstein has been in Sullivan Correctional Center since 2000. In an interview with the NY Post in 2006 he admitted his guilt and said the law should be toughened to require supervision of dangerous people like himself.

## ***HIPAA law hinders search for loved ones***

*(Shorter version of story that appeared in Staten Island Advance on May 4. While the HIPAA law and NYS confidentiality law protect the patient's right to privacy, parents perceive the laws as erecting a wall of secrecy. HIPAA rules would change under the Murphy bill in Congress.)*

While Lori Ghany doesn't know if her son, Richard, will ever return home, she hopes the experience can shed a light on some of the problems families face when their adult relatives and children with mental illness go missing—especially when it comes to federal laws.

The 20-year-old, who, his parents say, suffers from schizophrenia, left his family's Huguenot home on Staten Island April 17. And though police tracked him to a hotel in Seattle, he refused to come back. "He's not lucid—we need him to come home so we can help him," Mrs. Ghany said. "We can't bring him back because he's within his legal rights, but that's the big problem in the mental health community... It's like we have to wait until there's a tragedy, and by then it's too late."

That's a problem experts in the health community know all too well, and it's an issue that's further complicated by a federal law designed to keep people's medical records private.

The executive director of the State Island branch of the National Alliance on Mental Illness (NAMI), Linda Wilson, pointed specifically to problems with the Health Insurance Portability and Accountability Act (HIPAA), which established strict federal laws of patient confidentiality. Ms. Wilson says the federal regulations could deter the search for a missing adult who has a mental illness because it prohibits hospitals from disclosing patient information, unless permission was granted prior, or warranted due to certain circumstances.

"When a family is trying to look for them, they can call every hospital in the area, but they can't even tell them if their family member is there—it's a big problem" said Ms. Wilson.

Advocates such as Ms. Wilson say that the missing person may not want their family to find them, and opt out from being listed, leaving families uninformed about their loved one's safety. "Often they leave because they're angry at their family for some reason—if they get picked up and put in a hospital they'll most likely not want anyone to find them, she explained. She knew of a few cases in recent years where parents could not locate their lost son or daughter because the hospital did not have permission to disclose any patient information.



***Car in surf—Distraught mother Ebony Wilkerson drove her minivan into the surf at Daytona Beach in March with her children inside. Her lawyers are considering an insanity defense.***

## ***Relatives support groups from page 2***

to a relative with a serious mental illness. You don't need to live in Schenectady County or have had a family member hospitalized at Ellis to take part. Park in the parking garage, walk through the main floor corridor to the elevators and go to third floor. Turn left, west off the elevator and follow the hall to classroom. See signs on the wall. Frank Greco is the counselor for the program at CDPC clinic at 426 Franklin St. which meets as-needed on Monday nights, 5:30 to 7. Call ahead on 374-3403. Frank also runs a support group in Albany at CDPC on alternate Thursday nights. Call 447-9611 x-4512.

## ***Consumer news***

Consumers can check the Schenectadypeer.com website for latest activities of the PEER group (see info@schenectadypeer.com). The PEER group continues its live YouTube Google-plus hangouts on Sunday evenings at 7 where they discuss things mental health-related and community activities happening "live" on the internet. You can join them—call Celeste Trotz on 374-9753. PEER advisory board meets every first and third Friday at 1 pm at Apostrophe Coffee in Proctors Arcade (also join them). Ellis mental health crisis line is 243-3300. Dual Recovery Anonymous support group meets Thursdays 5:30 to 6:30 at Conifer Park Outpatient at 600 Franklin St. ReachOut newsletter editor looking for writers.

***NAMI FAMILIES AND SUPPORTERS:*** Call US Rep. Paul Tonko's office, (202) 225 5076 - say you're calling about the mental health services bill and ask to speak to a legislative staffer. Say you support the Murphy Bill (HR 3717) and urge Paul to reconsider his position. He supports the Democrats bill which does not address the shootings.

**NAMI Schenectady**  
**P.O. Box 974**  
**Schenectady, NY 12301**



Elliot Rodger  
off national debate over the role of guns versus the mentally ill as responsible for the crimes. More to be said in our next issue.

## ***Public debate rages over California shooting spree***

Wild spree of stabbings and shootings by an emotionally disturbed man in Santa Barbara, Calif., Elliot Rodger, has again touched

***Editor's note: you are invited to call the editor, submit an article or letter about anything germane to local mental health services or the situations families and consumers face in our community, to run in the E-News. This is the monthly NAMI Schenectady newsletter and is primarily issued via e-mail. if you want an e-mail copy send your e-mail address to the editor, rneville@nycap.rr.com. Back issues are on the website, namischenectady.org and can be downloaded in pdf format.***

***Roy and Mary Neville, co-presidents Roy Neville, writer-editor***