

## Making Recovery A Reality

by Brooke Katz

I started to hear voices when I was nine years old. At first I did not realize that no one else heard the voices. Sometimes they told me to do rather benign things like walk to a certain place; other times they told me to hurt myself and other people. I never hurt another person, but there came a point where I could not resist the commands to cut myself. I did not tell anyone about the voices because the voices told me that if I told anyone about them they would kill me and whomever I told. I also had other symptoms, like visual hallucinations, compulsive rituals, racing thoughts, paranoia, and other delusions.

Despite my constant fear and the resulting vigilance in everyday activities, I managed to hold things together. I played soccer, did well in school, had friends, and got along with my brothers. I tested the limits of my parents, but not to the point that they suspected that I could have a mental illness. In the fall of my senior year of high school I began to deteriorate. I stopped

sleeping and had involved myself in too many activities in an attempt to keep some level of control over my life. After I turned in a ten-page paper written completely in code language, I started to work with the high school guidance counselor. I wished I could trust her with all my secrets, but I could not. Over a few months, I slowly let her know about the self-harm and my insomnia, but said nothing about the voices.



Brooke Katz

I was scared to ask my parents for help – I did not want to disappoint them, and thought they might be killed if I told them. Finally the counselor convinced me to tell my parents that I needed to see a psychiatrist. We told my mom that I had “senioritis” and maybe some depression. It took six weeks to get an appointment with a psychiatrist. The night before my appointment, I had an acute psychotic episode and ended up in the ER.

I told the social worker that I could not go home, but she would not admit me to the hospital because I told her I was not suicidal or homicidal. I was

admitted to the partial day program. After one week, I tried to kill myself and was admitted to the inpatient unit. When I woke up, I was furious that I was still alive.

The average stay in the psych unit was three days. I stayed for nine weeks. My depression deepened because I was missing my senior year of high school.

It took a few weeks in the hospital before I told anyone about the voices and other symptoms. I was out of touch with reality and became infuriated when someone tried to convince me that my paranoia was unjustified. I was given anti-psychotic medications that sedated me but did not really help with my symptoms. With the combination of increased appetite and no exercise, I gained seventy pounds in six

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# A Message from the Executive Director

It was more than two years ago that Hurricane Katrina hit the Gulf Coast, including New Orleans. The incredible damage that the storm wrought – both seen and unseen – remains to this day.

Tens of thousands were uprooted; for many of them, their homes are now a memory. Their livelihoods left with Katrina's dying winds. Many barely escaped with their lives.

Recovery is slow; there is a fear that most of the Ninth Ward, in which some of the city's poorest citizens lived, may not be re-built at all.

Many of the city's residents may not return. Their sense of security, their jobs, homes, and their health were taken away, shaken, battered. What's in store for those who remain? Charity Hospital, the city's only trauma center and public hospital, is still closed and may never re-open. Many of the region's physicians and nurses were displaced and medical records destroyed or lost. The end result? The physical and mental health of thousands is endangered by poor or non-existent access to medical care.

According to a Henry J. Kaiser Family Foundation report released in August, 2007, of the 1,500 people interviewed in Fall, 2006, twenty-one percent of those in Orleans Parish (which includes New Orleans), and twelve percent in Jefferson Parish (Gretna) said their mental health deteriorated. Another survey, a 2007 follow-up to one conducted six months after the hurricane, showed a worsening of Gulf Coast residents' mental health.

People are skipping or cutting back on doses of medication

because they cannot get prescriptions filled. As we already know, for someone with moderate or severe mental illness, this can turn into a full-blown crisis.

A study published in the *Annals of Emergency Medicine*, this one of residents in 92 post-Katrina FEMA trailer parks in Louisiana and Mississippi, noted that suicide attempts in these parks are 79 times higher than the national average.

Major depression was seven times the national average.

But as we head into the holiday season, there is a glimmer of hope for the residents of the Gulf Coast.

Though grindingly slow, there is re-building. Residents are returning ever so slowly. New Orleans' population has reached 60% of pre-Katrina levels. And while Charity Hospital, the main source of medical care for the poor people of the city, is not scheduled to open any time soon, at least officials are discussing what it would take to do so. They are beginning to understand the hidden damage that Katrina left in its wake.

Here at NAMI, we are hopeful that the New Year will bring not only easier access to quality mental health care for the residents of the Gulf Coast, but for the country as a whole. We are working unceasingly to get mental health care treated equally with other medical conditions, and to ensure that all communities within NAMI have access to the tools and resources they need to combat mental illness.

Nothing makes me more hopeful than stories like that of

Brooke Katz, on page one. Her story is one of courage, strength, bravery and above all – hope. Hope is recovery, of fulfilling the promise of life. That is why I am here, and I'm sure that is why you, as a NAMI supporter, are here as well.

I wish you and yours a wonderful holiday season and a Happy New Year.



Michael Fitzpatrick,  
Executive Director



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months! After several hospitalizations, it was clear I could not live safely at home, so I finished out my senior year of high school in an adolescent residential treatment center. I went from being an A student, National Merit Scholar, varsity athlete, and editor of the school newspaper to barely being able to stay awake for more than a few hours per day. And those few were filled with fear and guilt.

Specialist after specialist in my home city of Seattle, WA, was stumped by my situation. When my psychiatrist declared there was nothing he could do besides admit me to a home for delinquent girls (despite the fact that I had never broken the law!), my parents looked online and found a hospital in Massachusetts willing to treat me.

My mom and I went to Boston in January, 1999. I lived in an adolescent treatment center for five months. I began treatment with a pediatric psychosis specialist. She presented me with hope for my future and many exciting ideas, but I did not get better right away. I was in and out of the hospital almost twenty times. I was given every medication combination possible. I suffered side effects, like even more weight gain, diabetes, tremor, sedation, cardiac arrhythmias, kidney problems, thyroid problems, and GI problems.

Finally, after a few months of stability and intensive day treatment programs, my treatment team and I decided that I was ready to start college. I decided on one close to home.

I continued to struggle. I often missed class; when I was there I fell asleep. I could not concentrate or focus. No matter what subjects I chose I just was not interested. When I missed a Chemistry exam because I was in the psych hospital and was given

a zero with no chance to re-take the exam, I knew this was not the school for me. I got an idea that maybe I could be a nurse. I applied to a small women's college with an elite nursing program and I was accepted!

In my first year I was hospitalized twice, but I would not give up.

September of 2003 was a turning point in my life. I had a psychotic episode and was hospitalized. No one knew what to do with me; we were out of options. There was one more medication I could try, but I was warned that there were several possible serious side effects. I decided to try it. With the new medicine and the continuing intensive psychotherapy, I started to feel better. Within a week I felt decreased anxiety and felt better. Within three months the voices were essentially gone. Within six months I began to doubt my own delusions and paranoia. School became easier. While I still needed accommodations for exams, the readings and projects seemed to come to life. I began to get A's instead of C's. In the Summer of 2005 I decided to try to work. I got a full time job as a nurse's aide in a nursing home and found my love of geriatric nursing.

I have not been in the hospital since September 2003. In December of 2006, I graduated from nursing school with a BSN, passed the state board and earned my RN degree. The job interview process was frustrating. Because I am very open about my schizoaffective disorder, I felt sometimes I was discriminated against. I cannot prove that I was, but there was more than one occasion where I felt that, because of the stigma, I would be offered a job which would be rescinded because of my mental illness.

In January 2007, I accepted a full-time job on the day shift at Hebrew Rehabilitation Center on a long term medical acute care unit which is mostly geriatrics. Because the unit is long term, I really get to know my patients and it is incredibly rewarding. Plus, I feel like they have so much to offer me, having had life experience to get to old age. My co-workers are great; most of them know about my illness and they treat me just like any other RN.

Even though I love what I do, I am considering eventually going on to graduate school to earn a masters degree so I can work as a psychiatric nurse practitioner. Having just got out of nursing school six months ago, I am not ready to work on an inpatient psych unit. It is just too close to home. Right now I work three twelve-hour shifts per week. On my days off I play soccer, watch movies, and am currently working on a project to bring mental illness awareness to local high schools and to college freshman orientation programs. I am also involved in my local and state NAMI chapters. I am trained to run a NAMI-CARE support group and I am an "In Our Own Voice" speaker.

I enjoy speaking to people – those who have illnesses, family members and community groups – to spread my message of hope that it is possible to recover from psychosis and lead a meaningful life.

**Editor's Note:** Brooke has published her memoirs, *I Think I Scared Her: Growing Up With Psychosis*. To purchase, go to [www.nami.org](http://www.nami.org), click on the store link, then link to the Amazon.com web site from there. Proceeds from sales benefit both NAMI and NARSAD.

# Leadership Alliance Corner

Many people look forward to the approach of the holidays. Shopping, parties, visits with family and friends. It is a time of joy and of hope, a time to count one's blessings, and make plans for the New Year. But for those living with mental illness, this can be a dangerous time of year.

For some, the whirlwind of activity can be overwhelming, the expectations crushingly difficult to manage or meet. For

others, they may be removed from close friends and family, or unable to participate in the season's activities.

We at NAMI recognize that mental illness and its devastating consequences do not take a vacation during the holiday season. Indeed, we must be more vigilant to ensure that our more vulnerable citizens do not get lost during this busy time. It is up to us to make sure that they, too, can experience the hope of the season.

Thanks to the help of NAMI's Leadership Alliance

members, many do. And you can help, too, by becoming a member of the Leadership Alliance with your gift of \$500 or more. If you would like to join the Leadership Alliance or want more information, please contact Linda Radcliffe at (703)516-7970. If you are already a member, we ask that you please continue your support at or above your current level of giving, if you can. There is still much to do, and your contributions go a long way toward helping us get mental illness treated in the same manner as other illnesses.

**It is with great pleasure that we take this time to thank Leadership Alliance members who gave \$500 or more to NAMI between July 1, 2006 and June 30, 2007 by recognizing them in the listing below. We would also like to extend our gratitude to all those donors who wish to remain anonymous.**

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# Giving: The Spirit Of The Season

It's that time of the year again, just before the holiday season begins in earnest. You may have already started making travel plans to visit family and friends, drawing up gift lists and getting a head start on making your New Year's resolutions.

But this is also a good time for you to think seriously about your charitable giving priorities and the tax implications. By thoughtfully addressing those priorities between now and December 31, you help ensure that you gain maximum benefits for you and your charitable interests, including NAMI. Increase



the impact of your gifts by carefully considering what – and when – to give.

Cash gifts (defined by the IRS as having been made with cash, check, credit card, or payroll deduction) received or post-marked by December 31, 2007 qualify for tax deductions for this tax year. If planning to deduct charitable cash gifts, please make

sure to keep all records pertaining to your gift.

NAMI accepts other types of gifts, such as stocks, bonds, properties, etc.

For more information, contact Darcy Taylor, Director of Constituent Relations, at (703)516-7990.

*The purpose of this article is to provide general gift, estate and financial planning information. It is not intended as legal, accounting or other professional advice. Please consult with the appropriate advisors for assistance in planning charitable gifts with tax and other financial implications.*

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Some of the lowest rates available on the Internet are at NAMI Travel, along with access to your favorite airlines, hotels, and rental car companies. Even better, you help provide NAMI with resources to promote education, advocacy, and research on mental illnesses.

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