
Illinois Imagines

October 2015



“Surely We Can Do Better”

By Carol Corgan

My niece has a mental illness. My experiences with her in her journey through the mental health care system, as a family member, ally and advocate, have taught me that good help is hard to find.

Chelle was first diagnosed and promptly confined in a state hospital when she was 16. She has been diagnosed with schizophrenia, paranoid schizophrenia, schizoid affective disorder, bipolar disorder and depression, all at once and in various combinations.

Until recently, no one in the history of her interaction with the mental health system paid any attention to trauma. Though she was nearly killed by her biological parents, abused and abandoned by her adoptive parents and sexually abused and assaulted throughout her life, Chelle’s depression, aggression and addictions were determined to be mental illness, rather than the manifestation of trauma or self-defense. Her desperate struggle to survive abuse and her coping strategies, were deemed maladaptive and labeled as mental illness. Her spiral through a state psychiatric

.... MORE BETTER PAGE 2

Spotlight

Peoria Holds Workshop

Illinois Imagines Team serving Peoria, Tazewell and Woodford Counties hosted a successful workshop on October 14. The workshop entitled “Abuse and Empowerment: What it Means for People with Disabilities” was a true example of collaboration from all partners from the planning meetings to the day of the presentation.

The workshop featured presenters who spoke on topics such as the history of the Americans with Disabilities Act and use of People First language and inclusion, abuse of older adults and people with disabilities, sexual abuse and assault and Empowerment Programming being done in our

.... MORE PEORIA PAGE 4

Webinar Schedule

○ Importance of Self-Care - 10-11 a.m. Wednesday Nov. 18

Webinar facilitated by Mary Ratliff of the Illinois Family Violence Coordinating Council will focus on the importance of self-care as we do our work.

On-Site Training Offered

The Statewide team is offering community teams the opportunity for on-site technical assistance. Technical assistance visits will be scheduled for completion between October 2015 and January 2016. Please contact Shirley Paceley at spaceley@maconresources.org to schedule a visit.

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hospital, other hospitals, group homes, nursing homes, halfway houses and shelters solidified her status as a non-compliant patient, a dropout from the realm of “normal,” a crazy outsider.

At the age of 26, she begged me to get her out of a shelter and into a nursing home. I made phone calls, signed papers, faxed documents and got her into the home. There, her only treatment was a drug regime designed to keep her in the compliance zone. Unable to stay awake or speak without slurring, she was also unable to assert her rights or protest being raped by the resident sex offender and one male staff.

I searched for an alternative and found only one that was viable. To reach that alternative, she had to do was be “good” for three months. Being “good” meant: take all the meds, don’t fight, don’t attempt suicide, don’t run away, don’t be hospitalized. Every time she wasn’t “good,” we started over again – another three months.

One nurse and I became Chelle’s coaches – identifying small steps,



Chelle, center, pictured with her grandparents at a community event near her current residence.

Chelle: In Her Own Words

I was sixteen years old when I was put in a state mental hospital by my own mother. Dealing with my years of abuse and neglect, my mother couldn’t handle me. And truthfully I didn’t know what was wrong with me. I spent years and years restrained to beds, given injections and being over-medicated. Over the years I was in and out of mental health systems, and I saw all kinds of doctors. After 28 years and all kinds of medications, finally I found a doctor who told me I have schizophrenia. Now I’m on the right medication. With my willpower and medication, I now lead a normal life.

intermediate goals, a daily regime of self-talk, to get through three months day by day, hour by hour, without incident, without a lapse that would start the clock over again. She finally made it. She moved into a complex owned, staffed and operated by a

local mental health center.

There she had a one bedroom apartment with a door and a key. She exclaimed over and over about how great it was to lock the door at night. To shower without fear that someone would walk in and

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assault her. To use the toilet without a witness. She had access to 24-hour staff to talk to and get support as well as to manage medications. She could sleep. Relax. Make choices.

For the first time since she was 16, Chelle had a home. She had the freedom we only experience if we have privacy, safety, shelter and food and know that tomorrow we will still have all that.

Still, there were two missing pieces. One was attention to trauma. She got meds which helped Chelle manage symptoms. But they did not address the scars of abuse, the triggers that led to nightmares,

flashbacks, self-medication, and suicide attempts. And her psychiatrist told her she should not talk about the past. And she could not be a lesbian. He reiterated this during her quarterly meetings with him for five years, threatening her with expulsion if she ever kissed a woman.

The second missing piece was connection to family. This placement was in a tiny town, 70 miles from any family. For Chelle to participate in any family gathering required a 280 mile roundtrip trek for someone.

So, I looked for another option, and Chelle worked to achieve a level of

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So What Can We Do?

- When someone says they have been or are being abused, believe them. Do not assume they are dishonest, delusional, manipulative or trying to get attention.
- Recognize that safety is paramount. When someone is not safe - where they live, work, get services, their physical and emotional freedom is limited. Their capacity to benefit from mental health or other services is also limited. Safety planning and work to resolve potential threats is essential.
- Be certain that agency staff:
 - are informed about trauma,
 - understand impact of trauma on mental health,
 - are prepared to respond to trauma skillfully,
 - know how to connect a survivor with a rape crisis center.
- Expand housing options for people experiencing mental illnesses that are:
 - safe from sexual predators and other abusers,
 - co-located with or readily accessible to mental health services, case management and other key supports.
- Don't medicate trauma. Balance the use of psychotropic medications with skillful processing of trauma to promote healing.



Peoria team members recently conducted a workshop.

.... PEORIA FROM PAGE 1

area. Self Advocates Patti Morgan and Theresa Sies, along with Prevention Educator, Rachel Boudreau, shared their experiences in facilitating an Empowerment group at EPIC. Participants included individuals from many disciplines including social work, teaching, residential services and personal assistants.

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independence that she could sustain without co-location of the mental health center and housing. We moved her to Springfield in 2010, into an apartment complex for people with disabilities and senior citizens. She began to receive services from the local mental health center, made friends, learned to use the city bus, spent lots of time with family. She began a dating relationship. The only problem was the sex offender who lived upstairs, who raped both of them. Though they reported to police and received care at the hospital, the complex would not eject him, because he was never arrested or prosecuted.

So Chelle's dating partner moved – 200 miles away. Chelle fell into depression. She became an easy target for two other resident predators who stalked her, stole from her, took her medications and raped her.

Again, the staff at the apartment complex refused to intervene despite my repeated, insistent requests for help. Chelle was not a "reliable reporter" and should "just stay out of their way." So three perpetrators kept their homes and Chelle was hospitalized and ultimately forced to move out – for survival. In 2010, we found a new

home, another apartment complex in a small town 15 miles away. Here, Chelle has thrived. The mental health center continued services, her psychiatrist listens to her and supports her choices. The apartment building managers treat her as an adult who deserves respect and safety. She attends two weekly groups with people who share her struggles and staff who offer useful information and support related to daily management of trauma to healing. She has connected with a faith community of people who love, respect and include her. She is close enough for meaningful family connection. She has chosen a rescue cat, Precious. As she says, "I rescued Precious and she rescued me right back."

At last, Chelle is safe. She is home. She is free. And it only took 17 years. Twelve years with living situations, plus eight stays at a state hospital, plus 16 other hospitalizations, plus a dozen psychiatric and mental health centers.

Surely we can do better. Start sooner. Be kinder. Pay attention to the whole person. Address trauma and safety. Surely we can improve the system so we can just do better.