

My name is Stuart Levy. For over 30 years I practiced in the mental health field as an LCSW including in an acute inpatient psychiatric setting. Never in my worst dreams did it occur to me that one of my children would one day need hospitalization for psychosis due to schizophrenia. Throughout his childhood M. was an all-star kid, beloved by his friends and teachers, a TAG student and talented musically and athletically. His illness came on slowly and built slowly starting at age 14 with subtle but troubling changes in personality, becoming more anxious, uncommunicative and irritable. He made it through high school quite successfully, singing in an elite choir, being named captain of the soccer team and dating the class president. He went off to college out of town where we learned later that he began to hear voices his freshman year. Still he managed to finish college without obvious signs of major mental illness and stayed in New York City. Once on his own his difficulties began to become more noticeable. He couldn't manage his money, he would get kicked out of his shared living arrangements every couple of months, he could not maintain any of his jobs. When he told us he lost his job as a charter school instructional assistant because he was too depressed to get to work, we asked him to move home to get treatment help.

Once home and seeing a psychologist he failed to improve and when prescribed antidepressant meds he wouldn't take them. I asked a colleague to help me find a psychiatrist for him as I was having trouble finding anyone with availability. He had an initial appointment but was told then that she couldn't work with him. The psychiatrist offered a session including his parents. At that session she told us that M. was experiencing psychotic thoughts which she didn't treat. She referred him to EASA but he refused to enroll in their program. A subsequent psychiatrist tried to prescribe antipsychotic medication but he refused to take it. M. was suffering from anosognosia, unable to understand his illness. There were several more failed outpatient treatment experiences.

He was becoming more belligerent at home. We were having frequent arguments about his pot smoking in our house. We started to feel we were not safe after he became more aggressive during these conflicts. When he smashed a kitchen chair we decided he couldn't be in the house with us anymore, but there was nowhere for him to go. We paid for him to stay in a motel while we looked for something else. He broke off contact with us. When I went to check on him a few days later there was food on the walls of his room and glass on the floor. He hadn't been eating. He was in a full acute psychotic episode, hallucinating and extremely paranoid. I got him in the car with me to take him home again. I tried to talk him into going with me to the walk-in mental health clinic at Cascadia, but when I mentioned this he jumped out of the car and took off. I got him back in by offering to bring him home. Apparently while at the motel he used meth or crack given to him by someone at the motel and his psychosis had gotten even worse.

After coming home he raged incoherently, pushed me aside and ran out of the house to his car and drove away. Several hours later I got a phone call from the ER at Cottage Grove Hospital. M. was brought in by the police after being picked up on the highway. He had driven south on I-5 until he ran out of gas. He had no phone, having thrown it away due to his paranoid delusions. When the police stopped to check his car on the side of the highway he ran but was arrested. Thankfully they realized at the jail that he

needed medical care. The ER nurse said she would look for a psychiatric bed for him. We asked that he be sent back to the Portland area, but there were no beds available and he ended up hospitalized in Bend. After a week in the hospital we could tell he was still delusional despite starting antipsychotic meds, but the treating psychiatrist wanted to discharge him to home. When I explained to a treatment staff person that we did not feel safe with him at home, she mentioned the possibility of a civil commitment investigation. I spoke to a friend who was the director of a post acute residential treatment facility about our situation and he helped to connect me with the civil commitment program in Multnomah County who put me in touch with the Lane County civil commitment program who had jurisdiction. They agreed to evaluate and recommended M. for civil commitment. At the hearing the judge asked M. if he would stay on his medication and it was clear from his answer that he would not. After M. was civilly committed he was kept in the hospital for another 2 weeks (rather than quickly discharged) and we were able to get him into a residential program where he was treated for another 8 weeks before being discharged home.

Once the 6 month commitment ended, M. immediately stopped taking his medication. Then, about 2 months later, he told me he was reading posts on facebook when he realized that he was having unusual thoughts. He wanted to go back on antipsychotic medication. This time he agreed to go to Urgent Care at Cascadia where they got him back on his meds, and he has remained medicated and in treatment today, more than ten years later. Without civil commitment there would not have been any way to get past M's anosognosia so that he would understand his diagnosis and willingly take the medication he so badly needed.

Knowing about this bill being presented at the legislature, I recently asked M. about his experience of his civil commitment. He said without hesitation that it saved his life and without it he would be dead by now.