

My name is Carey McKinnon. I live in Bend.

I am a retired nurse. I have a psychology degree through U/O.

I have extensive experience in Medical, Psych and Chemical Dependency settings – both medical detox and Residential treatment care. I was contracted by the State of California as a Nurse Case Manager in their State medical diversion program, where, as a Nurse case manager, I monitored medical practitioners in recovery from addiction who were seeking to retain their licenses. I also worked as an RN case manager for Hospice, delivering end of life care. A Hospice nurse deals with family systems. My Hospice patient assignments tended to reflect my addiction and psych experience and expertise.

My personal history: I grew up going to 12-step mtgs with my future step-mother. She was agoraphobic, as was my mother. Because of agorophobia, my future my step-mother needed someone to accompany her to mtgs. That was me at the age of 9 or 10.

I also grew up sitting outside the California State Mental hospital with my friend, Frances, who's mother visited her brother with schizophrenia, and my babysitter, when he was in patient care there.

At the age of 14, I volunteered for a community mental health program designed to support families and patients, who lived in the community with the diagnosis of moderate to severe schizophrenia. Homelessness was virtually unheard of until mental health care funding was decimated and Mental Health Hospitals and community supports were closed down under Ronald Reagan.

So, I am hear to literally talk about life and death. I am here to support Tina Kotek's proposal to fund the increase of treatment beds for mental health patients and addiction care – and the support of education and training for care providers for those increased beds.

Though I unequivocally support addiction care, my main focus today is mental health.

A yr ago, I approached a lawmaker with this very concern - funding. I was met with an eye roll – and a subsequent list of reasons as to why this was not an issue of value at that time - least to this individual. But that is the crux. We do not value the lives and well-being of this population in our midst. This population has no voice. They cannot appear here before you to be the squeaky wheel. Elon Musk refers to this population as the parasite class.

Picture

This is my son. A little over a yr ago, at the age of 32, after years of trying to get him help, being labeled an overbearing and interfering mother, my daughter burning out trying to get him help, being refered to Deschutes Mental Health by his therapist

because of his great need, changing my will to ensure he was cared for in the even of my death, being dropped from care from Deschutes Mental Health, Covid... My son had a serious and classic psychotic break.

By the grace of the fates, and daily calls to police, desperate to get my son help, he was arrested. The only way to get any mental health care for patients like him is through the jail system. Pathetic. Understand, the day before, after multiple citizen calls of concern, my son was picked up off the shoulder of hwy 20 where he had been laying actively dying – a medical term. The police were unable to hold him that day. It was the next day that he was arrested for criminal trespassing, while looking for shelter. Per his Docs testimony, had he not been arrested, he would have died within a MAX of 24-48 hrs from self neglect.

After years of trauma and effort, my son was then diagnosed with schizoaffective disorder – schizophrenia.

I was not yet his guardian. After some months of care, he was sent 7 hrs away, to the only residential treatment bed available to him at that time. He has lost his family supports except for me - and it costs me an average of \$500 each time I go visit him. He is currently stable. However, tentative. He is completely dependent on his care providers to meet his needs. If he were to lose that care, or leave the facility. He will end up back on the street and will die of self neglect – driven by his disease. Not choice. I live with this reality every day.

Please note: It was not the mental health community that saved my son's life. It was the police, and the courts - and the testimony of his psychiatrist at his commitment hearing.

And, let me add - It was my overbearing interference that kept my son in care for weeks, if not months in total, in the local mental health hospital where the average stay is 5-7 days, maxing at 10. Many neuropsych meds take up to 6 weeks to become effective. No one suffering a psychotic break can be stabilized in 5,7 or even 10 days. While my son was in care, there were patients discharged in a raging snow storm, with nowhere to go. They may have been medicated, but not stable. Out the door, to the streets to cycle right back into crisis. Weather so severe, you would not leave out your dog. I don't blame caregivers. I know their dedication to patients. I blame the system – and the Oregon legislature for ignoring this crisis in care for so long.

The Oregon Housing Authority is being sued by a number of different entities due to this neglect of care. I am guessing that Gov Kotek's proposal is in part, a response to the lawsuit. Whatever the reason, it is long overdue.

What you need to understand about Schizophrenia is that it is not a mental health

disorder, tho it is classified as such. Any neuropsychologist will tell you it is a progressive degenerative brain disease that causes the symptoms and behaviors we find so objectionable. In the same way that degenerative brain disease causes the Alzheimer's behaviors that we have compassion for, but which are just as socially objectionable. However, we would never leave our Alz pts to suffer the deprivations and indignities that we accept with those suffering from schizophrenia.

When Alz pts sexually act out, we shield them from shame, we corral and distract them, we cover their naked bodies and we have compassion. We have a special name for their hitting kicking and biting. We call that behavior combative. All of these patients are medicated. But if their behaviors cannot be controlled and they become obstacles to safety or care, we medicate them more.

With schizophrenia, these behaviors occur in younger and stronger patients. Their sexual acting out is shameful, deviant, frightening. Their physical acting out, we call violent and criminal. And they are left in the street, without care, without medication, or, if given a prescriptions, without the cognitive capacity to take those meds appropriately. And when they fail, we call it their Right.

Our Alzheimer's patients, we medicate, we monitor and we contain them when they are no longer able to make safe decisions. We don't give them "the Right to Fail." The right to fail is the right for the health care, mental health community and you – the legislature to fail these patients. To fail the most vulnerable among us.

One BIG difference between Alzheimer's and schizophrenia is that if treated early, a large portion of people with schizophrenia can live productively in the community. Like addiction, they can learn their triggers and gain insight into their disease, they can take their own meds. Each psychotic episode, or protracted episodes increase the damage to the brain and to cognitive processing. Lack of care increases the damage to the brain.

Three yrs ago, with community support and appropriate care, that could have been my son. The Deschutes County support he received prior to being booted from services was transformative. With continued care, he most likely could have become stable, gone back to school or gotten a job and possibly live independently. Now he lives in residential care where they give him his meds, they fix his meals and monitor his intake, they clean his room, they wash his cloths and they have to prompt him to maintain personal hygiene. All due to a crisis system designed to fail it's patients. Note I say system, not people. Because the people who work in Mental health care and know how inadequate it is. And it is painful for them. Because they know what I know.

This brings me to the KGW's series "Uncommitted."

I said I was here to talk about life and death.

My son's story is one side of the story. The Graham family is the other.

Are you familiar with Hunter Graham?

I implore you to find it, google KGW and Hunter Graham, and watch it. Then watch it again and again.

Hunter Graham, the father in this tale, in telling his story, told mine.

Hunter Graham is a lawyer. His wife, Theresa, was an Endocrinologist and researcher. Their son Austin, could have been my son.

He dropped out of college, unable to complete his biochemical engineering degree.

He suffered a head injury. And from there, they watched as their son became delusional and declined. They did everything right and tried to get him help for his schizophrenia and were unsuccessful. In the midst of a delusional episode, this lovely young man strangled his mother to death. Hunter Graham now visits his son regularly – in the hospital where he is now medicated and now getting care. Hunter visits his son, who he loves, grieving the loss of his loving wife, knowing it was not his son's fault. And now, stabilized on meds, which they could not get for their son before, Austin understands what he did in the midst of psychosis. Had this boy had Alzheimer's, and I have known 30 yr olds with the disease, the outcome would have been very different.

This unbelievable, unbearable tragedy, could have been my story. My son had delusions about killing me. I have to say that out loud for the Graham family. My son and I are close. My son is the most gentle, kind and loving of souls. Two days ago, at his care plan meeting, the nurse manager must have said 4 times that he was a good kid. A Good kid. I said that he has always been a good kid. They describe him as sweet – even innocent. He has such heart. Life has been cruel to him. If anyone deserved good things, it was him.

So I am confident that I can say, I know Austin. I know what a good kid he is.

I can only hope that if our stories were reversed, someone would still love my son and visit him, knowing that it was not his fault.

There is so much wrong with our mental health system. But this funding is a small step, a baby step, to do something. To do the Right Thing.