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I'm one of the 26 percent with mental illness

By ANNMARIE TIMMINS

After the Monitor's mental health series, "In Crisis," was published last week, I got one reaction more than any other: Readers were surprised, some unconvinced, that 26 percent of New Hampshire's residents have a mental health disorder.

The statistic appeared in the second story of the series and came from a 2010 study by the Concord-based New Hampshire Center for Public Policy Studies. The percentage includes a range of diagnoses, from major depression to anxiety problems to bipolar disorder.

"Didn't 26 percent seem high?" a caller asked me last week.

Not to me. But I'm one of the 26 percent.

I have been hospitalized twice for "suicidal ideation," most recently for eight days in 2009 with a diagnosis of "major depressive disorder and anxiety disorder," according to my records. I take four medications a day and have my counselor's name and number in my emergency contacts on my cell phone.

This will be news to most of the people who know me, family members included. That's because with lots of help from my husband, a lot of exercise (one of my therapies) and medication, I'm able to keep my depression and breakdowns private.

So, I understand the reaction to the 26 percent.

Most people with a mental health disorder are able to manage their illness, many so well that our disorders are invisible outside our homes. With the help of counselors, medication, even hospitalizations, we work, raise families, volunteer in our communities, run companies, hold elected office and go to school with little indication of what's at work inside us.

Readers of our series met some of the 26 percent.

But there are tens of thousands of others with mental illness whom readers didn't meet, people whose struggles aren't as evident.

They – I – manage only because we have access to the right combination of resources. Through my husband's job I have state health insurance, not Medicaid, so I had more options when I needed emergency hospitalization. Still, I waited 13 hours in the Concord Hospital emergency room for a treatment bed.

I am also a "highly-functioning depressive," as my husband likes to say, because I have a job and a family that accommodate me when I fall into crisis. And I've finally found the right mix of medications. I'm one of those people you don't see as "in crisis" – but you might if I lost my health insurance, lost my job or didn't get "case management" from my husband.

That's one of our jokes, only it's true.

My colleague Sarah Palermo and I had hoped to introduce you to some of these people because even though they aren't visible, they and their families are also affected by state budget cuts that have diminished community mental health care. Long waits in emergency rooms show the state hospital doesn't have enough beds to accommodate the patients who need them. Cuts to Medicaid have

prompted several community hospitals to shut their own mental-health wings and left case workers with more clients than they can adequately care for.

But many of the people we talked with declined to go public, for fear of stigma.

I asked Michael Cohen, the former executive director of the state chapter of the National Alliance on Mental Illness, what it would take for the prevalence of mental illness to be better understood. Awareness, Cohen said.

"Personal stories . . . are powerful tools for changing minds," he said.

Okay. Deep breath. Here's my story.

Mysterious beginning

I can't tell you why I have such significant depression and anxiety because I don't know. I had no trauma as a kid growing up in Loudon. My family ate breakfast and supper together every day. My mom stayed home until my brother and I had finished fourth grade.

Television was off limits, except on Sundays during the Walt Disney hour. I liked doing chores. We went camping every summer. I was allowed every pet I wanted, except for a horse.

My only consistent gripe was that my mother made me wear dresses and itchy tights to Sunday school. To this day, I'm out of my church clothes Sunday mornings and into sweats before my husband can get his coat off.

But something changed in me by the fifth grade.

I was afraid to be anywhere but home, and frequently the school nurse had to call my mother because I was crying or throwing up for reasons I couldn't identify. I liked school. I just didn't like being at school.

My teachers diagnosed me as being shy.

This "shyness" continued through high school, with long crying jags at the breakfast table until my mother made me leave for the bus. They continued in college except I stayed in bed, missing classes, because I had no one forcing me to face the day.

I didn't know how to ask for help because I didn't know how to explain what was wrong.

I'm certain I survived college only because I found the journalism program junior year. (Until then, my grade point average was 2.5.) To my surprise, I discovered that a reporter's notebook could be my shield against a world that distressed me. After many many (many) counseling sessions, I think the notebook allows me to be a version of myself that I like better.

That's why despite my mental illness, I've been able to take on difficult, challenging and stressful stories at the Monitor, from the Catholic Church abuse scandal to a death penalty trial, to reporting during the reign of former House speaker Bill O'Brien, who didn't hide his disdain for my reporting or my paper.

I've cracked publicly just once. In 2006, I had to fly to Columbus, Ohio, to cover the Episcopal Church's general convention because the church was in an uproar over New Hampshire's decision to choose openly gay Gene Robinson for its leader. I was terrified of flying and did not relish being outside my safe zone.

I got so worked up and distressed, I developed shingles and spent long spells in my hotel room crying, not because of the pain, but because I was so afraid to be in an unfamiliar place. I will be forever grateful for the priest from New Hampshire who recognized my state and helped me survive Ohio.

Hospitalization

Maybe this (mostly) professional success was why I never sought help until I was hospitalized at Catholic Medical Center in Manchester in the late 1990s.

In the months before that hospitalization, I'd become less able to hide this still-undiagnosed depression and anxiety. Working long hours was my therapy, and if I wasn't working, I was sleeping, often with the help of NyQuil.

I was 27 and had already struggled more than half my life with too-frequent feelings of hopelessness. I didn't understand why I was so deeply sad, and I was angry that I couldn't end the sadness.

I began hurting myself, I think out of anger. I destroyed possessions that had sentimental value. I viewed others' acts of kindness with deep suspicion. I began quietly planning my suicide.

When my then-boyfriend realized how bad my situation had become, he took me to the Catholic Medical Center in Manchester, which, like many hospitals in the state, has since closed its psychiatric wing. Back then, there were 236 beds for people like me in community hospitals. Today there are 150.

I agreed to be admitted to CMC, but I wouldn't call it a voluntary admission. I didn't consider myself the kind of person who ends up in a "mental hospital."

Some parts of those five days remain very clear. My dental floss was confiscated for fear I'd hang myself with it. My concerned parents visited, and we didn't know what to say to one another. My friend and boss, Felice Belman, brought me chocolate frosted cupcakes.

During one group therapy session, several other patients said they'd been hospitalized two, three, seven times before. I recall knowing that this would be my one and only hospitalization. I considered myself simply weak, not ill.

I had begun taking Prozac in the hospital, and I continued that after I was released. I also continued meeting with counselors, but it took several tries before I found one who worked for me. The one I liked best urged me to use humor to turn around a dark mood.

When he stopped practicing, I started a panicked search for another counselor. In our series, people complained about going through several counselors within a year because turnover is high in such a stressful and underpaid profession.

Exhausting search

That is a genuine weakness in our state's mental health system. Like the people in our stories, I found the search for a new counselor exhausting and, at times, hopeless. Like them, I gave up my search a couple of times, unable to summon the energy to explain myself to yet another person who might not work out.

I finally found a new counselor I liked in Plymouth, and for a long time drove there from Concord once a week. We worked together for a few years. I liked that she gave me homework in between sessions that helped me reflect more on my thinking process. We tried different medications in search of one that would bring me some relief.

We had some success. But at that point, I still viewed my depression and anxiety as something I could shed through hard work. To me, it was like staying in shape. With discipline and determination, I believed I could get over depression, get off medication and stop attending counseling.

I'm not surprised I failed. I'm surprised how long I thought that plan was possible.

I went on and off medication with predictable results. I always had a bottle of NyQuil in my refrigerator. By my early 30s, I wondered how much longer I'd have the energy to talk myself into just getting out of bed for work.

That was the only goal I considered viable.

I ruled out having children because I doubted my ability to remain stable under such responsibility and stress. I ruled out having a lasting personal relationship. As Monitor colleagues left for bigger newspapers, I stayed at the paper, afraid – unable, really – to consider a new venture.

At least I really loved my job.

I thought about suicide, a lot.

I wondered then – and still do today – whether life is a stretch of happiness interrupted by moments of depression or the other way around. I went back and forth. I still go back and forth.

In 2003, I met my now husband. We married a year later. He knew this story, although we both realized later he didn't really understand the full power of depression.

I continued with my counseling and medications, although not without setbacks and missteps. I was still often unable to handle disappointment and stress. I had stopped seeing my counselor in Plymouth. I didn't have a psychiatrist monitoring my medication because even with insurance, I couldn't find a psychiatrist willing to provide that service.

The last mental health doctor I used to monitor my medication asked me how many times I had been in jail or prison on my first visit. When I said zero, he said, "Zero. Really?" Later, when my pharmacy

accidentally shorted my prescription, I called him for three days, panicked about running out of pills. He suggested I had done something improper with my medication and declined to remedy the problem with my pharmacy.

I now rely on my nurse practitioner for prescription refills. After our series was published in the newspaper last week, I heard from a primary care doctor who said this has become a troubling trend for doctors and nurses whose specialty isn't mental health.

Hidden struggles

These struggles have been largely private to everyone except my husband. I'm so expert at hiding the giveaways, I'm sure friends didn't even know I have such deep depression.

In early 2009, I found myself unable to cope with a series of challenges in my personal life. I needed to return to therapy but couldn't find the strength to call counseling practices in search of an opening. And I was embarrassed to return to my last counselor. So, my husband did that search for me.

I don't know where I'd be if he hadn't.

I began meeting regularly with the Concord counselor he found, and I liked her very much. But as my personal problems grew more complicated, I began giving up my fight for happiness. My husband describes me as despondent during those days. I returned to fantasies of suicide.

I went to a counseling appointment on the afternoon of May 3, 2009, after spending the early afternoon deciding what I'd put in a suicide note. I felt close to needing one. I thought about the contract I had made with my counselor to be safe and decided I could probably write a note that would make her see I had given recovery all I had.

When I appeared for my appointment, my counselor recognized quickly that I required emergency help. She arranged for me to go Concord Hospital's emergency room, where staff from Riverbend Community Mental Health would find me a hospital bed. My husband says I called him with the news before I headed to the hospital, but I don't remember.

He and I spent the next 13 hours in the emergency room's Yellow Pod, the same one described in our series. It took Riverbend staff that long to find a psychiatric bed in a New Hampshire hospital. I was lucky. Because I had private insurance and not Medicaid, I was able to go to Hampstead Hospital, which had a bed and accepted only private insurance.

Those 13 hours, I believe, worsened my condition. And Yellow Pod is considered a model when compared with the waiting space in other emergency rooms across the state.

There was no bed, only a hard rubber chair. The door was locked. I couldn't see the nurse's station. The noise of the TV, which was behind Plexiglas was so distressing, my husband asked it be turned off. I don't think there was a bathroom. There was no food or water easily available.

I tried to convince my husband and the Riverbend staff that I felt better so that I could go home. They disagreed.

At 1 a.m., an ambulance arrived to take me to Hampstead. My husband was told he couldn't drive me. And he couldn't come in the ambulance. Nor should he follow the ambulance, hospital staff said, because Hampstead would not let him in.

Scared, alone, embarrassed

I laid on the back bench of the ambulance for the 40-minute ride to Hampstead, sobbing and regretting I had asked for help. I was scared. I was alone. I was embarrassed.

Like some of the people in our series, had I known what that experience would feel like, I don't think I would have gone willingly. I understand why some people in our series said they are reluctant to ask for help. I understand why getting help often requires an involuntary admission, even an escort by the police.

For eight days, I shared a locked psychiatric ward with about 20 other patients, some suffering from depression, some struggling with alcohol and drug addiction. I attended group therapy and individual therapy most of the day. I remember feeling distraught and trapped. No one could say when I'd be released.

When my husband visited the first few days, we weren't allowed to leave the floor.

Eventually, we were allowed outside, to walk the hospital grounds, but only for a short time. My parents joined us one evening for a meeting with a social worker. I was 40, and that was the first time I had been able to talk with my parents about my life long struggles with depression.

As my mental health improved, I was allowed an afternoon furlough. At my request, my husband took me to a nearby gym so I could exercise. Again, I was lucky. I heard other patients arguing over the phone with bosses or spouses who wanted them back on the job or back at home, immediately.

My husband visited me every day. I asked him to tell a few friends about my situation. I would need their help when I got out. Those friends reached out even if they didn't know exactly what to say. My editor Hans Schulz wrote me a note.

"I don't know why you've been dealt such a bad hand, but I do know how loved and respected and admired you are," it says. "The world is a better place with you in it. I'm very much looking forward to the day when you're back at your desk. I miss you a lot."

I am one of the 26 percent. Until now, most people just didn't know.