

## **EXAMPLE: OP-ED**

### **The New London Day Mental Illness Is Closer Than People Realize October 12, 2008 By Robert E. Davidson**

It was reported in a column in The Day that a Stonington police officer “dumped” a person he believed had a mental illness on the streets of New London (“Did a cop dump a homeless man in NL,” Sept. 27). The officer reportedly told a New London counterpart that it did not matter where in New London he left the man because he was “crazy” and that “We don’t need him in Stonington. He would be better off in New London.”

He was wrong. It matters. Every town has people with mental illness. The genes, molecules, brain changes and trauma that cause mental illnesses do not check ZIP codes or income. Mental illness affects Republicans and Democrats, police officers and pillars of the community. One in five families has members with mental illnesses. That is too many to transport to New London if you should happen to meet one.

#### **Mental illness common**

Chances are that you meet people with mental illnesses every day without knowing it. We don’t wear badges or cowbells anymore. If you think you know what mental illness looks like, you are probably seeing the side effects of medication or poverty.

If your anxiety won’t let you drive on the highway, you are inconvenienced, but no one else will know. If you are too depressed to concentrate at work, your career will suffer, but your employer will probably put up with you for years. You may even lower productivity standards. Even with schizophrenia, chances are growing that you will work. Even if you hear voices, medications and stress management may hide it from most people most of the time. If you know the people with mental illnesses around you, you know that. If you only know people whose symptoms are not yet under control, then you may hold prejudices.

Many police departments in southeastern Connecticut have been trained to deal with people with mental illnesses. New London led the way after learning through bad experiences that the old ways weren’t working. Now, when someone is acting strangely, dispatchers know to send a Crisis Intervention Team officer if they can. Family members and professionals know to ask for one.

#### **Lessons learned**

They - and Norwich, Groton, Waterford, and others - have made it less likely that meeting a person who is delusional will end badly. They have fewer police injuries, “suicides by cop,” and officer-involved shootings. They can de-escalate other agitated people, too. And they have learned something of how it feels to hear insulting or belittling voices. They see how hard it is to listen to a cop when you hear voices that the officer does not hear.

Most of all they know that “crazy” is not a useful term. People with illnesses have personalities, talents, skills, jobs, and relationships. They have ties to the community, addresses, and appointments the next day. They will be missed if you take them two towns away and dump them on any street because you think it doesn’t matter where they are as long as they are not near you.

#### **Not criminal**

Oh, and mental illness is not a crime. Most people with mental illnesses are not criminals and most criminals do not have mental illnesses. Mental illness doesn't make you a bad neighbor. The law does not change with your diagnosis.

Having a disability that limits your earnings and hurts your future is hard enough without the police driving you out of town. I hope that the Stonington police will get the training they need to better serve their community and the people in it who have mental illnesses. I'll be glad to help.

ROBERT E. DAVIDSON, PH.D., IS DIRECTOR OF THE EASTERN REGIONAL MENTAL HEALTH BOARD, A PLANNING, EVALUATION AND ADVOCACY AGENCY FOR PEOPLE WITH MENTAL ILLNESSES IN EASTERN CONNECTICUT. HE IS ALSO A MEMBER OF THE BOARD OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS-CONNECTICUT (NAMI-CT).

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## **EXAMPLE: LETTER TO THE EDITOR**

# **Courant.com**

## **Response To Haven Healthcare Series**

**November 23, 2007**

Why did it take an expose by The Courant for the state to take forceful action against Haven Healthcare nursing homes [Page 1, Nov. 21, "Suspension, Scrutiny"]? Joan Leavitt, in charge of licensing for the state health department, provided the answer on these appalling and inhumane conditions [Nov. 18, "No Haven For The Elderly"]. She did not want to tie up the department's limited resources in court, and harsher penalties could force homes to close down. "We want to keep the places operating," she said. "We have to look at bed availability."

The public health and social services departments have carried out the state's will. Keep the beds open even if people did not need to be there and even if they are irreparably harmed. Let's finally begin to discuss the root of the problem.

Connecticut has not made the systematic investment in home and community-based services that would allow elders and people with disabilities to remain in their homes. Instead, we turn our back on abhorrent conditions that allow nursing homes to establish locked "behavioral health" units in which people who could be in the community are treated like custodial animals because of the lack of mental health services and housing. We don't provide the teeth to enforce quality standards in nursing homes because we might be forced to do something about it.

Yes, staffing and rates are important and, without question, so is more strict enforcement. But it is imperative that we support people to live in their homes and not in institutions. Let's get out of the crisis mode of the minute and take the steps needed to make fundamental reforms.

*Sheila B. Amdur*

*West Hartford*