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Tragic incidents cast light on mental illness

2 Toledoans suffering disorders killed while in the throes of rare violent acts



Dr. Lurley Archambeau says a patient in a manic state tends to be nonviolent. Trouble comes when other issues, such as paranoia and anger, mix in.
(THE BLADE/LORI KING)

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By **JENNIFER FEEHAN**
BLADE STAFF WRITER

When she heard the news that a young man with bipolar disorder had attacked his mother and then turned his rage on Toledo police, Tracey Duty was shocked that officers shot him to death and upset that individuals struggling with mental illness again would be stereotyped unfairly.

The Oct. 29 incident in North Toledo was the second time this year that police shot and killed a mentally ill person who suddenly and unexpectedly became violent.

"People already think that we who have mental illness, whatever kind it is, that we're violent, and they're scared because they don't understand," Ms. Duty, 39, said. "They hear that you have it and they just don't want to be around you or be your friends."

After battling depression since she was 10 or 11, the Toledo woman was diagnosed three years ago with bipolar disorder, a chronic illness once known as manic depression.

Bipolar disorder causes prolonged swings in mood, energy, thought, and functioning. While medication and therapy can combine to stabilize patients, sufferers battle periods of extreme lows of depression and extreme highs of mania, a stimulated state in which they feel euphoric and energized or extremely agitated and angry.

Dr. Lurley Archambeau, medical director of the Lucas County

Mental Health and Recovery Services Board and a psychiatrist in private practice in Maumee, said it is during a manic state that an individual would be most likely to lash out, yet the incidence of violence among the mentally ill is low.

Low risk of violence

He cites a 2006 report in the New England Journal of Medicine that indicated only 3 percent to 5 percent of violence in the general population is committed by those with serious mental illness such as schizophrenia, major depression, and bipolar disorder.

"Bipolar disorder is a disruption of chemistry that can produce highly stimulated states

BIPOLAR DISORDER

Bipolar disorder is a chronic illness that used to be called manic depression. It causes shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, bipolar disorder causes dramatic mood swings of extreme lows or depression and extreme highs or mania.

Source: National Institute of Mental Health

of the brain," Dr. Archambeau explained. "If that highly stimulated state of the brain occurs in a brain and a personality that has underlying issues and some paranoid trends or angry trends from whatever has occurred to them in life, that can be a bad combination.

"With a person harboring frustration or anger or a sense of abandonment ... it gets intensified in this highly stimulated state," he said. "Those are the kinds of situations that lead to disruptions that make the news."

Dr. Daniel Rapport, associate professor of psychiatry at the University of Toledo college of medicine, formerly the Medical College of Ohio, said bipolar individuals are more likely to harm or kill themselves.

"They're not likely to be violent against others."

Likening psychiatric illnesses to physical illnesses, Dr. Archambeau said a patient's personality and life experiences have a lot to do with how they respond to a critical incident.

A patient recovering from a heart attack, for example, may be optimistic about his prognosis while another may be angry, sad, confused, or ready to give up and die. The same is true, he said, of a person with a psychiatric disorder who finds himself in a manic state.

Lethal incidents

On May 24, Richard Dale Carr II, 32, shot and wounded three of his neighbors after apparently thinking they had killed his parents, who were out of town at the time. Mr. Carr, who reportedly had been treated for mental illness, was subsequently shot and killed by Toledo police responding to the scene.

Then, on Oct. 29, Toledo police shot and killed Pyon Yong Su Simmons, 29, after, without provocation, he stabbed his mother, Su, inside their North Toledo home. She ran outside and he stabbed her again.

While Mrs. Simmons was able to get into the car of a neighbor who took her to the hospital, officers arriving at the scene were confronted by Simmons wielding metal pipes. Tasers were deployed unsuccessfully, and Simmons was shot several times after assaulting officers with the pipes.

Mrs. Simmons, who was discharged from the hospital last week, told police that her son was bipolar and was not taking his medication - a situation mental health professionals say is all too common.

Medication issues

"Many times, people feel so much better, they stop taking their medications. They feel that they did what they needed to do and now they're better or that they can do this without medication," Wendi Sorensen, a registered nurse and clinical manager of psychiatric services at Toledo Hospital, said.

"A lot of the medications have side effects they don't like, and many times medications can be costly," Ms. Sorensen said.

Side effects can include weight gain and groggy, foggy feelings.

Dr. Rapport said that in some cases, patients are prescribed the wrong medication and it doesn't help them.

"People oftentimes will take the medications on two conditions: The medications work and they have a good therapeutic relationship with their provider," he said.

"Most people who are bipolar suffer," Dr. Rapport added. "They suffer and they don't like suffering. If you can catch

WHERE TO SEEK HELP

24-Hour Emergency/Crisis Care
Rescue Mental Health Services
3350 Collingwood Blvd., Toledo 419-
255-9585 rescuemhs.com
Central Access — The First-Door
Agency to Recovery Success in the
Rescue Mental Health Services
facility 419-255-3125
Mental Health and Recovery
Services Board of Lucas County
701 Adams St., Suite 800, Toledo
419-213-4600
co.lucas.oh.us/MHRSB
National Alliance on Mental Illness
(NAMI) of Greater Toledo
2753 West Central Ave., Toledo
419-243-1119 namitoledo.org

Source: Mental Health and Recovery
Services Board of Lucas County

them during a phase of their illness when they're depressed and suffering, they oftentimes want to take the medication, and they will stay on it if you can adjust it properly so they get a good clinical effect and the drugs are well-tolerated."

The Simmons family declined to comment for this article, but an obituary for Pyon Yong Su Simmons said he had attended college, loved sports, enjoyed hanging out with his family, and "enjoyed looking good, listening to Michael Jackson, spending time on the computer, [and] driving and buffing his luxury cars."

Crisis intervention

Toledo Police Lt. Mark King said officers trained in crisis intervention with mentally ill persons never had dealt with either Mr. Carr or Simmons before the violent episodes that ended their lives.

Crisis Intervention Team officers were not requested or sent to the Oct. 29 incident because of the nature of the call, Chief Mike Navarre said.

"This happened very quickly," Chief Navarre said. "There are times when you have the luxury of waiting [for an intervention team officer]. This was a call that dictated an immediate response."

Lieutenant King said Crisis Intervention Team officers are trained in verbal de-escalation and other techniques aimed at minimizing injuries to the individual and the officers and helping the person in crisis get help rather than get arrested. Most of the time, they're successful.

"[It's] an excellent program, but it's like any tool in our belt. It doesn't always work," he said.

The stigma

As executive director of the National Alliance on Mental Illness of Greater Toledo, Marci Colton Dvorak works with persons with mental illness and their families.

She said mental illness is among the only illness "where being treated for it is more stigmatizing than having it and not being treated." The stigma prevents some from seeking treatment, she said, and others, who are being treated, from taking the medication.

"There are folks who dislike medication because of the concept of 'I have to take this to be acceptable to everybody else,'" she said. "Research shows that people with mental illness are not much different than people who are supposed to take other medications. Most people on antibiotics don't take them to the end."

Ms. Sorensen said staff members encourage these patients, urging them to see how well they are doing when they take their medication and telling them to contact their psychiatrist if they feel like they no longer need to take it.

She said family members should do the same and reinforce the idea that "this is a chronic illness. This is not a flu. It's something you could potentially live with the rest of your life and medications may be warranted for the rest of your life."

Patients also are taught to identify what triggers mood swings - changes in sleep or eating patterns, for example - and to seek help before things intensify.

Stereotypes

Ms. Duty said she has learned to identify what triggers her depression and calls her psychiatrist immediately. She said she has benefited from a supportive family, though it's been a long road.

"People with mental illnesses like bipolar are mothers, fathers, brothers, sisters, and children trying to lead normal lives to the best of our ability with the help of our families, doctors, and support groups such as NAMI," she said.

Ms. Dvorak said she fears violent incidents such as the one that occurred Oct. 29 compound the stereotypes the public

has about the mentally ill.

"You can't take a look at someone and tell they have a mental illness. You can't walk down the street and point people out," she said. "People read that in the paper ... and they picture that as the face of mental illness. Well, that is unfortunate, but the bigger face of mental illness looks like everybody."

Ms. Sorensen said individuals with bipolar disorder can and do function in the community and at home.

"They're highly intelligent and usually very, very creative individuals," she said. "One of the things that is a struggle for them is when in a manic state they like how they feel because they feel somewhat invincible and they often want to keep that sensation going because the difference in how they feel in a manic state is equivalent to being between Mount Everest and Death Valley. You're at extreme highs and extreme lows, and functioning in the middle is a difficult challenge."

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