



this issue

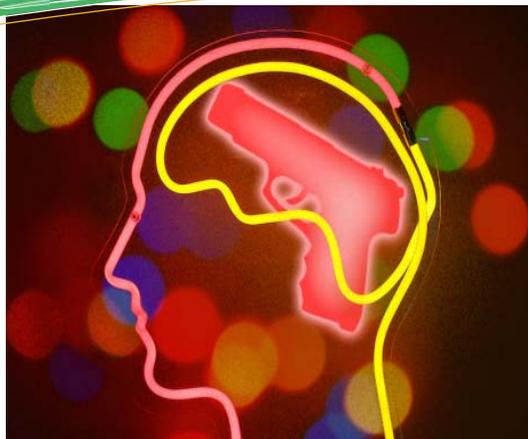
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Dealing with Guns and Mental Illness

Pete Earley, *USA Today*

My adult son's voice was rattled. "You watching the news about Sandy Hook?" he asked. "Yes, 20 children and six adults murdered," I replied. He let out a sad sigh. "I'm trying to wrap my head around this."

Like most Americans, my adult son was distraught about Friday's murders. How could anyone not be? But for him the news was especially unsettling. That's because he's one of "them." He's one of the ones being demonized on television. He's been diagnosed with a mental illness. He's been arrested. He's been repeatedly hospitalized in mental wards.

My son has never shown an interest in buying or owning a firearm. He's never physically harmed anyone. He's a gentle soul. Yet, television pundits are blaming people such as him for the atrocities at Sandy Hook Elementary School. If only we could keep the guns out of the hands of the "nut jobs," Time magazine's Joe Klein opined two days after the Tucson shootings that killed six people and wounded 12 more. We would all be safe.

During the presidential debates, President Obama

jumped on the bandwagon. We need better laws to keep guns away from "the mentally ill." Even the gun lobby agrees.

Federal statutes already prohibit anyone who has been "adjudicated as (being) mental defective or has been committed to a mental institution" from buying a firearm. Connecticut, where the Sandy Hook shootings happened, prohibits the sale of firearms to anyone who has been found not guilty of a crime due to a "mental disease" or has been a "patient in a mental hospital within the preceding 12 months."

Can we toughen existing laws? Of course. But the devil is in the details. Many of the police, firefighters and EMT's who responded to the 9/11 disaster in Manhattan reported feelings of Post Traumatic Stress Disorder, a mental illness. Many of our returning military veterans who fought in Iraq and Afghanistan have also filed claims for PTSD. Should we be afraid of them? What about the FBI agent who becomes depressed after his teenage daughter dies in a car accident? Should he not seek psychiatric counseling or take anti-depressants because it might cost him the right to own a firearm?

Ironically, the move on Capitol Hill has been to weaken existing laws, not tighten them. Sens. Richard Burr, R-N.C. and James Webb, D-Va., along with 10 other co-sponsors, want to give 127,000 military veterans the right to own firearms even though their psychiatric disabilities are so severe that the Department of Veterans Affairs* has appointed others to manage their finances.

The National Institutes of Mental Health reports that about one in four adults suffer from a diagnosable mental disorder in a given year. That's 57.7 million people. According to a recent article published by Public Health Law Research, gun restrictions on

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RESOURCE INFORMATION – JAIL

Metro Atlanta Area Jails

DeKalb
www.dekalbsheriff.org

Fulton
www.fultonsheriff.org

Gwinnett
www.gwinnettysheriff.com

DeKalb County Jail Medical Information

Medical Sections: 3NW,
3SW, 3A

Jail Mental Health:
404-298-8330

Health Services
Coordinator:
404-298-8531

Confidential line to leave
health information:
404-298-8525

Visiting the DeKalb County Jail

Last Names A – K
Monday, Wednesday,
Saturday

Last Names L – Z
Tuesday, Thursday,
Sunday

Your name MUST be on
the inmate's visitation list
for you to visit the inmate
housed in the DeKalb
County Jail

How to alert and send medications to the DeKalb County Jail

- Send prescription bottle with the police/arrestee
- Call confidential medical telephone line 404-298-8525 and leave medical information
- Bring prescription bottles to the jail. Request medical assistance from the nurse on duty

Graduate Gab

Rochelle Payton was arrested in February 2012 after experiencing a frightening psychotic episode that compelled her to leave her four year old daughter with a convenience store clerk and flee the scene, later to be found by police crouched in a closet in her home. She was charged with Cruelty to Child, 3rd Degree. Command auditory hallucinations led Rochelle to believe her daughter was in grave danger and needed to be taken to a safe location. Media coverage of the story inaccurately stated that Rochelle abandoned her four year old at a bus stop. DTC Judge Lindsay Jones coincidentally presided over Rochelle's first appearance hearing. Concerned about Ms. Payton, Judge Jones went to the jail mental health unit to try to speak with her, but Rochelle was curled up in a ball, speaking incoherently. Rochelle was eventually stabilized, moved to the general population of the jail and released on bond in March.

While in jail, Rochelle's home went into foreclosure and all her belongings were evicted. She had no identification, no home or family support and her daughter was in DFCS custody. Her charges were later reduced to Reckless Conduct and she was referred to the DTC program where DTC social workers



completed an assessment and determined a preliminary diagnosis of Bipolar Disorder with Psychotic features. Rochelle had experienced mood swings, anxiety and long periods of sleeplessness and other symptoms for years but never had a mental health evaluation. She periodically heard voices but never as threatening and real as those she heard at the time of her arrest. DeKalb Community Service Board mental health providers confirmed Rochelle's diagnosis and prescribed mood stabilizers along with regular therapist appointments. Her symptoms became manageable and she started piecing her life back together.



DTC connected Rochelle with United Way social workers, who secured a bed for her at City of Refuge shelter and helped her obtain a Georgia ID, food stamps and several other resources. By the end of May, United Way helped Rochelle obtain a two-bedroom apartment through the Georgia Housing Voucher Program, a 2010 state initiative to provide supportive housing for people with serious and persistent mental illness.

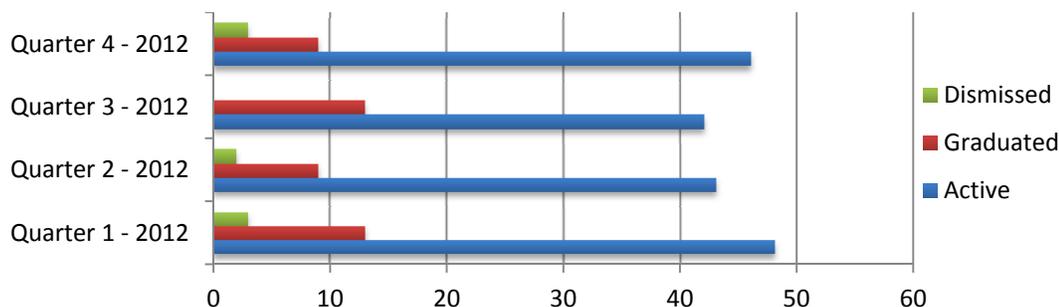
Simultaneously, Rochelle worked diligently to regain custody of her daughter. Her DTC case manager, Ms. McAleese, testified on Rochelle's behalf twice at DeKalb Juvenile Court. The reunification process started with monitored visitations then overnight stays, and in October, Rochelle's daughter, who was now four, was reunited with her mother. Rochelle's 21 year-old son, who moved to North Carolina after her arrest, also moved back in with Rochelle and is working full-time.

While in DTC, Rochelle exceeded the expectations of the court. She kept mental health appointments, took her medication, participated in DTC Women's Group meetings and applied for social security benefits while advocating for herself and her daughter. According to her DTC case manager, "Rochelle spent countless

hours in the law library educating herself on her rights concerning regaining custody of her daughter. She was also tireless in her efforts to manage her mental illness and establish a secure home environment for her children. I have never witnessed someone go from mental instability, homelessness and utter despair to a life that is filled with meaning and hopefulness in such a short period of time." Rochelle states, "I went from hell to heaven in under a year." Rochelle Payton truly shows that with psychoeducation, support, medication compliance, and hard work recovery can be a reality.

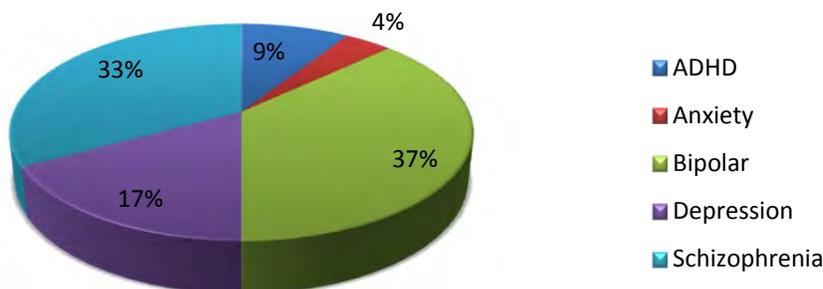
BY THE NUMBERS

During the fourth quarter, a total of **forty-six (46)** defendants were active participants in DTC. Of these forty-six, **nine (9)** defendants graduated from the DTC. **Three (3)** defendants were dismissed from DTC during this quarter for non-compliance or for having symptoms later revealed which required services of greater intensity than the DTC can provide.



All participants in the Diversion Treatment Court must have an Axis I mental health diagnosis. Many have co-occurring substance usage and alcohol abuse issues as well. The diagnostic breakdown for Axis I DTC active participants is as follows:

Axis I Diagnosis



RESOURCE INFORMATION – LEGAL

Low-Cost Civil Legal Services

DeKalb Legal Aid Society
404-377-0701

DeKalb Volunteer Lawyers Foundation
404-373-0865

Public Treatment Providers

DeKalb Community Service Board – Central Access
404-892-4646

Georgia Crisis and Access Line
1-800-715-4225

Clayton County Mental Health
770-4478-1099

Cobb Community Service Board – Central Access
770-422-0202

Fulton County Health Department
404-730-1212

Gwinnett County Mental Health Center
770-963-8141

Rockdale County Mental Health Center
770-918-6677



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SPOTLIGHT FEATURE



Effective September 1, 2012, the DTC welcomed Mr. Bedford M. Forte' III as the Court Program Coordinator. Mr. Forte' has worked with the DTC since 2006 as a case manager. Prior to 2006

however, he worked directly with the DTC in the capacity of a case manager through the DeKalb Community Service Board. Mr. Forte' was employed with the DCSB in 1996 and worked there ten years. During his work with the DCSB, Mr. Forte' also worked as a technician and supervisor at the Fox Recovery Center, which is now the DeKalb Crisis Center. The DTC welcomes Mr. Forte' as the Diversion Court Program Coordinator and applauds his many years of service in the mental health field.

ASPERGER'S DISORDER

Asperger's Disorder is a milder variant of Autistic Disorder. Both Asperger's Disorder and Autistic Disorder are in fact subgroups of a larger diagnostic category. This larger category is called Pervasive Developmental Disorders ("PDD") in the United States.

On December 1, 2012 the American Psychiatric Association's board of trustees approved to drop the now familiar term "Asperger's Disorder." Full details of all the revisions will come this May when the American Psychiatric Association's new Diagnostic and Statistical Manual is published. The shorthand name for the new edition, the organization's fifth revision of the Diagnostic and Statistical Manual, is DSM-5. The new manual adds the term "autism spectrum disorder," which already is used by many experts in the field. Asperger's Disorder will be dropped and incorporated under that umbrella diagnosis. Anyone who met criteria for Asperger's in the old manual would be included in the new diagnosis. The new category will include children with severe autism, who often don't talk or interact, as well as those with milder forms.

In Asperger's Disorder, affected individuals are characterized by social isolation and eccentric behavior in childhood. There are impairments in two-sided social interaction and non-verbal communication. Though grammatical, their speech may sound peculiar due to abnormalities of inflection and a repetitive pattern. Clumsiness may be prominent both in their articulation and gross motor behavior. They usually have a circumscribed area of interest which usually leaves no room for more age appropriate, common interests. Some examples of confined interests might include cars, trains, French Literature, door knobs and hinges, cappuccino, meteorology, astronomy or history. The name "Asperger" comes from Hans Asperger, an Austrian physician who first described the syndrome in 1944.

(Sources: www.aspergers.com, The Associated Press, Fox News)



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"Don't pity me or try to cure or change me. If you could live in my head for just one day, you might weep at how much beauty I perceive in the world with my exquisite senses. I would not trade one small bit of that beauty, as overwhelming and powerful as it can be, for 'normalcy'."

--Anonymous
Aspergers patient

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Guns and Mental Illness, from page 1

people with a history of mental illness, such as background checks and waiting periods, had no significant effect on homicide rates. The restrictions, however, did reduce the suicide rate, suggesting that people with mental disorders, especially depression, are more likely to kill themselves than others. My aim is not to make an anti-gun control argument. I favor tighter controls, especially on assault weapons. What troubles me is broadside finger-pointing that increases stigma against persons such as my son. He didn't ask to have a mental disorder anymore than I asked to have poor eyesight and asthma.

Early reports suggest the Sandy Hook killer had a mental disorder. The mass killers in Tucson and on the Virginia Tech campus did, too. It appears the Aurora, Colo., shooter has one. When 20 children lie dead in a school along with six adults, it's hard to keep these mass murders in perspective. It's hard to remember that only a small subset of severely disturbed persons commit them. A 2006 study found that the vast majority of violent acts in America are not attributable to mental illness. Persons with mental illness are more likely to be victims. But those studies provide no solace to grieving Connecticut parents.

Asking how we can keep guns out of the hands of someone such as Adam Lanza is an important question. But it is not the only one that needs to be asked. It may not be the most important one. The best way to keep severely disturbed individuals from committing murders is by getting them into treatment facilities where they can get help and not harm others.

Connecticut has an estimated 140,000 residents with severe mental illnesses. About half are not getting any treatment. Why? Between 2005 and 2007, the state closed 17% of its public hospital beds for treating psychiatric disorders. What happened to the patients who used to get help in those facilities? In my home state of Virginia, persons with psychiatric problems who are dangerous are being released to the streets because there are no treatment beds available. In addition to debating gun control, we need to ask why our mental health system is failing us. As my son told me after our initial conversation, this is not about dividing people into groups. It is not about "them." It is about all of "us."

**This sentence has been corrected from an earlier version.*