

Chairman Hillyer, Vice Chair Grendell, Ranking Member Galonski, and Members of the House Civil Justice Committee, my name is Penelope Frese. I am the wife of the late Dr. Frederick Frese, a nationally renowned psychologist who also suffered from schizophrenia, a disorder that runs in his family. Aware of this genetic possibility, we were careful ensure we would have access to psychiatric help at the onset of any psychiatric disorder that might appear in our children so we could intervene as early as possible. Sensitive to the critical importance of early intervention and with the initial support of the Ohio Department of Mental Health, I have worked for the past 25 years promoting mental health education and early intervention in schools across Ohio. I am blessed that all my children, despite their inherited vulnerability to mental illness are managing their illnesses, successfully holding responsible jobs, with families of their own. Nevertheless, despite our efforts to safeguard our children, we did not escape the gut-wrenching experience of having to helplessly watch a beloved child deteriorate from a mental illness because we were prevented by law from helping her.

In May of 2010, our youngest daughter was graduating as a nurse midwife from San Diego State University. She had a fellowship that summer with the International Midwifery Association in Amsterdam before beginning a doctoral program at Yale on a full scholarship. Like her father, extreme positive stimulation can be a trigger for her bi-polar illness. Very sensitive to medication, she had always been wary of taking it, and had on a previous occasion gone off it with serious consequences. This time she was certain that her medication would trigger a life-threatening disorder called Steven Johnson Syndrome, and she had discontinued taking it. By the time we arrived for her graduation, she was in the midst of a full-blown psychotic episode. I cannot adequately describe in a few words, her terror and confusion as she decompensated over that summer, or our anguish as the promise of her life began to slip through her fingers. Despite our frantic efforts to get her help, unless she was suicidal, homicidal, or so ill she could not function, the help that could save her was unavailable by law. Even though she was floridly psychotic, homeless, without employment, and using credit cards to invest in art and expensive jewelry, awaiting the return of a delusional fiance', we were told, and I quote, "she was not sick enough" for involuntary intervention.

It would take a series of hospitalizations, time in a halfway house, and an unsuccessful attempt to live on her own before she returned home in October, traumatized and broken. In less than six months, she had lost her fellowship, her scholarship to Yale, her credit standing, her confidence in her ability to care for herself, and in the trustworthiness of her own mind .

With courageous and unflagging resiliency over the past dozen years, and blessed with some happy coincidences, our daughter has engineered a return to nursing, marriage and parenthood, recovery of her scholarship to Yale, completion of her PhD in nursing, an amicable divorce and single parenting. She is currently a tenure track faculty member of the School of Nursing at the University of San Diego. Nevertheless, she has not yet fully recovered from the trauma of that experience, and she continues to struggle with the fear that the supports she needs to stay well can still be withheld until she has lost everything again. Some small changes in wording to H.B.439 could not only protect others from harm, but also prevent unnecessary and lasting damage to those individuals who personally suffer from these illnesses.