

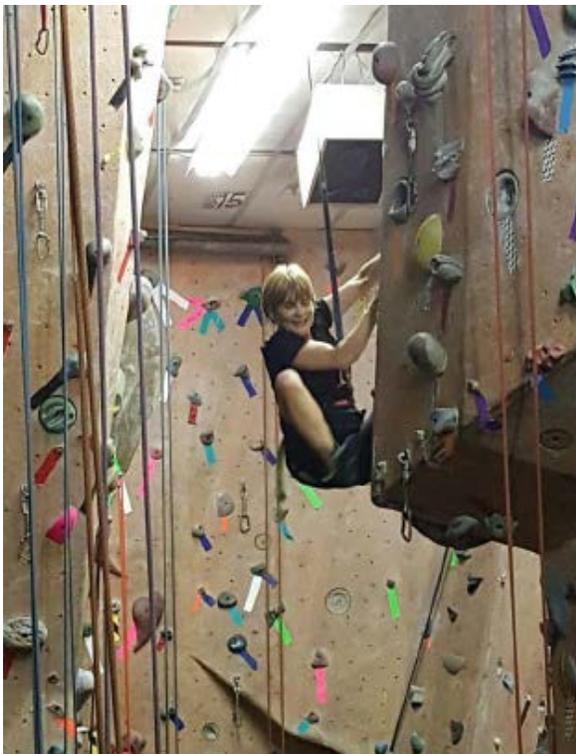
# A SUCCESSFUL LIFE IN THE COMMUNITY AFTER LONG-TERM INSTITUTIONALIZATION

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In this newsletter, we are honored to be able to share Gina Calhoun's story.



control over her own life created tremendous frustration and distanced her from the mental health service system, even leading her to run away and escape from the state hospital at one point. Taking charge of her own life through work, relationships, and the opportunity to live independently has made an enormous difference in her life. Gina has not been hospitalized in approximately thirteen years, and thrives in a happy marriage and productive career.

## Life Before

About 20 years ago, Gina was struggling and found herself involuntarily committed to a private psychiatric hospital in Pittsburgh. Upon being discharged on “outpatient commitment” status, she was placed in a group home that did little to help her recover. The one thing that Gina found helpful during this period was the volunteer work that she had insisted upon doing rather than participating in a day treatment program. She volunteered at a ministry and taught children who had been expelled from school. Her creative approach to teaching and the appreciation that she received from her students made her feel valued. When the period of outpatient commitment ended, she began to struggle again and was involuntarily

## In Short

Gina spent seventeen years of her life in and out of psychiatric hospitals, including a years-long stay at a state hospital in Pennsylvania. These experiences, along with months spent in group homes and on outpatient commitment, had a long-lasting impact on her. The inability to exercise

committed to another private hospital, where she stayed for almost a year.

At that point, the hospital staff told her “you’ve been here for far too long, and we don’t know what to do with you but you are not ready to be discharged.” Gina was transferred to the state hospital, where she remained for somewhere between two and five years. While she hoped that the hospital might offer structure that would help her recover, she found little in her hospitalization to promote recovery. When she first arrived at the hospital, she was placed in a room with a bed, a dresser, and a makeshift closet, along with seven or eight other young women.

**Having grown up in the woods, Gina describes herself as an “outdoor girl,” and the inability to go outside was an enormous source of frustration.**

The hospital offered little activity and much of her time was spent in the day room doing things like playing “skippo.” She was bored and frustrated. Having grown up in the woods, Gina describes herself as an “outdoor girl,” and the inability to go outside was an enormous source of frustration. Because smokers were allowed outside to smoke regardless of what “privilege level” the hospital had granted them, she began smoking. Finding that walking was a useful wellness tool, she walked the halls of the hospital. Staff thought that she was anxious.

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## **What Helped Gina**

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One day, a fight broke out at the hospital and Gina was hit in the head with a garbage can. She needed stitches for her injuries. At that

point, Gina knew that she had had enough. When staff allowed her to go to a Friday night dance, she escaped from the hospital grounds, wandering through a creek and wilderness until she was free.

A trucker in Carlisle, Pennsylvania picked up Gina and drove her to New York City, where she woke up in a medical hospital after passing out. After managing to get on a bus to return to her parents in Pennsylvania, Gina went home for a day and then, concerned that she would be picked up and returned to the state hospital, she lived in an old car for a period of time before going home again. Contrary to her fears, however, state officials did not seek to return her to the hospital, but instead asked her to give testimony in support of their efforts to close the state hospital where she had previously been institutionalized.

**Gina persisted, explaining, “My goal does not revolve around going to the day program and hospitals; my goal is to work, therefore I will be more committed to the process.”**

What helped Gina finally begin to recover was work. During a period of outpatient commitment, she was told to attend a partial hospitalization/day treatment program. Knowing that she needed something different, Gina refused to attend, prompting the county to explore other options for her. When Gina expressed an interest in work, county workers expressed great skepticism, saying, “Gina, by not showing up at the day program, you demonstrate no personal responsibility. You can’t stay out of the hospital and you have no work history. What makes you think you can hold a job?” Gina

persisted, explaining, “My goal does not revolve around going to the day program and hospitals; my goal is to work, therefore I will be more committed to the process.”

Gina was referred to the vocational rehabilitation agency, which found her not ready to work. But a staff person suggested she try a local transitional employment service agency. Gina got a six-month job working for the U.S. Census, going door to door to encourage people who had not returned census forms to fill them out. She wanted to try a job with a beginning, a middle, and an end. Gina loved the job. She discovered that she was very good at persuading people, and really enjoyed talking with and meeting different people. The sense of accomplishment from doing her job well, as well as the receipt of a paycheck, provided validation.

**The letter stated, “Your persistence and persuasiveness paid off; you made a difference in two communities.”**

When her work was done, she received a letter and a bonus check in the mail for having the most forms completed in the final phase of the census collection. The letter stated, “Your persistence and persuasiveness paid off; you made a difference in two communities.” Gina noted the stark contrast between how she was perceived as a Census employee and how she was perceived as a hospital patient.

The six months during which she was employed by the Census Bureau represented the longest she had stayed out of the hospital in quite some time. While she was hospitalized several times after her job with the census, the stays were shorter.

Gina’s parents helped her secure an efficiency apartment in Waynesboro, Pennsylvania. Among the reasons that she chose this location were its proximity to her parents and its distance from the hub of mental health services. At first, she was in an apartment with mental health staff visiting her several times a week. The constant turnover of case managers made it difficult for her to develop relationships with them, and she ultimately decided not to continue receiving the services that she had. Because the housing was contingent upon accepting services, she was unable to keep her apartment. Gina moved to a different apartment without staff. She negotiated a reduced rent for herself in exchange for helping to clean the hallways.

Once in her new apartment, she was still able to access mental health services, but had more choices about her services and felt more in control of her life—a critical element for Gina. Her new case manager was willing to listen and be creative, helping her explore her goals, including living on her own, rather than attempting to make symptom management the focus of her services. Having services that aligned with her values, driven by her choices, enabled her to thrive.

Gina was hired by the Mental Health Association of Franklin & Fulton County, and led its Community Support Program. She then became a peer support worker helping people transition from Harrisburg State Hospital to the community. This life-transforming experience was tremendously affirming.

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## **Gina’s Life Today**

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Gina has been successfully working in various capacities for more than a decade. Six years ago, she got married—and in a gesture celebrating the control she had

regained over her life, she and her husband chose to have their wedding ceremony at the state hospital where they had met.

Many aspects of Gina’s hospitalization had a lasting impact on her. The constant lack of privacy left her with persistent anxiety about the need for personal space; to this day, it is difficult for Gina to have guests stay over in her house. In addition, the hospital environment made it difficult for Gina to develop trust—fears that others would violate her space, and experiences with others taking her belongings made trusting others a challenge. Even now, Gina finds it very hard to develop trust with anyone. Her experience of being held in five-point restraints at a private hospital was traumatizing. In addition to the fear of being locked in a room and tied down to a table, her first experience in such restraints left her with two cracked ribs. To add insult to injury, Gina felt blamed by hospital staff for being restrained.

By contrast, living independently and working brought hope and dramatic change. Supporting herself, Gina felt liberation. She no longer felt like she needed to hide things, and rejoiced in small pleasures like being able to keep a ten dollar bill pinned to her bulletin board just in case she needed it. While some things, like grocery shopping, felt overwhelming after having been hospitalized for so long, she relied on the natural supports provided by her family, her church, and others. The support of her parents and her sister, and their visits to her, were enormously important to her and helped her blossom. The preacher in her church approached her and asked what she liked to do. When she told him that she liked to dance, he convinced her to start a Jumping for Jesus aerobics class. The safety of having her own private living space and the value of having a job mean the world to her.

**“Our service systems should begin with the mindset of supporting people to find the right environmental fixes to meet their needs, and hold the highest expectations for everyone.”**

One of the most important things that Gina has taken from her experiences is the importance of having the expectation that all people can live as active citizens of their community. Gina notes that “in our public mental health system, we segregate. We judge who is going to make it in the community and who is not. But we don’t have a crystal ball. Our service systems should begin with the mindset of supporting people to find the right environmental fixes to meet their needs, and hold the highest expectations for everyone. Not everyone may choose to take the journey, but giving people a chance to do so is important, and would allow people to respond very differently, and positively, to the mental health service system.”