

A SUCCESSFUL LIFE IN THE COMMUNITY AFTER LONG-TERM INSTITUTIONALIZATION

In this newsletter, we are honored to be able to share **Jessica Thomas'** story.

In Short

Jessica Thomas was in and out of medical and psychiatric hospitals dozens of times between 2006 and 2009 – she stopped counting at thirty – following a physical assault by a family member. She struggled to describe the symptoms of her head injury in a way that medical professionals would understand; more often, she says, the doctors from whom she sought treatment thought she was delusional. Eventually, Jessica received an appropriate diagnosis and treatment that seemed effective, but the traumas she experienced during her involuntary hospitalizations continue to affect her daily life.

Life Before

Jessica's story began in August 2006 when a family member physically assaulted her. She visited a medical hospital, where the doctors diagnosed a concussion and a sprained elbow, knee, and ankle and sent her home. She visited two other hospitals a short time later after she re-strained her ankle in a fall and was also experiencing severe head pain. One hospital diagnosed her with post-concussion syndrome, provided her with pain medications, and sent her home; the other gave her some information about head injuries and also sent her home. Jessica then returned to the first hospital she had visited to seek help for her head pain. The medical professionals there believed she was suicidal – which Jessica denied – and transferred her to the psychiatric unit for an involuntary admission for three days. There, Jessica says, doctors diagnosed her as psychotic and delusional because they did not believe her claims of physical abuse by two family members.

Jessica was next transferred to a different hospital to treat her medical condition, which causes her to become dizzy, fall down, and shake due to low blood pressure. Her mother visited her in the hospital and said that Jessica threw an object at her.

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After about three weeks, Jessica was released, but the hospital did not provide a discharge plan beyond allowing a family she knew to take her in. At some point during her stay with the family, Jessica went to a crisis center and explained that her head hurt and felt like it was leaking. The crisis center believed she was delusional and she was sent back to the first hospital for another

involuntary admission. Upon release from the hospital, she did a short period of partial hospitalization, then returned to the family, who dropped her off at a homeless shelter. Jessica lived at the shelter for about a month, until another family agreed to have her live with them. A few months later, she went to live with her mother.

Several months later, Jessica's mother brought her to a new hospital, where a doctor diagnosed her feeling of her head leaking as paresthesia linked to Asperger syndrome. She transferred to a psychiatric hospital and agreed to stay for an evaluation, hoping to learn more about her new diagnoses. But the hospital discovered Jessica's history of involuntary admissions and alleged violence and transferred her to yet another psychiatric hospital, where she remained for several months. Jessica's experiences at this hospital were highly distressing: the staff restrained her, refused to give her menstrual pads, and did not respond when another patient assaulted her.

Jessica was released to live with her father. She had begun to experience symptoms of Post-Traumatic Stress Disorder related to her hospitalizations, then experienced a crisis. Jessica was hospitalized again and has no memory of the next several months she spent in the hospital, although her family has told her that she was experiencing psychosis, appeared catatonic, and stopped eating. Her father requested that she receive Electroconvulsive Therapy (ECT). Jessica found the ECT effective, and while she lost memory as a result, she gradually began to regain the ability to form new memories. The hospital staff focused on bringing her weight back up to a healthy range. She also remembers taking walks with hospital staff around the hospital grounds and working with a music therapist.

What Helped Jessica

Nine months after this hospitalization began, Jessica was released to a group home and participated first in a day treatment program, then in a clubhouse program. She received a housing subsidy, food stamps, and Social Security benefits. She soon landed a part-time job and has continued to work, either full- or part-time, ever since. Initially, a parent handled her finances, but she regained control of her finances after a year and now lives independently. Jessica is working part-time and taking classes in a certificate program, and hopes to find a full-time position in her field once she graduates.

Jessica continues to manage her doctor's appointments and medications. She is also eager to begin therapy to help with her anxiety; Jessica recently had an initial meeting with a therapist and is excited to begin regular sessions soon.

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Jessica enjoys living in her own subsidized apartment. She does all of her grocery shopping, laundry, and housekeeping herself, and she handles any maintenance issues that come up with her apartment or car. As a requirement of her housing program, she meets with a caseworker twice a

month. Jessica appreciates the balance of living independently but knowing that the caseworker will be available whenever she needs some additional help. These days, Jessica and the caseworker primarily focus on stress management and continued community integration, such as getting back to church and finding a gym. Jessica has also met with education and employment specialists who have helped her plan her next steps in those areas of her life.

Jessica's Life Today

It has been almost eight years since Jessica was last hospitalized. Nevertheless, the effects of her many hospitalizations continue to linger. She still experiences PTSD symptoms on a regular basis, including intrusive and flooding thoughts and nightmares. She also finds it difficult to trust people after her experiences and tends to keep to herself, but she is happy with her life. She is proud to have the ability to take care of herself and her home and to advocate for herself with her health insurance company and medical professionals. She is looking forward to completing her education and moving forward in her career.

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