

# Dad finds help coping with child's mental illness

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Coping with mental illness in a loved one can be a strange odyssey, especially when the disease first manifests itself.

The experience can be particularly disconcerting for a parent who has invested years of nurturing, care, expectation and hope in a child, especially when they have shown little or no symptoms growing up.

Joe was such a parent. His daughter was a wonderful child. She excelled in the high school band, did well in school and exhibited few problems other than any typical teenager.

When she expressed a desire to transfer from a local junior college to a Community College in San Diego, there was nothing unusual, particularly as she had a family member who was stationed at the base there.

But one day Joe received a call from his daughter.

"She called and said, 'There's something terribly wrong,'" and he had to come see her immediately, he remembered.

It is difficult to say what made Joe go. Just hopping on a plane and flying 3,000 miles is not something anyone would do at the drop of a hat — unless money and time were no obstacle. But in this case, a parent's intuition was all-important, which of course was helped by the fact that Joe had spent enough time with his daughter to know the difference between a false alarm and a serious cry for help.

When he arrived, his fears were confirmed.

"I couldn't talk to her because everything was bugged," he said. She insisted the two communicated, even in the privacy of her apartment, by hand written notes.

Joe didn't deny his daughter's suspicions. Instead he agreed to accompany her to the police sta-



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Joe has a 27-year-old daughter who suffers from schizoaffective disorder.

tion — by way of the hospital.

"On the way to the police we stopped at the naval hospital," he said.

She was hospitalized for a week, during which time she was "diagnosed" as suffering from "stress."

Still unwilling to accept her need for help, Joe's daughter refused medication. Instead she returned to Philadelphia.

For a few months Joe's daughter showed no symptoms. She continued her studies at La Salle University, graduating in 2001.

But she relapsed, in January, 2002.

"She called me one day and told me the TV was talking to her," he

said. Not only that but his daughter was "causing the thunder and the lightning."

She was also having paranoid feelings, suspicions that someone was "talking to her roommate."

Admitted to a local hospital, Joe's daughter was diagnosed with a schizoaffective disorder — an illness where manic, depressive or bipolar states are accompanied by schizophrenic symptoms, such as hallucinations or catatonic or disorganized behavior.

She was given a prescription of Risperdal. The medicine stabilized her mood swings and stopped her hallucinations but the medicine's side effects were

devastating to her self image.

"She gained 30 pounds overnight on meds, just like that," Joe said. She also came down with a terrible case of acne.

She stopped taking the medication.

For a while Joe's daughter was OK but in February, 2003, she relapsed and had to be hospitalized once again. It was fortunate, Joe said, that his daughter lived close to Temple University Hospital where she received the best of care.

She was switched to Clozaril, another anti-psychotic which seemed to have fewer side effects.

At age 27, Joe's daughter has a full-time job. She is still receiving public assistance or Social Security Disability but has nine months before she is declared financially independent and able to support herself.

For her father, the journey has been a process of discovery, not only about his daughter but also about the support of others through organizations like NAMI (The National Alliance for the Mentally Ill).

"The first time you find your loved one's in this state, you feel you're all alone," he said, remembering the frightening isolation he felt those first months after his daughter's illness surfaced. "You think you're the only one."

Joe became involved in NAMI's family-to-family program, a support group of peers who themselves are coping with a mentally ill family member. The program is part educational, part support group.

"It is a bonding class. I still have relationships," he said, remembering that the relationships continue when the 12-week course is completed.

Joe now volunteers his time as an instructor or mentor to other family members.

"This is my second time teaching the course," he said.