

Subject: Testimony regarding LD2214 and the appropriation of funds for walk-in centers
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Good afternoon, Chair Rotundo, Chair Sachs, Chair Baldacci, Chair Meyer and distinguished members of the appropriations committee,

My name is Darrell Herrmann. I am a retired Captain of the United States Army who was diagnosed with schizophrenia in 1984. After being retired from the United States Army due to my diagnosis, I went back to college and earned a B.S. in Computer Science. I then worked very successfully for 18 years as a professional computer programmer. In 2004 the stress of working and simultaneously coping with my illness became overwhelming and I went on disability. Then I became a volunteer recovery educator in psych hospitals in Columbus, Ohio. In the 10 years prior to COVID I spoke to more than 30,000 people in those hospital groups.

In my experience the biggest problem the public has in dealing with psychotic illnesses is that most people do not understand what psychosis actually is. Psychosis simply means a person is suffering from hallucinations and delusions and acts in ways that make no sense to those around him because to him those hallucinations and delusions are reality.

It is important to realize that hallucinations can affect any of the five senses. Hallucinations can be any sensory experience you can imagine having. Auditory hallucinations are the most common. Auditory hallucinations could be voices, doors slamming, bells ringing, music, or any other sound you can imagine. Delusions are fixed false beliefs that a person may have regardless of evidence to the contrary. Delusions can be grandiose. The person may think he is president of the United States. Religious delusions are also common. The person may think they are Jesus, a great prophet, or other religious figure. Delusions can also be paranoid in nature. They may think the CIA or FBI is after them or perhaps the mafia. Delusions often seem completely illogical and nonsensical to those around the person.

It is important to remember that these hallucinations and delusions are reality to the person. He will act on them when he feels it is necessary. This could even include killing someone in what is perceived to be defense of self or someone else. While psychotic, someone could engage in many behaviors that are detrimental to the person because they do not believe they are in fact detrimental.

Someone who is psychotic has his judgement and grasp of reality severely impaired. I like to compare this to someone who has had too much to drink. Society readily supports taking the car keys away from someone who has had too much to drink. Another example is someone

with dementia who wants to walk out into a blizzard wearing only pajamas and house slippers. Society accepts the need to intervene to prevent the person with dementia from harming themselves. When someone is psychotic, it is also necessary to intervene and prevent the person who is psychotic from becoming a danger to self or others. I know from personal experience that the actions of someone in psychosis are completely unpredictable. Anyone who is in fact psychotic is potentially a danger to self or others simply because they are psychotic.

People in psychosis do not realize anything is wrong with them. They do not think they have a problem, they think the world has a problem. People in psychosis almost never seek help for themselves. They usually have to be coerced or forced to seek treatment. Walk-in clinics are totally useless in trying to help this population.

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