

## Testimony for SB707

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From: Darrell E. Herrmann

Position: SUPPORT

I was diagnosed with schizophrenia in 1984 while serving as a Captain in the United States Army. After being medically retired, I went back to college and earned a BS in Computer Science. I worked very successfully as a computer programmer for 18 years until the stress of working while coping with my illness became too great and I went on disability. I have lived very successfully with schizophrenia for more than 40 years.

**When psychotic you have hallucinations and delusions.** Hallucinations are sensory experiences such as hearing voices which aren't really there. Hallucinations can affect any of the five senses and be any experience you can imagine having with those five senses. Delusions are fixed false beliefs which often seem illogical or nonsensical to those around you. They could be that you are president of the USA, or the Pope, or that an alien has replaced a family member and is out to harm you. There is no practical limit to what form a delusion can take, it just has to be something the person can conceive. These hallucinations and delusions feed on and reinforce each other. **To the person in psychosis, they are reality and no amount of persuasion or evidence can shake the person's belief that they are true.**

Once on antipsychotic medication, the person usually stops having new hallucinations and delusions. The person still remembers the hallucinations and delusions they had while psychotic. Because the person experienced them with their own senses they are usually viewed as factual. The result is the patient does not question their reality. **Until and unless the patient realizes some of their past experiences may not have been real, they don't have insight.** There are things that happened to me 40 years ago during my first psychosis that to this day I don't know for sure what was real and what was hallucination and delusion.

**This inability to distinguish what was and was not real is very common and at the core of Anosognosia or lack of insight and is why it is so difficult to treat people with psychotic illnesses.** Our mental health system has no good answer to this problem, and each person must realize on their own that memories may not have been real in order to take the first steps towards recovery. Some people never or only with great difficulty come to realize that they cannot trust that their experiences were real.

For these reasons, providing for treatment when someone is in the throes of psychosis and anosognosia is essential. It is important to codify the need-for-treatment standards of **substantial impairment in the individual's ability to make a rational and informed decision about treatment and/or the inability to care for oneself.** I urge you to support SB707 for the benefit Maryland citizens.

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