

Remarks by Chief Justice John T. Broderick, Jr., NH Supreme Court,  
to 30th Anniversary Meeting of Nashua, NH Affiliate of NAMI.  
October 9, 2007

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Good evening and congratulations on thirty years as a strong voice for mental health in New Hampshire and across the nation. You have provided a voice for the voiceless and hope to the families who love them. You have comforted the afflicted and educated many about the true nature of mental illness in all its destructive forms. I admire your work.

I appreciate the opportunity to speak to all of you tonight. I am here this evening in my dual capacity as Chief Justice of the Supreme Court dealing with mental health issue across the court system and also, more personally, as the father of a son undeservedly struck with mental illness. My opinions about mental health generally and how we might improve the lives of millions afflicted with mental illness are mine alone and are not shared here in any official capacity. My wife and I, indeed our entire family, did not enter the arena of mental illness willingly or with any self-righteous attitudes. We made plenty of mistakes.

My family's journey through the valley of mental illness is publicly documented but by no means complete. My son's character, intelligence, qualities and triumph and our family's recovery are little known. Be assured our journey has changed us. My wife and I know and have experienced the profound sadness and desperation of mental illness and its debilitating affects on someone we love. We know the walk, the darkness and the hopelessness.

We have seen undiagnosed and mistreated mental illness lead our family to the State prison and to the intensive care unit at the Elliot Hospital. We have also witnessed the cleansing power of treatment and the almost blissful radiance of recovery. We have benefited from the kindness of strangers and shared the mental illness experience of many who less publicly encountered its destructive force but confided their stories to us.

We have learned that treatment and triumph are possible and that

the life-altering negative power of mental illness can be defeated. We have learned that persistence matters and that the mentally ill are not objects with diagnostic symptoms. They are people like us living with an illness they did not ask for and often cannot identify or even understand. We know most of the mentally ill by name. We call them father, mother, son, daughter, grandparent, neighbor, aunt, cousin, co-worker, friend or even "me." They have feelings, hopes and fears. They bleed like we bleed. They need help, not stigma. They need openness, not bias. They need companionship, understanding, compassion, respect, encouragement and unconditional love from someone. That's what all of us not so afflicted also need. They need us to redouble our efforts to help them. That's one of the reasons I accepted your invitation to speak here this evening.

The mentally ill are doctors, lawyers, teachers, politicians, bankers and others of high function. They are also the homeless, the lonely, the institutionalized and the incarcerated. Whoever they are and wherever we find them, they are entitled to dignity. They are also entitled to our undivided attention. If we were trapped in a mind and body so afflicted each of us would hope for these things, too. The mentally ill have skills, intelligence and needs. So often they are rendered unusable by the disease. It is our obligation to render them usable. We live with and among the mentally ill every day, often without knowing or noticing—such is the perverse nature of the illness.

Mental illness, as you know, is an equal opportunity destroyer. It knows no boundaries and has no conscience. It travels and afflicts without regard to age, sex, geography, class, race, religion or economic status. The only way it can be contained and effectively treated and managed is if we, all of us, pull it from the shadows where it has found refuge into the purifying sunlight of recognition and open discussion. For too long and for too many false reasons mental illness has remained America's silent shame. The stereotypes should cease and we should be silent no longer. Too many in our society choose not to talk about it and believe it is really a character deficiency, something that afflicts the weak, the unworthy, the undeserving or the impoverished. We all know those attitudes. Some still believe that if you have depression, you should just change your approach to life and "get over it." Mental illness is above all else an

illness, like hypertension or diabetes. It does not get better on its own—it gets worse.

Mental illness, in all its forms, afflicts tens of millions of people and millions more who are not afflicted but who are lovingly connected to those who are. It captures more lives than cancer. Some go for a lifetime without relief from the clutches of mental illness and newly afflicted are added to its roles every single day. Some are coming back in troop transports from Iraq. Almost 3,000 people a month in the United States take their own lives, often young and promising lives. They choose the peace of dying over the pain of living. I've experienced attempted suicide in my own family and know first hand a parent's pain waiting for word in the sterile stillness of a hospital emergency room. No one should ever have that experience. No one.

Mental illness often kills less dramatically. It often destroys a person's view of their self-worth and diminishes or destroys their sense of purpose. Without hesitation or regret, it makes promising futures disappear. It often deprives good and decent people of their dignity and of their capacity to experience the joys of everyday life. It neutralizes potential and steals the gifts and talents of many people it so miserably afflicts. Its economic cost to our society is staggering, not only in terms of what we pay to treat it but, more importantly, in the cost of our failure to treat it effectively or, in some cases, to deal with it at all.

Those of us who do not have mental health problems are fortunate but no more deserving of good fortune than those it afflicts. Genes and brain chemistry are nothing we choose—neither do those suffering mental illness choose theirs. Unless and until we can honestly and openly discuss mental illness, without shame or embarrassment, we will never effectively treat it or deal with it and help those who need our help. Just as we did not select our eye color, our height or our unique gifts or talents, the victims of mental illness did not choose their fate. Until we speak of mental illness like we speak about bad backs or cancer, little will change. The voice and promotion of change needs to come from all of us.

One in four adults in America suffers from a diagnosable mental

disorder in any given year. That's fifty-seven million people. Serious mental illness afflicts one in seventeen adults or six percent of the adult population. Mental disorders are the leading cause of disability in America and Canada for people between the ages of 15 to 44. Major depressive disorder alone afflicts almost fifteen million Americans. Anxiety disorders afflict almost three times that number. Those incarcerated are afflicted with mental health problems at three times the rate of the population as a whole. Sadly, many of the incarcerated have dual diagnoses. Although New Hampshire is seventh nationally in per capita income, it ranks 36th nationally in spending for mental health. We are losing ground, losing valuable time and losing valuable people. We need to enhance the services and capacities of our mental health centers. The mentally ill need more help with housing and developmental disabilities, as well.

Our mental health network, despite the efforts of many good people, appears under-funded, disorganized and fragmented. When mental health hospital services closed to many in our society in the 1960's and 1970's, adequate alternatives were not provided. More and more of the mentally ill are finding their way to jails and prisons. Today, there are about 750,000 mentally ill inmates in the United States. There are more mentally ill people in prison than in mental health facilities. Many, many mentally ill have self-identified through criminal activity. The vast majority will be back on the street in less than four years. We need more programs to divert mentally ill offenders who qualify into treatment programs rather than into jail or prison. It will save lives and save families while also saving money.

I credit the Legislature with starting a mental health docket in the Keene District Court and I credit Judges Leary and Bamberger for creating a mental health court in Nashua. An additional mental health docket was recently begun in the Rochester District Court. I am hopeful these models will be funded and expanded. There are currently seven juvenile drug courts in New Hampshire including one here in Nashua. Within the past year the first adult drug court was begun under the stewardship of Judges Mohl and Fauver in the Strafford County Superior Court. What presents as a drug problem is often grounded in a mental health problem. We need to sift more finely and get to root causes so they can be diagnosed and treated.

We need to provide more meaningful mental health programs to those incarcerated. Until recently the State only allowed the Department of Corrections to spend about 1.5% of its budget on mental health. In part due to the efforts of the new Commissioner the number will jump to more than 4%. But it is still not enough. Every inmate helped may be one less returned to prison at \$30,000 a year because of a subsequent offense or a probation or parole violation.

Woman inmates, by the way, present with mental health issues substantially in excess of those presented by male inmates. Good economics and good policy make sense. Jails and prisons need more and better staffing and more qualified staff in some instances to deal with the volume of mental health issues inmates present. We need better design and implementation of treatment plans. We need more aggressive post-release mental health assistance and we need housing and job training so that the mentally ill patient in treatment after release from jail can successfully integrate into the rhythm of our communities and tap into his or her own inherent abilities. If this critical service is not provided, we will likely re-incarcerate a substantial number of the same people we did not help. Long term it is cheaper to solve the problem than ignore it. You and organizations like yours play a critical role in confronting mental health issues and keeping them on the front burner. I beg you not to get discouraged in the face of such enormous challenge. If you won't stand watch, few others will.

Let me close with a story. . . As the result of a turbulent sea, hundreds and hundreds of star fish were washed up on a beach. A boy came along and started to throw the star fish back into the water, one by one. A man came along and asked the boy what he was doing so the boy told him he was going to put all the fish back into the sea. The man sort of ridiculed him and said there were too many, it was too big a task and what he was doing wouldn't make a difference. With that the boy reached down and picked up a star fish and threw it back into the water and then said to the man, "that made a difference to that star fish".