Thank you for inviting me here today. My name is Lyn Malofsky, I am 51 years old and a resident of Shorewood, WI.

I have 1 and ¾ master's degrees and used to be a school principal. I have been volunteering as the Director of Warmline, Inc. for the past 10 years. Warmline, Inc. is a non-crisis support line run by and for people living with mental illness.

I am a person living with mental illness. My latest label is schizo-affective disorder.

Being diagnosed with a life changing mental illness at age 34 was devastating. How I was treated afterward was disgusting. I was fired from my job and was treated like a criminal and there was a *no contact order* put in place so I was unable to say goodbye to the over 500 kids in my school – nor they to I.

One time, after calling to cancel a routine appointment with a therapist I found my house surrounded by snipers in a standoff that lasted for 7 hours. When I finally gave in I was handcuffed and taken to a medical facility.

Another time, officers came in to do a "good and welfare" check and took me out in handcuffs after no resistance on my end. I was left to stand on the front steps of my house for approximately 10 minutes as neighbors looked on.

I've been handcuffed many times, and never because I have committed a crime. I have never committed a major crime. I was handcuffed because I was depressed.

The most consistent thing that others ask me to be sure to talk about when I have opportunities like this one is handcuffs. They're against them.

I was depressed and I wanted to be dead. At the time I wanted nothing else.

What I didn't need was to be handcuffed and treated like a criminal. What I didn't need was to have my feelings ignored both by the police and emergency room personnel.

I needed compassion, not punitive actions, or even worse, apathy. I have had my stomach pumped several times. I've always wondered what I would say if somebody asked me what I wanted after having my stomach pumped – nobody ever has. I would quite simply say that I wanted a hug.

But hugs aren't enough and aren't always feasible, so what's next?

MORE PEER SUPPORT.

A definition of peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful."

Shery Mead, who made this assertion, also says, "peer support starts with the basic assumption that meaning and perception are created within the context of ***culture*** and relationships."

…created within the context of *culture* and relationships."

It is this culture of basic service delivery and the law that we are here to redefine.

We know that peer support works. We have plenty of trained peer support specialists around the state. It is imperative that we have more so that we can provide peer support in emergency situations. Why can't peer support specialists be stationed in Emergency Departments and Psych. Crisis centers?

I served as a volunteer peer support person in the Psychiatric Crisis Service in Milwaukee and I know it works. I know I helped people feel safe and understood. I know that I helped people feel listened to. I know that I fetched a lot of sandwiches, and I know that I even gave several people hugs.
Trained Peer supporters should riding with mobile teams and responding to CIT calls.

"Peer support can reduce the risk of institutionalization and incarceration through offering a wider array of options for persons with mental illness" as indicated in the Study of the International Association of Police Chiefs "Safer Communities: Improving Police Response to Persons with Mental Illness."

The use of warm lines, hot lines, peer programs, advocacy programs, outreach, mobile crisis teams and respite are all-necessary if we really want to people to grow.

Most peer support programs are functioning on a shoestring financially. A commitment to funding peer run programs is a necessary step in this culture change

In this new culture I see an understanding of **recovery** with
its essential message being that people with mental illness can regain a meaningful life despite their illness. In this culture a strengths based approach to assessing folks will be the norm.

And the recovery philosophy is not just for consumers, not just for people living with mental illness. It's for all of us who serve as support people for people with mental illness. It's for crisis workers, and doctors, and med students, and family members, and police officers. In this culture change everybody has to buy in to the concept of recovery, people with mental illness can regain a meaningful life despite their illness.

Some of these steps are simple. Take Crisis Plans for example. They are easy to make, cost effective and can save lives. What's needed are qualified facilitators who will help people create their own plans that they will proud to have created and bold enough to share. What's worse than a crisis plan that is just sitting in a pile?

I have an answer for that! A crisis plan that was written by somebody else – no matter what the intention.

CIT will continue to play an important role in this culture. It has to be a program that is voluntary, and it has to be consistent with leadership that is visible and respected.

I support CIT, I am very committed to it, but I think peer supporters and trained psych professionals will trump the warmest and fuzziest police officer any day. I am not aware of the DIT, or the diabetes intervention team.

This is part of the culture change that I see as mandatory as part of the work of this committee.

Thank you very much for this opportunity to share my thoughts.

From the Study of the International Association of Police Chiefs "Safer Communities: Improving Police Response to Persons with Mental Illness."