

THE NEWSLETTER OF THE GEORGETOWN MINISTRY CENTER

CATCH 22

This summer our community saw the usual influx of profoundly disabled homeless people. Calls came from the community about a man in a wheelchair in Rose Park, along with another character who was scaring the kids on the playground. There is a woman who has taken up full time residence at the waterfront park. And of course, there is Basketball Man, as he is known around Rose and Volta Parks, practicing his shots with uncanny accuracy using a deflated basketball.

What do these characters all have in common? They are homeless and all have a profound and disabling mental illness. More importantly, each one of them has a complete lack of insight regarding his or her illness. This lack of insight is called anosognosia. It is common among people with neurological and mental illnesses. In my opinion, anosognosia is the most common reason for hard core homelessness.

This year for the first time, I testified before the House Committee on Energy and Commerce, which has jurisdiction over mental health. Congressman Tim Murphy is a psychologist with a deep personal commitment to this topic. One part of his bill, Helping Families In Mental Health Crisis Act, addresses the need for better tools to help these most resistant patients by expanding the use of assisted outpatient treatment (AOT). AOT, I have to admit, is a euphemism for involuntary or forced treatment.



This whole concept of "assisted treatment" is controversial. For too many years, people with serious mental illnesses were put into large, inhospitable institutions and subjected to ineffective experimental treatments that sometimes did more damage than good.

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RELAPSE IS PART OF RECOVERY

Last year we reported success when two of our members were hired by the Georgetown Business Improvement District (BID) after a trial period of temporary work. We moved one of them into an Oxford House (oxfordhouse.org), and the other moved in with a friend. A few months later, we learned that both had lost their jobs and their housing.

There is a common refrain in addictions treatment: "relapse is part of recovery." We are happy to see that, despite the setbacks they faced last year, one has been rehired by the BID and the other has entered Clean and Sober Streets (cleanandsoberstreets.org) treatment program and says he is committed to staying the course. He realized that things were out of control after severe alcohol abuse left him passed out in the street. He wanted to change, and our primary case manager Roy Witherspoon was there to bring him to APRA (Addictions Prevention and Recovery Administration), DC's addiction treatment program. Though he will continue to face challenges, he has now been sober over six months.

Meanwhile, one of our newer members was referred for a place within the BID's workforce after a few months of dedicated volunteer support around the Center. He was hired, and we helped him move into Emery, a long-term shelter for working people.

-Gunther Stern

CLOTHING CLOSET UPDATE

For the past year and a half, we have distributed donated clothes to our guests on a weekly basis. Sometimes, we had everything our members requested. More often than not, we had an abundance of items people didn't want and not much of what people needed. Because of this and a request from Grace Church to move our closet to a smaller room (they currently house our closet in its rectory), we are now seeking only the bare necessities: new or used clean, gently used socks and t-shirts; underwear (new only); toiletries; and other seasonal items as requested. We have made information about other clothing resources available to our members. We have also updated the wish list on our website and created a wish list on Amazon.com. If you have beautiful coats or blouses to donate, consider consigning them and using the profit to send us something from our Amazon.com wish list.

—Stephanie Chan





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The first part of the 20th century was the dark age of psychiatry. This period was famous for the controversial electroshock therapy and frontal lobotomies from which patients never recovered. At the time new and effective treatments were being formulated, there was an understandable reaction to the bleak existence of people in psychiatric hospitals that led to the Community Mental Health Act. The idea was that people would be treated humanely in newly created Community Mental Health Centers. The reforms failed. The centers did not see the patients they should have and instead focused on the "worried well:" functioning adults with anxiety or mild depression. The profoundly mentally ill went from the bedlam in the hospitals to the bedlam in the streets and jails. The pendulum swung too far in the opposite direction.

We need to correct. We need laws, perhaps even stronger than those being proposed in the *Helping Families in Mental Health Crisis Act*, that allow us to intervene when someone's health and well being is threatened because of his or her untreated mental illness. Living on the street in squalor should be enough to demand action. We should not be required to wait until they have killed themselves or someone else. We don't want to make it illegal to be homeless and mentally ill. We want to make it legal to help!

The next time you look at someone in your park who is obviously under the influence of a severe mental illness, remember this: until they are treated, they probably have nowhere else to go. They could be helped with new treatments. They don't want treatments because their illness prevents them from understanding that they have an illness. They have the right to refuse treatment and must consent to treatment if it is to be given. They will not consent without treatment. Catch 22.

-Gunther Stern

BUILDING TRUST

I encountered Mickey on Wisconsin Avenue during medical outreach with Dr. Catherine Crosland. Usually, Mickey would tell us he was fine, but this time we sensed something different about him, so we circled back at the end of our walk. Mickey's blood pressure was alarmingly high, prompting Dr. Crosland to call an ambulance. Mickey clearly knew something was out of sorts. The EMTs and Dr. Crosland didn't have to work very hard to convince him to go to the hospital. A week later, one of our board members, Page Robinson, ran into Mickey in his usual spot on the street. She reported that he was expressing his immense gratitude for Dr. Crosland and for the ambulance she called. As it turns out, Mickey was experiencing a heart attack that, left unchecked, might have been catastrophic.

During street outreach, we often encounter people who will say hello and chit chat with us week after week, but refuse any kind of treatment. We maintain these friendly visits so that when there is a life-threatening emergency or someone is ready for help, they will trust our intervention.

-Gunther Stern

TAKING BLOOD PRESSURE: A TRUST-BUILDING ENDEAVOR

A few months back, while I was working overnight at George Washington University Hospital, I was called to do a psychiatric evaluation for a patient in the emergency department. As I started the psychiatric interview, my patient became guarded and provided only the most vague of answers. A bit more investigation revealed that she did not want to talk about mental health issues: she found the topic of mental illness to be intensely stigmatizing. Fortunately, I had gathered that she was interested in quitting smoking, and I was able to use a discussion about nicotine replacement therapy to build a treatment alliance over the course of ten minutes. After our discussion about tobacco cessation—which served as a trust-building interaction—I was able to return to the topic of mental health issues and have a fuller conversation.

Recently, Executive Director of Georgetown Ministry Center, Gunther Stern, and I began to use a similar approach in our street outreach. Many of our members hold a stigmatized view of both patients with mental health issues and of providers who treat patients with mental health issues. They are reticent to interact with me in my role as a "shrink." However, we have found that starting clinical encounters by taking a patient's blood pressure creates an opening to discuss both general medical health and psychiatric medical health. The simple act of taking blood pressure cuts at the spurious mind-body dualism that is a cornerstone of stigma against "mental" patients. The act of taking blood pressure serves to destigmatize psychiatric encounters. Once we are able to engage members about their physical health, the connection between diet, blood pressure, smoking, chronic stress, and mental health issues can be made in a way that is acceptable to members and which can simultaneously allow for mental health and other medical treatments to proceed.

-Dr. Michael Morse

Introducing Dr. Morse

This past year Georgetown Ministry Center has become a venue for George Washington University Medical School residency placements. This relationship has allowed us to expand our psychiatric program in an important way. The residents are supervised on site by our long time psychiatric consultant, Dr. Ronald Koshes. Dr. Michael Morse has been with us for nearly a year. He brings with him enthusiasm and commitment to our program.



him enthusiasm and commitment to our program that goes well beyond his required duties.

Dr. Morse received his B.A. in Political Science from Swarthmore College in 2003. He also received his Masters in Public Administration from the John F. Kennedy School of Government and his M.D. from Harvard Medical School in May 2011. Dr. Morse is Executive Director of an NGO, the Palestinian Medical Education Initiative, Inc., that seeks to build the capacity of Palestinian West Bank and Gaza systems for medical student education and child and adolescent mental health services. Advancing medical education and mental health services in Palestine is his major long-term commitment.

HOW YOU CAN HELP

YOU can truly make a difference in the lives of the homeless guests who come to GMC for help!

Here are some of the ways:

VOLUNTEER AT OUR CENTER. Help out with our shower/ laundry program; visit one-on-one with members who need a listening ear; offer your special skill or interest (art, reading, crafts, technology, etc.). Contact Emma Whitaker at emma@gmcgt.org or contact us at info@gmcgt.org.

DONATE OFTEN-NEEDED ITEMS. We need men's boxer shorts, socks, tennis shoes (large sizes in good condition), toothpaste, toothbrushes, razors.

JOIN OUR SANDWICH PROGRAM. To find out about when lunch sandwiches are needed, contact us at info@gmcgt.org

DONATE MONEY. If you are considering supporting our work-and we hope you are--please use the donation response envelope enclosed in this newsletter or visit our website at http:// georgetownministrycenter.org/help/donate/.

We are so grateful that you care about our efforts to end homelessness at the local level. Your gifts make a huge difference in the lives of those we serve!

—Helen McConnell

AMAZON SMILE



Now you can feel better about your reckless midnight buying spree on Amazon.com because you can support GMC at the same time. We've all probably bought something on Amazon.com at least once; for some people, the lure of free two-day shipping is too hard to ignore. Did you know, though, that Amazon.com will donate a percentage of your purchase to Georgetown Ministry Center if you buy through Amazon Smile? All you need to do is go to



smile.amazon.com, logon with your Amazon credentials, and choose Georgetown Ministry Center as your charity of choice. Shop as you normally would, and we'll receive a check in the mail from Amazon.com! Better yet, gift us something from our Amazon.com wish list and purchase it through Amazon Smile. We'll get the goods and a check from Amazon.

-Stephanie Chan

VOLUNTEERS

We have had a lot of great volunteers this past year, all giving much time and energy. All have been notable, but I want to highlight the daughter of Beau Stiles, one of our two new Center employees. Cora Stiles spent her summer break working with her dad, volunteering in the Center. She is wise and mature far beyond her years and made an incredible impact on our guests. Thank you Cora! Thank you to all of our wonderful volunteers!

—Gunther Stern

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Kes	her Israel, Georgetown Synagogue	Jessica Ribner
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St. S	Stephen the Martyr	Laura Wilson

Ana trom the community	
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Psychiatric Resident (with GWU)	Michael Morse, M.D.
Family Practice (with Unity Health Care	e) Catherine Crosland, M.D.

THE GEORGETOWN 5K RACE AGAINST HOMELESSNESS

Race, run, walk or just come have fun for a good cause. Georgetown University students are supporting Georgetown Ministry Center with the First Annual Georgetown 5k Race Against Homelessness on Sunday, October 19th. This is a rare opportunity for you racers to sleep in, go to church (or whatever else you might do on Sunday mornings), and then come to the starting line. This race is in the afternoon at 1:30 when I am sure you are at your absolute best. You will almost certainly break your personal record here!

Last October, students and faculty at Georgetown University hosted a 5k for Georgetown Ministry Center as part of Fannie Mae's Help the Homeless Walk. It was a trial run—pun intended —for this year's race. Earlier this year, Fannie Mae announced the discontinuation of their Help the Homeless campaign. We are using this change to energize our event. There will be a 2k walk and a 5k race in the afternoon. Runners (or walkers) can run by themselves or be part of a team. We're looking for some friendly competition from local Georgetown organizations and businesses. Afterwards, join us for a cookout, music, and family-friendly games organized by the generous members of the Georgetown campus. Bring yourself and your family, neighbors, friends, and co-workers.

We are so grateful to our sponsors this year. The BID is our top sponsor at the Platinum Level (\$5,000+). We are grateful for our Silver Level (\$1,000 - \$1,999) sponsors: EastBanc Inc., Pinstripes, and Jonathan G. Willen and Associates Inc. Fitness Together also recently joined us as a Bronze Sponsor (\$500 -

\$999). We have several in-kind sponsors as well: Georgetown Running Company, Lululemon Athletica, Thirty-One Gifts, the Four Seasons Fitness Club, and The Body You Want Fitness Solutions. Help us make our first Georgetown 5k Race Against Homelessness a success. Registration is now open. Find out more and register at georgetown5k.org.

-Stephanie Chan

SPIRIT OF GEORGETOWN 2014

Did you come to last year's Spirit of Georgetown event? If you missed last year's spectacular party, make sure you mark Thursday, October 16 in your calendar for this year's Spirit of Georgetown. It is the soiree everyone looks forward to every Fall!Our co-chairs, Sarah Kuhn, Avery Miller, Deborah Winsor, and Andrew Law are working diligently to make this year's event the best one yet. We are honoring Jocelyn Dyer for her years of service on our board and as coordinator of the winter shelter at St. John's Episcopal Church. She has been an activist board member since 2006 and recently completed a two-year term as Board President. Last year, the Vice President of the United States surprised us all when he showed up to bestow his well wishes on the 2013 honoree, Page Evans. Who knows who'll stop by this year? Check your mailbox for an invitation or RSVP at www.spiritofgeorgetown.org.

-Stephanie Chan

GEORGETOWN MINISTRY CENTER 1041 WISCONSIN AVENUE, NW WASHINGTON, DC 20007

TASTE OF GEORGETOWN

Another fun way to support Georgetown Ministry Center September 13 from noon to 5pm Now at the Waterfront







