

Manic-depressive's courageous battle with her demons

Life on the street, where weird is the norm, adds hideous dimension to lives of bipolar sufferers

BY ED BOWERS

MEGAN Trent is 33 years old and wants to be a writer. If she pursues this ambition it will be for the good of all because she has experiences to relate on a very deep level. She lives at the Aarti Hotel, 391 Leavenworth, in the guts of the Tenderloin.

I've known her for only a few months, but it seems like forever. Life in the Tenderloin is so intense that a few days can seem like years. Megan is tough, myopic, tender, compassionate, ruthless, basically nice, wise, and extremely complicated, manipulative and dangerous. But I do not idealize her. I have seen her dark side. And it's as real as a jealous demon that will not let you get close to its brilliant host who is filled with love and light.

Megan suffers from a sneaky and crippling mental disease called manic-depression. It would have killed her were it not for the mental health care system in this city.

This woman walks faster than me, has a sense of direction I will never have, and an I.Q. that dwarfs mine. So listen to her now. Her words may save someone's life, as opposed to my words, which are basically obituaries.

Bowers: As someone who suffers and manages the disease, define manic-depression, a term that's thrown around rather loosely these days.

Trent: Manic-depression — or bipolar disorder — and schizophrenia are the two main mental illnesses; post-traumatic stress and personality disorders were defined much later. Major depression is sometimes curable, but manic-depression isn't, nor is schizophrenia, but both are managed by medication and therapy.

Manic-depressives, who make up only .08 percent of the population, usually get diagnosed between 16 and 28, but it's impossible to diagnose them until they've had a true manic break: They have to be in a state of disinhibition, have grandiose ideas, and have this characteristic called "flight of ideas" — they can't stop talking and they bring disparate things together in an amazingly brilliant synthesis. At this point they usually get sexually promiscuous, spend money they don't have, screw up their credit, make an ass of themselves, and, hopefully, wind up in the hospital. Some people die because of their first traumatic break, but a lot of us don't. We get stopped one way or the other, put in the hospital and diagnosed.

Bowers: At first, when your manic-depression kicked in, did you enjoy it?

Trent: I enjoyed my first manic episode. I was euphoric because it followed on the heels of an eight-month major depression. I'd never had major depression before, so I didn't know what was wrong with me. In spring 1990, after a long winter of being depressed, I suddenly felt a lot better. I was recovering from the depression. Everyone was relieved. I looked better. I was much more talkative. I was able to get a job. I did a lot of things that I couldn't do when I was depressed. But then it went just too far. The closest analogy is a very bright person taking tons too much cocaine daily and being unaware that she or he has a problem.

Bowers: So you got a sense of relief the first time this hit.

Trent: Absolutely! I thought that I was just snapping out of it and felt better and better and better. I needed less sleep, and my appetite and libido were back. Suddenly I could get a job, and had all kinds of future plans. I was very young — 20 — but it all turned out to be just the other face of the illness. And no one knew what to do with me, because you have to show full-blown mania before they'll diagnose you.

Bowers: How long before you realized you had a problem with this condition? Do you remember its inception?

Trent: I was a sophomore at Yale, and I'd had a rough freshman year and summer working in a law office, never really getting a rest. When it was time for me to go back to school, I dreaded it. And I made changes in my lifestyle at school that made things worse.

I moved off campus. Friendships that I'd thought were solid went up in smoke. Pretty soon I couldn't go to class and couldn't get out of bed. So I dragged myself to the student medical center, and they were tentative about treating me medically. This is 1989, way before depression as a popular medical problem was discovered by the media and the scientific community. They didn't put me on an anti-depressant like they would today. They put me in a hospital bed to let me reflect on how my life was going down the drain.

After a while, I couldn't take it anymore. I called my



Megan Trent, at right, at home at Aarti Hotel, credits S.F. mental health system for her improvement.

parents and said that I had to leave, but they wanted me to stay there. They said, "You'll be all right. You'll snap out of it." I told them that they didn't understand — I couldn't eat. I couldn't get out of bed. I was terrified of going outside. I had major depression symptoms. To everybody else, it seemed like I was having a nervous breakdown after my long, long, long career of pushing myself too hard academically.

I went home around the time the Berlin Wall fell. No one knew what to do with me, and I didn't know what to do with myself. I went into psychotherapy, and after several months the therapist suggested I see a psychiatrist. Today, they'd take one look at me and say that I needed pills. There is no other way to deal with this. But that was a different time. I'm a medium old-timer — if I'd been a real old-timer they would have put me in a state hospital.

Bowers: What do you think brought this on? Chemical imbalance? Traumatic incidents in your life? A combination?

Trent: I had a stressful childhood. My parents divorced when I was 2, and my father married a woman who didn't care for me at all and who had some serious psychological problems herself. Looking back on it, we both agreed that that was the case. She mistreated me badly during pre- and early adolescence, and it was pretty scary to me.

So, chemical imbalance? What I have is a brain disorder. They call it a mood disorder in the *Diagnostic and Statistical Manual*, the book used to diagnose psychiatric conditions, to differentiate it from schizophrenia, which is a perceptual disorder — where you hear things, for example. But definitely the big two, schizophrenia and manic-depression, are brain disorders. Chemical imbalance — yes, I do have one.

I don't have a family history of manic-depression. Often people who have manic-depression to the point that I do can't work for a living and usually have an identifiable genetic path. But I don't have that, though it doesn't diminish the strengths of my symptoms at all.

undergo living in this city. Their nerves are shot.

Trent: Absolutely. After a while I just couldn't handle it. I'd stopped taking my pills — I've gone on and off medication for 13 or 14 years now. I got really depressed, and went to a doctor who put me on lithium immediately. I knew that would bounce me out of it as fast as anything could. But I couldn't continue with that lifestyle. I couldn't maintain myself. I didn't have insurance, so I went to S.F. General, was hospitalized for five weeks and left almost as ill as when I got there.

Back in the day, they'd put someone like me in a state hospital for about a year and then see what would happen. But there isn't a budget for that anymore, so they keep you moving through the system.

Next, I went to a place called an acute diversion unit, a two-week program to let you jell up after having been in the hospital and out of society and in the world. It was a 12-bed program where you have to make dinner and go to groups, and you have to do art therapy and take walks and get more acclimated to being in the world again. After they consider you ready to go on to bigger and better things, they send you to a halfway house. The one I went to, Conard House, is the biggest in the city and it's in Pacific Heights on Jackson and Fillmore. It has 25 beds — it's a huge place, like a frat house for nuts. And lots of rules, lots of chores, but no curfew. They teach you how to deal with the world, because if you go out at night and can't get home, then you're not going to do very well in the next stage of the game.

After the halfway house, you either go to cooperative apartments owned by the Conard system or to a hotel. There are three or four long-term hotels that I know of in the city, and I'm in the one called the Aarti.

Bowers: What do you think would happen to a person suffering from manic-depression who was forced to live on these streets without help or medication?

Trent: I think the stress of homelessness would make someone decompensate pretty quickly. One key to staying well as a manic-depressive is regular sleep, and it's extremely hard if you're homeless to get regular sleep. You constantly have to shuffle yourself around to get away from cops and other people who are trying to rob you. If I don't get enough sleep, I start feeling horrible. My thoughts start to race, I start getting paranoid, and I get angry. I just have to sleep a lot.

The chief problem with bipolar disorder for the homeless is that their culture is already pretty crazy. For them, it's really hard to bounce themselves off someone to get a reflection of how they're acting. That's how we manage our persona with people. If I say something weird and you look at me funny, I think, "Oh, I said something weird." But if you're on the street and you say weird things, you're not gonna get the same reaction. You don't get a good mirror of your behavior. That's really where the rubber meets the road with bipolar disorder. It's a brain disorder, which is then a mood disorder, which then affects one's affect. And affect means how you behave in the world.

Let's take two cases. Say someone's been diagnosed with bipolar disorder. He's been briefly on the meds he needs and knows what he needs to remain stable. That person can use the system. With any luck, and with proper help from city and county psychiatrists and case workers, that person will get S.S.I. and get housed like me.

Then you've got the other kind of homeless person who doesn't know what's wrong with him and everyone says he's so moody, he's so crazy. He's very vulnerable probably won't make it. He can't hold onto himself and doesn't know what he needs to feel better.

Bowers: What's your advice to people who have been diagnosed as suffering from manic-depression?

Trent: No.1, find the right psychiatrist. I've fired six psychiatrists in my career. They were all pretty good doctors, but they weren't good enough, and they weren't doing their jobs. Ironically, I received the best psychiatric medical care in the city and county system, and I want to tip my hat to Dr. Jean-Jaques Garbarz at Mission Mental Health because he's saved me. He's provided me unconventional ways of treating myself that are extraordinarily effective, and I'm no longer afraid of becoming manic. So I got lucky and found the right doctor.

Then you go on to find the right medication, but the right medication emanates from the right doctor who can read your system, have an interactive conversation with you about what

you're shooting for, what your goals are, and how you'd like your life to be. Someone who cares about these ideas and who doesn't think that just because people are mentally ill they should be shit-canned.

And then you remain consistent with your medication. This disease gets progressively worse whether you take your meds or not, but if you don't get treatment, the disease gets worse quickly. The reason I had that breakdown in 1998 and ended up on S.S.I. at the age of 33 was that in my 20s, I'd monkeyed around with my meds and did a lot of speed and a lot of partying, just like anybody does in their 20s. The difference is that it made my brain disorder worse, and I've had to compensate for years. I may or may not ever get off the dole. I may have made myself, through self-neglect and self-abuse, so sick that I'll never fully recover my ability to work for a living. I don't know, and nobody else knows either.

Bowers: Does this disease remain so active that even those taking meds feel like they have to self-medicate? Do its victims often use a lot of illegal drugs to kill their pain? People who use hard drugs, some of whom are my dear friends, are drowning inside the loneliness of their minds, and this forces them to self-medicate.

Trent: Beyond my general dosage of pills, I self-medicate in two ways: I drink alcohol, which a lot of manic-depressives do, and I do something with my secondary mood stabilizer, Seroquel, that lets me sleep off any mental or emotional disturbance that may be brewing in me. If I feel I can't stop my thoughts from racing, or if I feel too discouraged and start to get depressed, or if I perceive any extreme mood that makes me uncomfortable, I'll just put myself to sleep for three days using extra dosages of the Seroquel.

Bowers: Do you dream?

Trent: Sometimes. But it's not so important that I dream. It's important that I be immobilized in bed and not get into trouble.

Bowers: What's your opinion of the mental health service community from the up close and personal point of view of someone who's been through it?

Trent: State hospitals don't really help anybody. They just keep people from getting into trouble.

Bowers: They're like prison.

Trent: Yeah. Some people need those kinds of boundaries to feel safe. They'll be safe, but I don't know if they'll get better. I knew this girl who spent her adolescence at Napa and she was weird, weird, weird when I met her. Now, having been put through the public halfway house system, she's been doing quite a bit better. The state hospital doesn't help you get better — it keeps you circling the drain.

I do wish that there were more support groups for people with bipolar disorder. I've been to the one at St. Francis Hospital, where I was diagnosed initially, and it didn't work for me because it was dominated by older people. I've always had this fantasy of having a younger person's bipolar group so we could compare notes. People in their 50s are way down the road with their shit. We're just beginning to manage it correctly with finesse. I wish I could tell more people about the Seroquel sleep cure. I don't know if my doctor invented it or read about it in European literature because he's French, but it has saved my life.



I hope someone who has the same disease as Megan reads this interview and gets some help. Customer service is not the main focus of human beings anywhere on Planet Earth, unless it turns a profit for the ones employing those forced to do it. From my 24 years' experience as a security guard, I can tell you that when the underpaid guy in a rent-a-cop uniform smiles at you, all he wants you to do is go away. Don't think it's easy to get on S.S.I. — I've seen too many crazy people who need it get turned down and die.

This is my "flight of ideas": Functionally mentally ill people are in charge; otherwise this planet would be a pleasant place. I believe that those considered mentally healthy suffer a normal virus that invisibly imposes its disease on the majority, and cracks their brains like fine crystal because they are too sensitive to withstand its brutal onslaughts.

"I saw the best minds of my generation destroyed by madness, starving, hysterical, naked..." wrote Allen Ginsberg in his poem "Howl" in the oppressive 1950s. The situation hasn't changed much and, on certain levels, it's gotten worse.

The baby boomers have given birth to their own parents. And their children have given birth to the past. Underfunding the consequences of this will be fatal to this society.

I am only a warning. ■

Taking measure of his madness

Plain-speaking guide offers advice about living with bipolar disorder

BY GEOFF LINK

There's a method to Richard Aaron Mead's madness, and he wants you to know about it, especially if you, too, are bipolar.

Mead has been living with his condition perhaps since his late teens; now he's probably in his late 60s. But it wasn't official until 1981, when he was diagnosed as bipolar.

He's had a lot of time to experience the condition and think about it and struggle to control it. He wrote about it and, in 2001, self-published a little book about what he had experienced and learned about manic-depression over these many years.

"Yes You Can!" is the title, and he means it: If he can, you can. He has found ways to have a happy and productive life despite the inner turmoil. And he offers some simple ideas that if you follow, yes, you can too.

Mead speaks to the afflicted, people already experiencing symptoms. He doesn't regale readers with sensational tales of manic exploits or debilitating depressive states. Mead figures you already know about that. But what you might not know is what he didn't know for so long: how to get hold of yourself and find stability and self-satisfaction.

This is bipolar from the inside reaching out — to those trapped on a chemical teeter-totter, not always sure what's up or what's down.

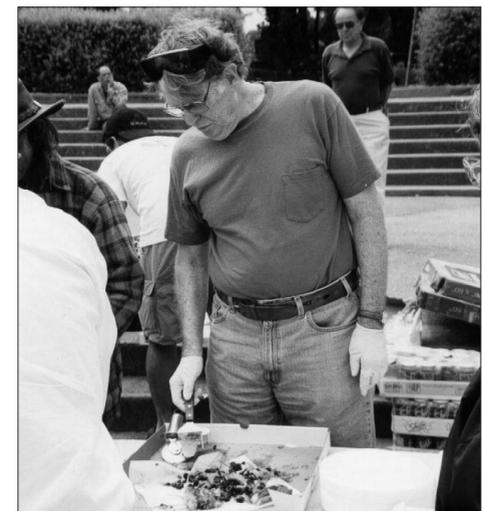
Mead is a peer counselor in a city-funded program for people in mental health residential care. The program takes these folks places like Baker Beach and Stern Grove for food and fun. Mead helps set up the tables they eat on, ladles out the food, and meets one-on-one with some when he can.

He helps others to help themselves, and that impulse certainly was behind his little book. Dr. David Satcher, assistant secretary of Health, wrote to Mead in 2000, "Your book helps demystify mental illness by giving it a human face." ■

For copies: Yes You Can, Inc., 1101 Pine, apt. 201, San Francisco, CA 94109, (415) 775-7300. Paperback, 110 pages, ISBN: 1-58790-004-1, Regent Press: Oakland. Special discount for mental health consumers: \$11.95 plus \$3 shipping.

A few bon mots from "Yes I Can!"

1. "Find something you can be passionate about, and get into it."
2. "It's okay to fail. Just bounce back and remember how you handled it."
3. "Never stop believing that you can rise to the occasion."
4. "Always get the chemical and therapeutic help you need. My messages are not about substituting for these."
5. "Learn as much as you can about medications chosen for you."
6. "Keep trying, there are some great new drugs out there."



Mead serves pizza at a mental health event in July.

MENTAL HEALTH HOTELS

The Aarti at 391 Leavenworth is a 39-unit SRO operated by Conard House under contract with city Mental Health. A nonprofit that opened its first psychiatric halfway house almost 50 years ago, Conard currently houses and provides support services for 400 homeless and psychiatrically disabled clients and their families in four SROs, two residences and an apartment building — all in the Tenderloin and SoMa — plus 17 apartment units throughout the city.