March 2021 Shield Update for Charles Helmer

Historical Background

Charles Helmer is now 22 years old. He received a diagnosis of bi-polar when he was a teen ager and took a drug called Risperdal for about three years.

As a young adult, he has been restrained, secluded, and drugged by force multiple times at Fairview Riverside Hospital. To view local media coverage regarding ing federal lawsuit that was filed against this hospital for repeated patient rights violations at Fairview see [HERE](https://www.fox9.com/news/two-twin-cities-hospitals-cited-after-federal-investigations);

His longest hospitalization lasted eight months. Overall, years of forced in-patient and out-patient psychiatry have traumatized and exhausted him mentally, physically, and emotionally.

Due to social isolation caused by COVID and with zero non-force, non-drug supports in the community, Charles experienced a rough patch while alone in his mother’s house. Thinking there was a problem with the electricity; he became afraid and unplugged his mother’s refrigerator. Thinking something bad might happen, he called 911.

When first-responders arrived at the scene, Charles was in a state of distress and the police couldn’t understand how to help. They took him to the hospital for a mental health evaluation.

Charles was once again admitted to a restricted psychiatric facility—Fairview Riverside run by the University of Minnesota---for more ‘treatment’. His mother, who was his legal guardian at the time, wasn’t notified of her son’s whereabouts for days. When she finally located him, she was denied visiting privileges due to COVID. Unfortunately, she was also denied the privilege of communicating with him over the phone.

Days turned into weeks and weeks turned into months. Charles was confined over Thanksgiving, Christmas and New Year’s without any contact with friends or family. Charles’ mother called the hospital every day but for months she was told that her son was ‘unavailable’

When she did finally establish contact with Charles, she became very concerned because he appeared to be in a vegetative state. Hints from mental health workers led her to fear that he was being chemically restrained and that his electroshock ‘treatment’ had been resumed without her informed consent. When she received confirmation that her son was again being shocked twice weekly, she called MFI.

On advice from a MFI staff member, his mother tried to obtain Charles’ medical records and find a sympathetic attorney but her efforts were unsuccessful. A staff member attempted to contact Charles but was unable to reach him on the ward phone.

Later, Charles was involuntarily committed without proper counsel and his mother was stripped of her guardianship. After discharge, Anne Fuller, his former guardian and biological mother was allowed to take Charles on daily outings for three hours every day, those visits have been now forbidden by the director of the group home.

For that reason, we are recommending that the Director of the group home be contacted as a part of his Shield action plan. Under the guardianship of a stranger hired by the state, he was finally freed last week. Unfortunately, he has been confined to a group home against his wishes and continues to be subjected to court-ordered outpatient ‘treatment’ which includes weekly shock ‘treatment’.

His treatment also includes a daily orally administered powerful neuroleptic called ‘clozapine’, a monthly depot injection, *in addition to* ECT every week. No social therapy is being provided.

Charles wants the freedom to leave the group home on outings, greater control of his treatment, and more support to achieve his personal goals. For starters, he feels better at a lower dose of clozapine. Initially the workers at the group home allowed him to cut his dose down to ¼ of the prescribed dosage which went well for him. He could recall no behavior on his part that met with disapproval by the staff at the group home when reducing his dosage.

When the director of the group home, Rachael, found out that Charles was taking a reduced dose she immediately intervened, citing Charles’ court order. Remember, Charles has committed no crime and is not a danger to himself or others. Risk assessment is often based on one or two past incidents that are recorded permanently in a person’s medical records. These kind of records are known to have many mistakes and inconsistencies.

It is unclear if force or the threat of force was used by staff but Charles shared that he was afraid of crossing staff and had resumed taking the full dosage, even though he described his subjective experience on this drug as very negative.

He shared that his treatment causes him to ‘blank out’ and have subjective experiences that he finds frightening---experiences that first started when he was initiated on the drugs at the hospital. He recalls that the drugs made him vegetative, lose all desire to take care of himself, shower and brush his teeth.

Observing Charles today, he is pacing restlessly in the small confines of the group home, while expressing anxiety and the many concerns he has to his ‘treatment’.

When questioned about whether he would like to get off the drugs long-term, not just stop the shock, Charles stated that his priority is to first get the doctor to stop shocking him. After each shock Charles says that he loses his personality. You may recall that Charles is a spiritual person who likes to read the Bible. He also likes music and video games.

After each shock, he asks others, “Am I still funny?” or “Is this funny?” Charles is very intelligent and many people have told Charles that he has a great sense of humor. He is afraid of losing the things about himself that he most values.

Given the plethora of narratives written by shock survivors, Charles has great cause for concern.