

HED: Mania, substance abuse, and AUPD: Lex's Story

SUB: One undergraduate student describes a struggle against institutional stigma

ALT/TAG: An anonymous student with Bipolar II Disorder steps forward with mistreatment allegations against the AU Police Department.

by Mark Lu

“Do you know what a manic episode feels like?” Lex asks me.

I shake my head no.

“Well, it’s like you have a lot of energy pent up and for days at a time. You can’t sleep. I’ve gotten two hours of sleep a night. So you try to do something. You try to work out, you try to study, but it doesn’t work. You get physically tired, but there’s always this energy inside that’s always there. I can’t breathe, I’m too aware of everything I do and like other people can read my mind—I’m thinking ‘will these people think I’m weird if I reach for my water?’—just thoughts like that. I can’t really describe it. It’s just a lot of weird energy.”

She takes a moment to think. “I feel like there’s this big pit in—you know, like an avocado pit? It’s like if you stuffed it with anxiety.”

Her manic episodes last days at a time. When I asked how long she gets between highs and lows, she told me every 4-5 days.

“I’ll be on top of the world filled with energy for like a couple days,” she describes. “But then the next morning, I can’t bring myself to get out of bed.”

Her name is Lex, for Lexapro.

On April 16, 2018, Lex walked into the AU Counseling Center during drop-in hours. There wasn’t an opening then; none of the counselors were in. A psychiatrist, however, was, and suggested Lex leave and come back with an appointment—in two weeks. Two weeks after April 16 fell flat in the middle of finals week for the Spring 2018 semester, so Lex decided to take a referral to a psychiatrist off-campus.

At the end of April, Lex was diagnosed with generalized anxiety disorder (GAD) and prescribed 25 milligrams of Lexapro. Over the summer, she saw a number of psychiatrists both in the District and back home. Her medication was bumped from 25 mg to 50 mg of Lexapro, and she spent the summer working. She kept herself busy by working, she told me, putting in eight to twelve hours a day, five or six days a week.

On August 13th, Lex stopped taking Lexapro altogether, citing ineffectiveness. “[At the time], I just didn’t feel like it was working,” she told me.

Lex arrived back in Washington, D.C. in mid-August. Her Welcome Week kicked off with a party at a fraternity house on the 22nd. Before and at the party, she told me, she got crossfaded (high on more than one drug at once) and was left immobile toward the end of the night. She showed

me a picture of herself, unconscious, on the floor of a bathroom. “I was trying to communicate with my hands, because my face wasn’t working,” she told me. “And it worked. I flexed some of my fingers in a pattern, and the people who were with me sort of understood.” Later, while she was still highly intoxicated, Lex engaged in sexual intercourse with a friend.

After that party, Lex went out every night for the three or four days. The details of what happened and where, she told me, were foggy. The only way to date her own habits, she explained, was by reading timestamps off of photos she had taken during each night out.

One night in late August, Lex told me she found herself sitting on the bathroom floor after her shower, unable to function. She had been off of Lexapro for two weeks at this point, and she had also been snorting hydrocodone-acetaminophen, more commonly known as Vicodin. (“I know, I know, I sniffed Vicodin. Can you believe that? You’re probably thinking ‘who the fuck sniffs Vicodin?’” she later joked.) Lex exited the bathroom and walked over to her living room, where she told me her roommates all were, and told them: “I just don’t want to be alive right now.”

That night, with her roommates in company, Lex admitted herself into Sibley Hospital, where she was tested and placed in inpatient care. (Lex refers to inpatient care as “the psych ward.”) She was kept inpatient for three days and two nights, and given access to musical therapy and interactive activities with other patients.

“That’s the only good thing about being inpatient in a psych ward,” Lex tells me. “You have others around you, and they’re similar to you, and you’re joking with them, you know?” she chuckles. “Like, we’d say things like ‘because we’re so filled with medication, we’re like high on life, you know?’ and stuff like that. It was probably the best part,” she sighs. “I don’t know.”

During the visit, Sibley physicians diagnosed Lex with Bipolar Type II Disorder and replaced her self-discontinued Lexapro with prescriptions for Zoloft and Trazodone. They also discontinued her Vicodin, which had been prescribed to her near the beginning of the semester. She told me she had a history of snorting pills, Xanax most prominently throughout high school.

“Usually, they ease you into the new medicine,” Lex tells me. “But I stopped taking the Lexapro on my own, so I guess they didn’t think easing into the Zoloft was necessary.”

When she returned to campus on August 29th, Lex met with an Assistant Dean of Students, Jaris Williams, who signed off on a Student Readiness to Return form. In the “Academic Readiness” section, a questionnaire determining a student’s readiness to take on academic work, Williams indicated the following:

Is the student ready to re-engage in coursework (i.e. attend class, meet deadlines, complete work in a timely fashion, seek assistance as needed)? **Yes No**

Is the student able to manage a full course load (5 three-credit courses for undergraduates; 3 three-credit courses for graduate students) upon return? **Yes No**

Do you believe the student would benefit from a reduced course load (fewer than 5 courses for undergraduates and 3 courses for graduate students)? If Yes, how many courses do you believe the student can reasonably handle? **Yes No**

*Is the student able to live independently without close supervision? **Yes No***

*Is the student able to manage his or her own self-care? **Yes No***

*Is the student able to live in a community that can be disruptive to routines (i.e. sleep, study) due to distractions and other causes? **Yes No***

*Is the student able to live in an environment where s/he might be exposed to substances such as alcohol and other drugs? **Yes No***

Life was quiet for a while for Lex. For almost a full week.

At around 10 a.m. on October 3, 2018, an hour before her first class of the day, Lex realized suddenly that she'd been in the library all night and that "something wasn't feeling right," she later told me. She picked up her things, left the library, walked into the Counseling Center, and told [WHO DID SHE TELL?]. Because there were no psychiatrists or nurse practitioners in the Counseling Center at the time, Lex was redirected to the Health Center.

Lex called two of her roommates, Eva and Mason (pseudonymous), to bring her medical file from her early September discharge at Sibley Hospital, which they did and handed over to the Health Center. Lex explained what felt wrong that morning to a psychiatrist, Jessica Lu, who proceeded to check her vitals. (Lex told me Ms. Lu was the only medical personnel she interacted with in the Health Center that day.) Ms. Lu then reportedly deliberated in private with Medical Director David Reitman and an unidentified individual named "Ms. Debbie".

All three agreed that Lex should be sent to the emergency room at Sibley Hospital. Lex, however, resisted the verdict. "I know when I need to go to the hospital," Lex told me. "I didn't need to go." Lex's rationale was: in September, she checked herself into the ER because she was suicidal and was reporting "major depressive symptoms with suicidal ideations," according to the after-visit summary Sibley handed to Lex after her inpatient stay in late August. The morning in early October, however, was different. [WHAT WAS SHE FEELING?]

After checking her vitals, Ms. Lu left Lex in a waiting room to talk privately with Mr. Reitman to determine the next course of action. In the waiting room, Lex repeatedly called both the non-emergency and emergency numbers of her off-campus psychiatrist, to no avail. (The psychiatrist was referred to her by the Counseling Center the previous semester.)

Instead of acquiescing to Lex's understanding of her own situation, Ms. Lu brought two AUPD officers back to the waiting room with her. "I was really unprepared for that," Lex later told me. The male officer reportedly sat down next to Lex, while the female officer remained standing. Reportedly, the physician stood furthest away from Lex, blocking the door.

"How are you feeling?" the male officer reportedly asked her. "What should we do next?"

Lex replied that she wasn't feeling well and needed access to a physician or nurse practitioner, but that she didn't need to go to the hospital—because Sibley would have placed her right back in the "psych ward" when she didn't need that form of care. She went on and asked if she could

have access to the two roommates she just called, Mason and Eva, who were sitting in the main waiting area right outside.

In response, the male officer reportedly laughed. “Are you serious?” he allegedly asked. “[Your roommates] are 19 years old. We’ve transported students before. We know more than you.”

“You need a plan before you leave this room,” the female officer reportedly added. “We have a plan. You don’t have a plan.”

Under pressure from three adults at once, Lex finally agreed to be escorted to Sibley. The officers agreed to let her bring one of her roommates. Eva joined Lex in the police car. The two were driven in silence to the doorstep of Sibley Hospital, less than two miles away.

“Do you need us to walk you to the door?” the officers reportedly asked Lex and Eva before they dropped them off, and then drove away. So much for a plan.

Lex and Eva sat in the waiting room without checking in, waiting for help. If Lex was checked in, she would be placed in inpatient care—because she had been inpatient at Sibley one month earlier and she didn’t need to be in there again, she told me. She wouldn’t have gotten the care she needed at Sibley, she told me.

Nicole (pseudonymous), another of Lex’s roommates, arrived within several hours and drove them over to Georgetown MedStar Hospital at around 4:30 in the afternoon. Lex’s vitals were checked again. (According to Lex’s medical records, her blood pressure measurements over time remained pre-high, a symptom for hypertension.) From the “history of present illness” section of the nurse’s report from the visit:

“[Patient] notes that today she would like to be seen re: her “heightened anxiety” - [Patient] notes that she “feels out of control”- she cannot stop shaking and states that her “nerves were shot”; states that she is having a lack in concentration- in addition to- sleep [disturbance]; [Patient] notes that today she is feeling “nauseous” and she had 1 episode of vomiting at the beginning of the week due to nervousness; [Patient] notes that she was admitted to the psych unit at Sibley Hospital for the first week of classes- due to being suicidal and was d/c with the diagnosis of bipolar disorder; ... [Patient] denies chest pain/[shortness of breath]/ lightheadedness/ dizziness/ headache/ [abdominal] pain; [Patient] denies suicidal/homicidal ideation and/or attempt.

At Georgetown, Lex was prescribed 150 mg of Lithium Carbonate, an antimanic agent; 25 mg of Lamotrigine, an anticonvulsant; 25 mg of Quetiapine, an antipsychotic; and 300 mg of Gabapentin, a medication for nerve pain. On the Quetiapine prescription, Lex has scrawled in pen “SLEEP” and on the Lithium Carbonate prescription, “SADNESS”. “They’re my happy pills,” Lex later told me with a snicker.

A MedStar psychologist, a grad student, reportedly gave her a recommendation for two mobile “apps for anxiety” that would supposedly make life more bearable. They were Calm, and Headspace. Coincidentally, Lex already had Headspace in her phone.

There was no police report filed after the incident, Lex told me, because she suspected the university never followed up with Sibley Hospital. The only Sibley records the Health Center had were from the packet that Lex's roommates had brought earlier in the day. [SEARCH FOR A FUCKING POLICE REPORT YOU LAZY FUCK]

On the 4th of October, the day after, Lex walked into the Student Health Center to retrieve the packet she had provided on her visit one day prior, which included her Sibley records as well as the discharge papers from her [visit date] [Georgetown Hospital] visit. She'd tried to get them the day before. "The doctor may have taken them home for review. I don't currently know their whereabouts," the woman at the front desk reportedly suggested. She reportedly added, "I hope we didn't throw them out." Doctors in the Health Center aren't allowed to take students' medical records home with them.

Lex showed up the next day, on the 5th, and the front desk told her that physical records are routinely shredded 2 to 3 days after they'd been provided to the Health Center. Therefore, her original Sibley documents from early September weren't there, but photocopies were available. Lex's initial reaction, she told me, was: "isn't October 5th two or three days after October 3rd?" If she wanted to access the documents, the front desk told her, she'd have to both pay a fee and then print them out herself in the building. The printer was broken that day.

On Tuesday, Oct. 23rd, Lex walked into the Health Center for the third time to attempt to retrieve her documents. The front desk searched for the late-September discharge packet in their electronic database, and Lex's documents were reprinted and given over free-of-charge in an orange envelope.

For Lex, and for people with similar conditions, every morning is a coin flip. Lex could wake up on Monday relaxed, and then wake up on Tuesday with another avocado pit buried in her chest, screaming for air. She could start Wednesday on a depressive low, and start Thursday off with another manic episode.

Toward the end of one of our talks, as I was gathering my things to leave, Lex mused, "I'm gonna go do some homework. Wow, I feel—I haven't been like, 'I'm gonna go do homework!' in a while. It feels good. Feels good."

One day without anxiety. One day to finally study.