

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Public Health Committee
November 13, 2017**

Regarding
Department of Mental Health & Addiction Services (DMHAS) Whiting Forensic Division at
Connecticut Valley Hospital (CVH)

Good afternoon Senators Gerratana, Somers, Representative Steinberg and members of the Public Health Committee, my name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for quality of life for individuals and families in the community. I am here today on behalf of NAMI Connecticut to express our concerns, questions and recommendations regarding particularly the institutional parts of the mental health system in CT.

Thank you to the committee for holding this informational forum and public hearing on these important, concerning and complex issues. We will first speak to the specifics of the reported abuse, but then broaden the discussion to the wider use of institutional care and the opportunity this moment in our history could present, as I believe other people will do today as well.

We, along with many other mental health advocates, have been appalled by the confirmed abuses that have taken place at Whiting, the forensic division of the last large state psychiatric hospital in the state, CT Valley Hospital (CVH). While people have begun to be held accountable, it seems clear that the abuse experienced by the individual at Whiting is a harbinger of more deep-seeded problems at the facility. No one treats an individual in their care the way this person was treated in this case unless they expect that a blind-eye will be turned and staff, including supervisors, will remain complicit in the abuse.

People have the right to be treated with respect, no matter where they live or what health condition they are dealing with. When that right is violated through physical, emotional and psychological abuse over and over by multiple people who have been put in charge of care for that person, and others do not monitor this abuse or report it, strong consequences are in order. We hope that all involved in this abuse will be brought to justice.

Appreciating that the Department is cooperating in the criminal investigation and is also doing its own civil investigation, the situation raises the issue of whether there are systemic issues that allowed this situation to occur. Should another entity, for instance, be charged with oversight of Whiting and other institutional care? Is there adequate staffing and training for staff regarding their responsibilities and the rights of those individuals in their care? Do individuals have access to client advocates and are

there strong whistle blower protections in place? These are but a few of the questions raised by these specific and unacceptable circumstances.

Despite the horrific nature of these reported instances of repeated abuse, what if we used this as an opportunity to apply a broader perspective and went beyond 'merely' preventing these kinds of very obvious abuses at Whiting in the future?

What if we instead moved further and made this not only about a clearly crucial, yet rather minimum standard of preventing abuses like this from ever happening again, and also look beyond the Whiting Forensic Division, and include institutional settings in the broader sense? Could we ask 'What do we want 'the system' to look like'? What if in this broader context, we thought about abuse also in a broader sense? Could we include preventing individuals from being viewed as individuals, with individual strengths, capabilities, goals and dare I say dreams? What if only looking at symptom management or symptom reduction, or pure maintenance was considered abuse of what the person can actually be and wants to be? How far would discussions, changes and reform go then?

Can we take this moment in time as an opportunity to rethink, re-identify 'the system' – 'especially the part of the system that relies on more institutional care, and really truly work toward community-based (adequately funded, consistently trained etc.) care that works toward identifying each person's capabilities, strengths, goals and dreams – what each person wants for him/herself, and then work toward those together, led by the person? I think we can!

We can start by looking at what worked for people who created success stories, often with many hours spent by many caring people, to move out of institutional care, including CT Valley Hospital. We could learn from them and their experiences and create structures and processes that can be applied to all individuals, on an individual basis. We can look at other places (including outside of Connecticut) that may be more successful in this than we currently are, as we clearly have some way to go. We are lauded as a great state when it comes to public mental health offerings and innovations. But this clearly doesn't mean that we don't have (much) room for improvement, particularly as it applies to truly moving away from institutional care and toward a fully functioning and funded community-based system of care. This is a good time to become serious about working toward planning, implementing and practicing individualized person-driven care that focuses on recovery and strengths and opportunities. And it needs to be led by people who have 'been there'.

Thank you for your time and attention. Please let me know if I can answer any questions for you. And we are ready to be part of further discussions and initiatives to improve the system for individuals and families in CT.

Respectfully,
Daniela Giordano, MSW, *Public Policy Director*, NAMI Connecticut