

Greg Benson
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Good afternoon members of the Public Health Committee. Thank you for your time and attention.

My name is Greg Benson. I work at Advocacy Unlimited and I am a registered voter in Roxbury CT.

Reprehensible alleged human rights violations at Whiting forensic should compel us to dialogue about something much broader than the obvious need to prevent such abuses at Whiting and Connecticut Valley Hospital. I think that this alleged abuse should be an impetus for a much needed conversation about the shortcomings of our overall framework for supporting people who are struggling with their emotions.

Our current framework conceives of emotional distress as a discrete and observable medical deficiency within individuals. According to the former director of the national institute of mental health (Thomas Insel) – this framework lacks scientific validity. <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml>

Perhaps more important than the questionable scientific validity of this framework is the effect this conceptualization has on what we tend to pay attention to. If people's experiences of the world are understood as medical diseases we tend to ignore the context of their pain and their relationships and circumstances in life. In fact we tend to even ignore the experiences themselves and instead of exploring experiences together treat erroneous symptoms of schizophrenia, bi-polar et cetera. Our current model lends itself to ignoring opportunities to mitigate harmful social determinants such as poverty, racism, sexism, inadequate education, and environmental degradation.

Unprovoked violence towards people receiving services in Whiting is not an isolated issue but speaks to systemic flaws. Speaks to vulnerable people who have been labeled by psychiatry enduring documented and undocumented abuse everyday in every setting of our mental health system. Speaks to people who've been labeled by psychiatry being physically and chemically restrained for expressing thoughts around suicide. Speaks to outpatient therapists asking parents of adult children with psych labels what is best for them – right in front of said people who have been labeled by psychiatry. Speaks to people who have been labeled being told by hospital staff that they cannot use certain bathrooms or that they cannot make telephone calls. Speaks to people who have been labeled being told by employees of the group home they live in that they cannot give them a ride to the grocery store this week. Speaks to people who have been labeled losing their apartment even though they have complied with the lease and broken no laws. Speaks to people who have been labeled losing their jobs despite being exemplary employees. Speaks to parents acquiescing to their child who has been labeled, being forcibly injected with

drugs, instead of fighting allegations of parental neglect. Speaks to children who are born into poverty and are struggling with their emotions being prescribed life-long drug cocktails, which will likely shorten their lives. Speaks to research that concludes that those who access public mental health services on average die twenty-five years younger than the general population.

<https://www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf>

I think we ought to not get too caught up in assigning blame.

It is time for leaders throughout Connecticut to come together and push our paradigm of support beyond the medical model. That is the only way we'll end the type of othering and discrimination that the allegations of abuse at Whiting are an extreme example of.

In order to push our paradigm towards exploring peoples' experience (which by the way actually talking about people's experiences does not mean that we have to condone unacceptable behavior but rather that when we address unacceptable behavior we actually talk about what is going on instead of pretending to treat supposed mental illness) it is vital that we champion the growth of mechanisms that allow the insights of people who have received mental health services to inform the system.