

I'm a Connecticut voting taxpayer, and my son has spent the last several years costing us taxpayers over \$2000/day at a Connecticut state mental hospital. Soon after his arrival, we became alarmed when his condition got rapidly worse and we realized his doctor was ignoring our son's medical history, but he refused to listen to our concerns.

Finally, after exhausting all avenues within the hospital, I left a message on the supposedly confidential voicemail for the DMHAS clients rights and grievance officer, to get his advice on how to get our son better care.

Instead, someone else intercepted our message, called the doctor directly, and never answered my plea for help! "I hear you called the grievance hotline on me," the doctor bristled at our next meeting, and our son's condition only deteriorated further. If this is what happens to supposedly confidential messages, whom can we trust to help us now?

Several staff members had also seen our son's care being mismanaged, but told us they felt they could do nothing. One wonderful long-time staff did quietly question one of the doctor's decisions aloud in our presence, and was never seen on the unit again. That shocked and scared us. Another staff person left the hospital after learning from other patients of their own mistreatment by this doctor. She told us this herself.

Thus I am witness to a culture of intimidation towards concerned family members and staff to keep silent about mistreatment. So my first request to you, is this: Please develop a truly confidential and thorough reporting and accountability system.

The second issue I'd like to raise is the use of more effective therapies in our State hospitals, in line with the 2017 Call from the UN to "scale up psychosocial interventions".

Research is now clear that, like our son, most of those with serious mental illness have suffered abuse that led to their breakdowns. Yet when we asked for trauma therapy for him years ago we were told, "patients aren't here long enough." It is true that EMDR, the Gold Standard for trauma therapy, can take years, so we told them about a 4-6 week version of EMDR, called Accelerated Resolution Therapy, which was developed here in Connecticut, approved by SAMHSA, and has provided relief in many military hospitals nationwide. They weren't interested.

Our state has access to a goldmine of similar evidence-based therapies which our hospitals should also begin embracing, like the Hearing Voices Network, the Open Dialog approach, eCPR, and the citizenship model developed at Yale's Program for Recovery and Community Health.

So my second request is this: Implement these successful, modern approaches in our state hospitals. It will cost fewer tax dollars in the long run to get our patients better care, and return them to health. Make Connecticut a leader in restorative state hospitals, reduce our mental health burden and erase the bad reputation Whiting gave us.

Thank you.