

Dear members of the Public Health Committee and CVH Whiting Forensic Hospital Task Force.

My name is Jennifer Hale. I am a person with lived experience, not only as a patient within a state institution but also many other psychiatric hospitals and units within hospitals throughout CT. The unimaginable and inhumane treatment I received through the years during a time when mental illness was well heard of and definitely not talked about, led me to believe that was the norm. But through determination, involvement in supportive agencies, advocacy groups and various mental health boards, I have helped in lending my voice, time, determination and dedication to move mental health awareness and treatment forward so no one should ever have to be ashamed, alienated, or discriminated against for having a diagnosis and especially so no one ever has to every be horrifically treated the way I, and many others have been.

I currently serve as the chair of Catchment Area Council (CAC) #22 in Region 5 and the chair of the Consumer Action Group (CAG). Attached with my testimony you will find the Consumer Action Group Proposal. This is a White Paper developed by the CAG, not only in response to the allegations of neglect and abuse that surfaced about Whiting in 2017, but also because of the mistreatment many of us have and still endure in hospital emergency rooms, hospital inpatient psychiatric units and in psychiatric hospitals. This proposal is the voice of the mental health community – people who currently or have in the past suffered with mental health and/or an addiction, as well as family, friends, co-workers and neighbors of those people. It is our hope that this proposal will be a stepping-stone in making much needed change and growth for the mental health community.

I would also like to point out that the CAC's, which were legislatively put into statute with the Regional Mental Health Boards (RMHBs), and still are in statute, had performed Review and Evaluations (R&E) of DMHAS funded mental health agencies and programs. Town reps on the CAC;s along with a paid oversight person from the RMHB would physically go to an agency or program to evaluate the physical aspects (appearance of facility, how person-friendly it was, making sure client rights info was visibly posted and readable, safety), and most importantly talk to consumers, staff and family of

consumers who were part of the program. Our goal was to make sure that consumers and staff were safe, respected, and heard without retaliation; and that consumers were receiving appropriate services necessary. We listened to concerns of all participants and made recommendations to help address those concerns; but we also heard about what was good about the program. Those concerns and merits not only helped improve and help the program become better and more recovery oriented, but it also helped other DMHAS funded programs who had agency reps on that CAC and other CAC's within a region when the final report was reported at the CAC and RMHB monthly meetings.

Unfortunately, when DMHAS merged the RMHB's and the RAC's and formed RBHAO's, this legislatively mandated service of oversight by the CAC's was no longer deemed an important function of the CAC's and left unfunded. It is not only my opinion, but the opinion of many consumers and providers, that by not having CAC's doing Review and Evaluations (or Review and Support), that not only the voices of consumers but the voices of family and providers is being lost and the unfathomable events that happened at Whiting will go on unnoticed or unreported in other mental health agencies, hospitals, or psychiatric facilities until it is too late.

Imagine if the RMHB's were allowed to evaluate the services at CVH/Whiting years early, this neglect and abuse would have been uncovered sooner and the unjust cruelty toward Mr. Shehadi would not have gone on as long as it did. Mr. Shehadi, other patients and staff at CVH / Whiting would have been given the opportunity to speak freely, anonymously, and without fear of unjust repercussions of exactly how things are. The CAC reps that would have been part of the R & E team would have known, either from their own personal experience or from that of family or friends exactly how they felt. For many they would have been able to relate. Their voices would have been heard. Funding for CAC's so they can do R&E needs to be a mandate and made sure it's followed. Unfortunately, being law doesn't matter.

The power that staff in a psychiatric hospital, institution or on a hospital psychiatric have over the patients is no better than that of an uneducated (about mental illnesses and addictions), insensitive person on the street. When you are hospitalized for a psychiatric reason its hard enough, but to be belittled,

intimidated and not receive appropriate care is wrong. If I believed what I was told day after day by hospital staff that “you are crazy”; “you’ll never be able to work because places don’t hire lunatics”; you will never be a mom because crazy people can’t have kids”; “ you’re a psycho so get use to this being where the rest of your life will be” and I continued to believe I deserved the physical, sexual and verbal abuse that occurred while hospitalized I would not have my 4 beautiful children; I would not be a college graduate; I would not be a dedicated advocate and I would not be the person I am today. I do not want anyone now or in the future to endure the unnecessary pain and treatment I have gone through or that of what many others have gone through and who are either no longer here or are unable to speak up.

Change needs to happen, not only within psychiatric hospitals, institutions and hospital inpatient units but also with mental health and addiction agencies. This change needs to happen now, not a year from now, not in the future, but now. The consumer voice needs to stop being eliminated by DMHAS and be heard again; so please listen.

Thank you for your time and dedication in this matter.

Jennifer Hale