

CVH WHITING FORENSIC HOSPITAL TASK FORCE INFORMATIONAL FORUM

October 20, 2020

Respective Members of the Whiting Task Force,

My name is Michaela Fissel. I am a person with lived experience as a patient within an institutional care setting – now serving in the role of Executive Director at Advocacy Unlimited.

Advocacy Unlimited is a statewide non-profit, and peer-led, organization that provides education, advocacy, and support. We all identify as people who have experience with mental health, addiction, and trauma – we use this lived experience, coupled with training and education, to bring purpose and meaning to the experience of emotional distress.

My experience as a person who has navigated significant, and personally devastating, life circumstances led me to receive mental health services within a psychiatric unit at the age of 21. While navigating publically funded mental health services I was absolutely viewed as sub-human within many of the treatment settings.

Subjugated to policies and procedures that prioritized control, adherence, and risk-aversion over my individual experience and personal wellbeing was the norm.

Without willpower and a handful of compassionate people, I would still be stuck in poverty and holding onto the belief that I would never amount to anything. I would forever be a victim of my circumstances and require long-term psychiatric care for the rest of my life. This is the prevailing narrative served to people who engage in publicly funded mental health services.

The people employed within our psychiatric care facilities absolutely hold implicit biases against those who receive services. They're exposed to the same messaging as the general population that associate a psychiatric diagnosis with horror movies and asylums.

Coupling these implicit and unchecked biases with the State's approach to service delivery and risk mitigation – it is not to be a surprise that abuse and neglect is an everyday occurrence within our state operated psychiatric facilities.

Our current approach to mental health services is fundamentally flawed. It built on an antiquated institutional care model that promotes discriminatory views of people who experience emotional distress. Any person who is working in a position that propagates the belief that the people in their care are bad, broken, and inherently disturbed will inevitably carry out abuse and harm. It is human nature.

Psychiatry provides the label, and those working in the mental health system, are at risk of inadvertently using the psychiatric label as a tool to wield control and power, under the guise of risk mitigation and recovery.

It is not always as overt as the abuse of Mr. Shehadi – it is subtle and equally as harmful. It is reported that the threat to withhold basic necessities is used to incentivize conformity; while, removing privileges is a punishment for deviated from the expected norm. Even when that expected norm is humiliating and abusive.

For example, medication compliance. To feel, to cry, to yell - to be human is viewed as evidence of an “episode” and medication is increased to alleviate the observed distress. Medication becomes a tranquilizer – numbing a person to the point of incoherence. Not because this is in the individual's best interest, but because it is easier and less disruptive to the staff that are often at a loss as to what they can actually do to help.

The abuse against William Shehadi happened, and it is not an isolated incident.

So, how will you help us to create a recovery-oriented system of care that honors the process of individual people who are mandated to state psychiatric services?

- 1) Require 1/3 of funding to go towards peer-services and holistic approaches to wellness
- 2) Transparent accountability
- 3) Require 25% representation of peers on the psychiatric services review board

- 4) Hire a director of recovery supports for Whiting and Connecticut Valley Hospital
- 5) Require 25% staffing to be people in recovery holding peer certification, and pay them equal to the average salary of other staff
- 6) Require quarterly peer-delivered education for all staff
- 7) Reduce overtime
- 8) Require expressive therapeutic arts as a daily offering



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