

Public comments, written and submitted by Morgan W. Brown (February 10, 2014)
re: S.287 - Non-emergency forced psychiatric treatment/drugging court process

As pertains to S.287, if the process of obtaining court orders for non-emergency forced psychiatric treatment and drugging were expedited and made easier, as this proposed legislation would permit, the State of Vermont would further deprive what few rights citizens subject to these orders might actually have.

Depending upon who one listens to as well as believes, accounts about forced psychiatric treatment experienced within Vermont can vary rather drastically.

The evolving rhetoric from some over the years in these regards has continued to make the mental health system overall, and forced treatment as well as drugging more specifically, sound much better than has truly been the case.

Ironically, this is easily done under the shroud of confidentiality functioning as a protective shield on behalf of the system more than it does in protecting those on the receiving end of what is, in truth, dehumanizing forced psychiatric treatment.

Even more ironic, the use of force and coercion in these regards is referred to as a treatment failure by those working within this very system, yet is still heavily depended upon nonetheless.

Go figure.

By going down this particular route, one which is headed in the wrong direction, it means that much of what has been assembled up to now post-Tropical Storm Irene as well as also currently being built to replace the Vermont State Hospital (VSH) will merely serve to function as a new version of the same old thing.

The problem with VSH was not only about the decrepit conditions of the buildings and related problems however, but rather was also due to the failures of an old treatment model that had remained in practice in one form or another over the years.

Contrary to what is often reported by those in positions of authority and power as well as media accounts usually parroting such self-serving disinformation, the problem is not necessarily the fault of persons being held against their will and being forcibly treated within those facilities meant to replace VSH type of beds either. The problems that have been consistently arising are the result of the same old treatment model or variations of it still being put into practice.

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When it comes to the Vermont Psychiatric Care Hospital (VPCH) now under construction in Berlin, once the facilities are finished and then opened, particularly given legislation along the lines of S.287, it appears obvious about how the same old VSH treatment model or variations of it will be put in place and practiced there as well.

Although the expectations some might have about VPCH call for there being different results this time around, not only can one foresee the same type of results as has been the case up to now, but these will once again be blamed on those the system keeps failing.

Why there are some who continue to insist on rewarding failure after failure is beyond me.

When a person is treated in a fashion that involves using force and coercion in one manner or another, whether it be enforcing the will of someone else or the state against another, this quickly evolves into a dehumanizing process for each and every party involved.

Whenever force or coercion is employed within any healthcare or other type of setting, it is no longer truly medical treatment being delivered, save only being the worst and most dehumanizing sort.

Good intentions never improve on ill treatment or the outcome from such, nor make these better, at least not for the person on the receiving end.

Ironically, among the questions that rarely gets asked, let alone answered, is if using force and coercion in terms of providing mental health care truly did work as effectively as some try to claim it does, then why do some of those who have undergone it *either* end up going through the revolving institutional door over and over, thus having it be done to them again and again in one form or another *or* (*and, sometimes, both*), after being (re)traumatized, they attempt to avoid health care and mental health care providers like the plague?

The fact is when a person is treated with dignity and respect as well as making sure their choices -- or, otherwise what they might have wanted, if they could make their own choices -- are the priorities adhered to when decisions are being made about how to proceed, there is less of a risk and danger of doing harm.

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The standard of care and top priorities concerning the same certainly should never be about ease or expediency, nor solely about the needs of mental health care providers or the system.

In addition, those who try to suggest this is only about forty or so people on an annual basis are either missing the point or hoping the rest of us will.

When violence and harm is visited upon one, particularly when it is made easier and quicker to do so, it only brings harm to us all.

Furthermore, calling the use of forced drugging mental health treatment does not make it so, nor does it mean it is for the best.

As a society, we should not be making it easier and faster to obtain non-emergency forced psychiatric drugging orders against someone. If anything, we should be making it much harder and extremely rare, if ever, to be able to do so.

When a person is treated in a fashion that no longer dehumanizes and humiliates them into submission, nor are they deprived of what little dignity and self-respect they might still retain; then and only then, might different results be brought about and realized.

What should be focused on and rewarded instead is what truly works, not what doesn't.

Although it can sometimes take time, and plenty of it, as well as lots patience and understanding to bring about, including to (re)build trust and sorely needed relationships, and among other things being put into place along these lines, what has proven to work is Open Dialogue.

Open Dialogue is a holistic process that includes the person in various levels of need serving as a key player of a team that works with them.

No matter how great or dire a person's needs might prove to be, if people are provided opportunities to do different as well as better and they are worked with in a vastly different manner to help bring such about, they will be aided in achieving improved outcomes as well as a better quality of life. We all will be better served

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as a result.

Thank you for taking the time to read and consider these public comments of mine submitted concerning these and related matters.

Sincerely concerned,

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Monday, February 10, 2014
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