I am not a big-time mental health system survivor, was never forced drugged, only had anything to do with the System for about 4 years. That in itself is interesting because I was told I would need drugs for the rest of my life and in fact I quit them in 1995 and never took a single one since, and I seem to be fine.

I have worked in several full and part time jobs and volunteer positions spanning a little more than 20 years, including client-contact positions and advisory and board positions. I have worked with children and adults, people with mental health challenges, people with TBI, people with developmental disabilities. I have worked in corrections, community mental health, the foster care system, and education. I have worked with dozens of clients, some very extensively (at one point, a full-time job with one individual). I have worked in VT, NH and ME, though I have lived in VT for most of the past 15 years, and the majority of my work has been in Vermont. I can speak from those experiences, about the effects of psychiatric drugs, voluntary and involuntary, on the people i have worked with.

I also just completed an individualized BS degree at Keene State College. The focus of my degree and my final project: natural approaches to mental health. This has included extensive research and class discussion about the sociology of the mental health system in the US, and thinking critically about the research on psychiatric drugs, as well as research on alternatives. I was awarded the BS degree in fall 2013.

I would like to present research and long term demographic studies about the effects and outcomes of psychiatric drugs, and the outcomes of some other mental health treatment modalities. I would like to raise some ethical questions about, in essence, "if all you have is a hammer, everything looks like a nail." I think a big part of the problem in the Vermont inpatient hospitals is there are no doctors who have any training in effective approaches to mental health, other than drugs. So they try to treat every patient with drugs and they see every patient as needing drugs. The current reality is that there are mental modalities that are far more effective and far less harmful than psychiatric drugs, and large numbers of patients do not benefit from the drugs and do benefit from other modalities. We need to update our mental health system to be consistent with this reality. In addition, most of the "research" saying that psychiatric drugs are safe and effective has been exposed as fraudulent. Most of this has happened within the past 10 years. Psychiatrists who received their training prior to that, may have belief systems that are not caught up to this reality. My advisor, dean of sciences Gordon Leversee, said

to me in 2008 that in his opinion, none of the psychiatric drug research he had seen was good science. This is not just his personal opinion. Peter Gotzsche, of the Cochrane Collaboration, and many psychiatrists, perhaps most notably Grace Jackson, MD, a former military psychiatrist, have said the same thing. There is a great deal of dishonesty and cover-up about the safety and effectiveness of these drugs. I can give you specific data about the actual safety and effectiveness, and about the cover-up, and about modalities other than psychiatric drugs, that work.

I think your legislative committee would benefit from updated scientific information about outcomes with drugs and with other modalities. I do not think you will get such updated information from too many other people. I think a lot of providers look at their experience through the lens of incorrect information. This is easy for people to do if they do not know better. They will then talk about their experience through the lens of these beliefs, because that is the way they are thinking. An example is that there is often a phenomenon where a patient seems to do better when taking a drug and worse when not taking the drug. What is going on in these situations is complex, and the notion that this means the patient has a mental illness that the drug is treating, is erroneous.

I think Vermont should go in a different direction, and require psychiatrists to get training in effective mental health modalities other than psychiatric drugs. Ethically, I don't think they should be allowed to force psychiatric drugs on anyone unless they have training in modalities other than drugs, because we don't want them forcing treatments if they are seeing everything as a nail because all they have is a hammer. I also think Vermont needs to solve logistical and financial problems independently of forced drugging, not use choice of treatment modality to serve motives other than what is good for the patient. Mental health care is supposed to be health care- the priority should be patient well being. I think you are hearing some pretextual arguments when the real motivations are money and logistics. I am currently researching this so I can be as accurate as possible in explaining it. Right now, I just have vague comments from lawyers and former Retreat employees and stuff like that. I can outline some additional policies I think would help. I think there is a way forward that works financially and logistically and gives the patients the best outcomes possible while improving the safety of inpatient mental health facilities, especially for the workers. Speeding up forced drugging is not part of it.

Over-reliance on psychiatric drugs (perhaps due to the hammer/nail situation as well as people well-intentionally believing fraudulent information given out by drug companies) has gotten our mental health system, and the mental health systems of most states and most developed countries, into a state of desperate overload. Increasing our reliance on psychiatric drugs would escalate that problem. There is a way forward that does not escalate the problem. It involves gradually stepping away from psychiatric drugs while gradually investing in other modalities more and more. The psychiatrists and other mental health workers and administrators will need to be required to get new updated training. They may balk at being required to do something, but I think ethically, in a situation where they are advocating being able to force a treatment on other people, it is reasonable to subject them to being "forced" to get more updated education. I don't think it's ethical to force an inferior and harmful treatment on someone just because the psychiatrist opts not to learn new skills and information. That is what we have right now. We need to fix that.

Some things that concern me are the data that show that psychiatric drugs cause dependency, cause more severe mental illness than the patient had to begin with, cause mental illness to be more prolonged than it would otherwise be, cause people to become more violent, increase suicide rates, cause brain damage, cause severe medical problems that lead to substantially early death, and cause harm to developing unborn children. And we have other approaches to mental health care that have success rates ranging from 67% of patients recovering fully in a several-month time period, to well over 95% of patients recovering fully. In contrast, the rate of true, complete recovery with the psychiatric drug approach much lower, so low that the industry has had to find compromised definitions of the word "recovery." it is lower than it historically was before the first antipsychotic was invented.

I have a lot I can talk about: my experience working with clients, research, legislative examples in other places, alternative recommendations for legislation; evidence of dishonesty about the drugs (lawsuits and settlements and various other things), outcome data with and without drugs, outcome data of some other approaches to mental health, answers to questions, and so on. I probably have a lot more that i can tell you, than you have time to hear. I can also provide you with written material, including some of my writings, as well as research I think is especially helpful.

I can loan you some books. I can connect you with people who are running successful alternative programs. I can answer many questions, and if I do not have answers, I can research them and get back to you. One book I especially recommend to you to read is "Anatomy of an Epidemic" by Robert Whitaker. It explains what is going on when a patient seems to do better on medication and worse off medication, and some of the longitudinal research showing that the long term outcomes of using these drugs are extremely poor on average, including that they cause a higher rate of relapse aka the "revolving door syndrome;" it also explains the mechanism by which the over-reliance of psychiatric drugs have led to the extreme overload in the mental health system today.

There are several other books that I think you would find helpful also. I recommend "Drug Induced Dementia" and "Rethinking Psychiatric Drugs," both by Grace Jackson, MD (these explain the evidence that the drugs cause extensive brain damage, and that the research showing the safety and effectiveness of the drugs was fraudulent research); "Medication Madness" by Peter Breggin, MD (psychiatric drugs often cause increased violence and suicide and are not a reliable path to making any situation or any patient safer).

I can loan you these and a few other books, as well as copies of other articles and research.

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