Testimony of Barbara Hoffman
Senate Appropriations Committee Hearing
Monday, February 15, 2016 in Rutland, Vt.

Committee members present: Senator Diane Lanpher, Senator Peter Fagan, Senator Bob Helm, Senator Dick McCormack

I am very surprised that Governor Shumlin has made the proposal he has, suggesting that state money can and should be saved by medicating mentally ill patients against their will early in their hospitalizations in order to get them in and out of hospitals faster. That he would prioritize saving the state money over ensuring that mentally ill patients receive humane, compassionate and effective treatment I find astounding.

Lobotomies used to be used to control people with mental illness thus reducing the need for more complex care. Patients could then be institutionalized and warehoused without any need for further attempts at treatment. Maybe we could return to that. Maybe it would save tax payer money. This comparison is not the stretch you may be thinking. The effects of medication can have devastating and even permanent effects.

Drugging the elderly to control their behavior or school children to control theirs might be a cost saving strategy. Fewer staff would be required to care for the elderly, fewer teachers would be required to manage children with behavioral problems. And sometimes in some places this is still done. But I have never heard an elected official publicly propose such an unacceptable measure in order to save the state money. Yet somehow, it IS acceptable for Governor Shumlin to actually propose publicly that people with mental illnesses be involuntarily drugged in order to help balance the budget.

Putting aside the utter inhumane and discriminatory nature of his proposal, such a measure would NOT accomplish the goal of saving the state money. The more patients are hastily coerced into treatment the less likely they are to recover. Because what is needed to treat mental illness is compassion, time, care and thoughtfulness, without such care patients will be back time after time, showing up in emergency rooms and psychiatric units acutely ill and distraught over and over again.

Psychiatric treatment is a very inexact science. Every individual reacts differently to the multitude of medications now routinely prescribed. WHAT specific medication a patient needs can take weeks, months, sometimes years to figure out. And it can only be discovered through trial and error in close collaboration with a trusted healthcare provider and a network of support. Give a depressed person prozac, discharge them, and a couple of weeks later, that same person could easily reappear at the hospital experiencing a full-blown manic episode. This is NOT just theoretical. I have seen this myself repeatedly and have had to help people I know be readmitted to the hospital for an illness caused by the very medication the hospital mandated for their treatment.

Give a person in a psychotic state an antipsychotic medication and discharge them and a week, or two or three later, the person might very well be back in the emergency room because the side effects caused so much “brain fog” that the person has been unable to manage the skills of daily living. How do I know this? Because I helped a friend try to navigate the hospital system when she was psychotic. She was admitted but soon discharged though it was apparent that she was not well enough to take care of herself. I was able to encourage her to return to the hospital to be readmitted but she was told that she was no longer ill enough. A few days later I checked on her at her home. She was sitting, immobilized, in the same clothes she’d had on when I left her, she had not eaten, the suitcase she’d brought back from the hospital containing her medication remained unopened. She had not taken a single pill since leaving the hospital.

After 2 hours of sitting with her and very gently suggesting that she might need further professional health, I was able to persuade her to go back to the hospital. I took her to the emergency room. When we arrived she was calm and in agreement that she needed to be readmitted. After 6 hours of waiting to be seen by anyone, she was no longer calm. She had become highly agitated to the point that when the staff finally did see her, they decided that any conversation with her was not possible. Staff then held her down with the assistance of a security guard in uniform, and injected her with a dose of haldol. This was a few years ago and she has been in and out of the hospital repeatedly ever since.

Being coerced into treatment is a dehumanizing experience which brings with it a sense of shame, helplessness and self-loathing. It causes a form of PTSD not yet acknowledged in the mental health world though it is now accepted as a reality among victims of sexual abuse, returning veterans, civilians living in war zones, etc. A friend of mine was hospitalized in a psychiatric hospital. She later became the well-loved and highly respected director of Dismas House in Rutland. After I was discharged from the same psychiatric hospital a few years later, I asked her how long it had taken her to recover from her hospital experience. Without skipping a beat she said, “3 years”.

There is no short-cut to treating mental illness just as we’ve discovered the hard way that there is no short-cut to treating drug addiction. Locking up people with addictive illnesses has not worked and we now are trying to find ways to better treat the illness rather than punish the ill. Immediate access to treatment is one of the main proposals to help with the addiction epidemic. Involuntary medication for people with mental illness is akin to simply locking them up and trusting that their illnesses will go away. Before suggesting a tactic as inhumane as forced medication, it would be far wiser to consider what happens **before** people are hospitalized even in the emergency room of that very same hospital and **what happens afterward** when they are discharged. Are they capable of feeding and dressing themselves, maintaining basic hygiene, organizing and taking prescribed medications? If not, they will be back in emergency rooms costing tax payers more and more money over and over again.