February 16, 2016

**Regarding involuntary medication language in proposed FY2017 budget**

Dear Legislators,

My name is Michael Billingsley. I've lived in Vermont most of my life but have also been an economic-services social worker in Delaware and an orderly at Massachusetts' Metropolitan State Hospital children's (mental health) unit. I have an M.A. in Clinical Psychology which included practicums and co-counseling work at both Northeast Kingdom Mental Health and Vermont State Hospital. I've worked in private practice; for Goddard College's counseling program; as a consultant for Washington County Mental Health and as a co-leader (with Roger Strauss) of that agency's Adoption Support Group. I've also worked at the Vermont State Hospital — first as an Artist in Residence, then as a consultant supervisor for nursing staff; I also helped write grants for a patient-centered program at VSH. My present focus is pastoral counseling in a Buddhist context. Although not currently certified to practice in Vermont I've taken continuing education courses via the Brattleboro Retreat and am presently supervised by a certified professional counselor.

I'll state my prejudices immediately. At a time of diminishing financial resources there is a temptation to fabricate systems of care which offer the least expenditure, minimal individualized treatment plans, and reliance upon control and drug-induced compliance. I believe this is seen as convenient for staff as it diminishes friction and spontaneity of expression ("good" or "bad") and reduces the number of caretakers who must oversee or even ideally "treat" the individual in the system. It also allows the writing of treatment plans guaranteed to produce subdued, non-confrontational and somewhat predictably stupefied patients or prisoners. Drugs substitute for substantive care.

On more than one occasion in which I and others observed VSH patients acquire significant new social skills as they developed more empathy and more accurate self-knowledge, all progress ground to a complete halt (and was reversed) by massive doses of thorazine. To suddenly have patients unable to recognize me after weeks of interaction, and to watch them turn into slobbering, slurred-speech versions of their formers selves, was cruelty to them and everyone who cared about them. Why did it happen? Because that patient "acted-out" when pushed by some uncomfortable moment with staff, and yelled in upset tones, or refused to follow instructions. Hit them with the needle. Drug them into a blurred, compliant lump.

In short, giving a lot of drugs - often in the highest dosages that a patient, client or prisoner can hypothetically tolerate - tends to produce a more compliant population. I have observed how (if the administrative/budget goal is reduced cost and administrative simplicity) treated persons often sink to a level of lowest affect and are "easy to handle." Lots of hospital administrators, for decades into the past, have tried to sell that approach as the most bang for the buck. It is, in my opinion, unconscionable.

Does this constitute treatment? Does this lead in any way to a "cure" for the affected patients? I think not. Increasing evidence points to a high incidence of permanent cognitive damage as well as often-permanent damage to vital organs such as liver and kidneys. All manner of specific side effects haunt a high percentage of patients even after drugs are discontinued (if they ever are).

I can describe as heart-breaking the outcome of forced drugging. Echoing Governor Shumlin's vocabulary, it is nothing short of cruelty… repeated again and again… to take away a patient's feelings about themselves and to cause them sometimes permanent damage in the interest of lower cost and "easy" management.

I do not believe that the hypothetical cost-savings associated with forced drugging… without independent review by non-hospital mental health professionals and full due process in the courts… can do anything but harm the next generation of Vermonters. Families will not recognize their own kin - because who he or she once was will submerge into the background. Personality, initiative and spontaneity suppressed in favor of next-to-nothing but compliance - to ease the life of staff

The fact that this budget proposal also furthers forced drugging of individuals awaiting trial or adjudication suggests that we can afford the cruelty of mistaken medication or excessive medication, at the expense of the individual's mind. If a young woman is desperately frightened after decades of abuse in family or relationships, will her root fears be addressed by pumping her full of drugs? Will she be "healed"?

It is, of course, convenient for the caretakers and the jailers if a prisoner is muted and sits down when told to sit down, but who would confuse that with appropriate care and, particularly, with mental health?

If Vermont is to continue to be pioneer in the humane and intelligent treatment of mental disease, it must not sink back into the dark ages of routine commitment and forced medication as solutions to mental disease and trauma.

We must not let expediency and lowest-cost dictate our standard of care and compassion. What the Governor recommends here (at the behest of mental health administrators) is not "best practices," but rather "regressive practices." We have no excuse to slip back into the past while having our treatment of the ill and damaged be dictated by the pharmaceutical industry.

best regards,

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