

Dear House Committee on Health Care,

I am writing to you as a Vermont Allied Mental Health Professional and private practice psychotherapist to urge you to put a stop to the new 16-bed “secure residential” facility to replace the current Middlesex Therapeutic Community Residence. The language being used to describe this facility is being grossly misused to manipulate community members and legislators into thinking it is a calm, healing environment so that the state can move forward with building a facility that will instead cause deep harm and trauma to far more individuals than it will help.

This facility in particular has floor plans for a “seclusion area” which demonstrates a direct intention for placing patients in solitary confinement, and plans to use forced drugging. While some may say these tactics are used in “extreme cases only”, they should not be used at all. Force and punishment are harmful tactics that further contribute to mental health crises and have no medical, psychiatric, or psychological need or benefit.

As a therapist, I have worked with first-hand with individuals who have experienced mental health crises and have received all types of residential therapeutic support, from therapeutic schools, community-based asylum, and inpatient hospitalization, which is also referred to as psychiatric incarceration due to its forceful nature. From what I have witnessed as a practitioner, psychiatric incarceration halts the healing process, takes away individuals’ rights and support systems, and inflicts additional trauma. Clients come to me specifically to heal from their experiences at inpatient hospitals, rather than to continue healing that began there.

While it is true that Vermont residents do need options for trauma-informed, community-based support, this new psychiatric facility will ultimately lead to increased traumatization, and subsequently an increased need for even more supports. Instead, I urge you to consider acting now to shift the state’s resources away from the new psychiatric facility and toward true community-based resources with input directly from psychiatric survivors themselves.

Sincerely,  
Leigh Witzling, MA, R-DMT