

Emily Megas-Russell

Testimony to House Health Care Committee

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Hello, and thank you for your willingness to hear testimony from me and others on this proposed Middlesex Replacement Facility. My name is Emily Megas-Russell, and I am a resident of Brattleboro Vermont. I am also a licensed clinical social worker. I have been licensed for over 10 years, and I have worked in a variety of clinical and administrative capacities across the field of mental health.

For 7 years, I worked at Health Care and Rehabilitation Services of Southeastern Vermont (HCRS), one of the largest agencies designated by the State to provide mental health and addiction services to Vermonters. I held a few different roles in that time, most notably for this testimony as a therapist and program director at Meadowview Recovery Residence in Brattleboro – an unlocked residential program for adults with significant mental health needs stepping down from inpatient hospitalization. I then served as the Director of Residential Services, and for several years I oversaw the agency's 5 residential facilities. I ended my time at HCRS as the Quality Assurance Manager, assessing and addressing compliance and clinical quality of care issues.

As the Director of Residential Services at HCRS, I had the privilege of working with individuals who were experiencing mental health crises and extreme emotional states in residential environments that were unlocked and hands-off. I also worked closely with the Department of Mental Health in coordinating level of care needs. While these programs are far from perfect, the fact that residents were able to live in a home-like setting that was not locked (in which they were not imprisoned) and was hands-off (meaning no restraint or seclusion, or forced drugging, were used) was critical to honoring the human rights of the residents. Even in these settings, we struggled to remain person-centered and to support folks in being self-directed in their care, due to the paternalistic and fear-based culture that pervades community mental health and upholds violent stigmas against people who experience extreme states.

Although I no longer work in community mental health or residential services, I remain in passionate opposition to the Department of Mental Health's proposed Middlesex Replacement Facility. My opposition is based in my experience as a clinician working with people experiencing extreme states and psychiatrically labeled people, my experience as an administrator of residential programs with a working understanding of the great expense that this project would incur to the detriment of those it proposes to serve and to taxpayers, and as an activist for human rights with intimate knowledge of the grave risks to vulnerable Vermonters that this facility poses.

In the unlocked, hands-off residential programs, we admitted folks directly from locked inpatient facilities. Many of the folks who stepped down to the residential programs had experienced restraint, seclusion, and involuntary medication as part of their hospital stays- very often chronically. However, these very same folks were able to integrate into an unlocked, hands-off residential facility successfully. People who, just days or weeks before, were experiencing violence justified by legal authority in hospitals, were, unsurprisingly to me, able to adjust to an environment that did not rely on use of force or violence to ensure safety. Instead, we used relational, communication, and non-violent de-escalation mechanisms for cultivating safety.

Some might argue that there are just some people who cannot stay safe. And, I will say, in my years in these residential programs, there were moments of escalation and some moments of violence. My opposition to this project is not rooted in a naïve belief that violence is or will not exist. Instead, my opposition is rooted in a nuanced, complex and dynamic understanding of the root causes of violence and my clear vision for resources, supports, and projects that address those root causes and reduce the need for violence. I'd be happy to have a dialogue about how to address violence and cultivate safety, as this is a big focus of my clinical and activism work. But one thing is clear, the further legalization, expansion, and capitalization of state sanctioned violence in the form of carceral approaches to mental health and safety WILL NOT lead to reduced violence.

“If you build it, they will come.” If you allow this facility to be built, the Department of Mental Health WILL fill it with human bodies. Those human bodies will be forced to comply and obey, and the mechanisms of force that will be used have been called torture, by the United Nations Commission on Human Rights, and by the very people who this project proports to “serve”. THIS project is not bold, it is not brave, it is not visionary. It doesn't matter how comfortable the furniture is or how brightly painted the walls are; if people are trained and expected to violate the human rights of the residents as a part of the course of treatment, you are building a prison, a hospital, a place that sanctions violence and torture, and please stop saying otherwise. And, even worse, the Department of Mental Health and the state will profit from it. Those beds will be filled, and Vermonters mental health will not be better for it.

I urge you to do the brave, bold, courageous thing and stop this train in motion. There are dozens of other visionary, humane, safe and life-affirming projects that could be funded with this money. I urge you to use your power in protection of human rights and to demand that the Department of Mental Health re-vision itself in alignment with the actual and expressed needs of those with lived experience of psychiatric labeling, involuntary hospitalization, and torturous forms of coercion and violence. This facility is on the wrong side of history.