

Good morning and thank you for the opportunity to testify today.

My name is Neilah Rovinsky, and I work with MadFreedom Advocates, an organization working to advance the rights of psychiatric survivors, mad people, and others marginalized by the mental health system. Through peer support, public education, and legislative advocacy, we work to improve people's immediate conditions while building collective power and community-based alternatives to coercive systems.

At MadFreedom Advocates, I work as a patient representative, supporting people who are involuntarily institutionalized to understand their rights, write grievances when necessary, and participate meaningfully in decisions about their care. I am also part of our Advocacy and Education team, where we focus on leadership development, policy change, and organizing to expand dignity, choice, and autonomy.

Most importantly, I come to this work as a person with lived experience. As a teenager, I was involuntarily institutionalized for two and a half years, where I experienced improper restraints, forced silence, conversion therapy, and other daily abuses. This was punishment masquerading as care, punishment for needing more support. I do this work to help ensure that others are not subjected to the same treatment, and instead are able to access support on their own terms, when and how they choose.

This is my story, but it is not unique, and there are many people here in Vermont with lived experience of harm by the mental health system. We deserve a voice at the table, and a voice in each and every policy that affects us. Too often, people with lived experience are invited to participate only as storytellers or symbolic representatives. We believe lived experience must actively guide policy conversations and legislative decision-making. For instance, there is currently a bill H. 764 to create a working group around inpatient capacity that only requires one person with lived experience. This is unacceptable - people who will be impacted most by legislation should have their voices most centered and heard.

I was invited here by Disability Rights Vermont to speak as part of Disability Advocacy Day 2026 through my role on the PAIMI Advisory Council, which advises Disability Rights Vermont on protecting the rights of people with mental health challenges.

While some people strongly identify with the term psychiatric disability and claim disability as a political and legal identity, others experience or are perceived to experience mental health challenges or extreme states but do not see themselves as having a disability.

Regardless of how we identify, state disability policy profoundly impacts our community. For example, anyone in a locked facility, voluntarily or involuntarily, is considered a vulnerable adult and falls under the protection of Disability Rights Vermont and the Americans with Disabilities Act. People experiencing mental health crises are routinely locked in facilities in the name of “care” and denied the same rights to bodily autonomy and self-determination afforded to others. Whether or not we claim the label of disability, we are often faced with the same challenges of being treated as incapable by the state and the state’s policies around support and treatment.

MadFreedom Advocates has been working in coalition with Disability Rights Vermont on community screenings of the film *Forgotten Promises*, including one being held here tonight, which documents the ongoing failure to uphold the Supreme Court’s Olmstead decision. Olmstead affirmed that people have the right to receive services in the most community-integrated setting appropriate, and that unnecessary institutionalization constitutes discrimination. Mad liberation and disability rights movements share a common fight: resisting unnecessary institutionalization and demanding real, community-based options. Olmstead gives us a shared legal framework for that fight. We all have the right to be free from segregation or isolation, yet this promise remains unfulfilled for many people experiencing mental health crises.

MFA is tracking multiple bills in the Committee on Health Care this session to ensure that autonomy and survivor-defined safety are not sidelined in mental health policy. H. 817, H. 818, H.227, H. 61, and H. 816 relate to person-centered mental health care and addressing issues upstream. H. 573, H. 724, and H.764 relate to institutional responses once someone is already in crisis.

I appreciate that this committee is considering many mental health-related bills this session. We are living through profound political upheaval, and people clearly need care and support. But how we respond matters. **Just any mental health legislation won’t protect our people. It needs to be rooted in autonomy and a version of safety that is defined by our community, not just those with power and voice.**

In my own life and in my work inside Vermont institutions, I see people stripped of rights and dignity in the name of “treatment. These harms cannot be resolved simply by expanding or refining the same systems that produce them. We must think beyond institutional responses.

Since the last legislative session, recent devastating losses underscore both the urgency of change and the real human cost of our policy choices. I’m a survivor of the harm inflicted by our systems and I’m here today to talk to you about it, but other valued members in my community are not able to be here because of how badly these systems failed them.

This past July, Scott Garvey was killed by Vermont State Police in his own home during a mental health crisis after he himself reached out for help. Instead of receiving care, human connection, or de-escalation, his distress was met with armed force. His death is a devastating reminder that when crisis response defaults to policing and institutional control, seeking help can actually increase the risk of harm. We need options for support that don’t compromise our rights and dignity. This reflects a profound failure of the state to provide community-based services as required under the Olmstead decision.

The death of Middlebury student Lia Smith in October was widely framed as caused by mental illness, a narrative that obscured the pervasive transphobia, harassment, and systemic discrimination she endured. When we reduce such losses to individual pathology, we erase the social conditions that drive distress and we avoid examining whether our systems are truly providing safety, dignity, and community-based support. Olmstead is not only about keeping people from being unnecessarily institutionalized; it is about providing real, viable options to have their needs met while living in the community: physical safety, freedom from discrimination, and community connection.

Taken together, these deaths show us that Vermont cannot meet its Olmstead obligations by expanding inpatient beds, relying on law enforcement as first responders, or investing primarily in high-level institutional care. Preventing future harm requires policy choices that prioritize community-based, peer-led, voluntary supports; reduce reliance on coercion and policing, and address the social conditions that shape mental health outcomes.

Instead of trying the same tried policies over and over, I want this committee to reimagine what is possible outside of institutionalization. I want to highlight two bills that move Vermont closer to meeting its Olmstead obligations by investing in voluntary, community-based alternatives.

H.227, which expands peer respite services, is critical because peer respites offer voluntary, nonclinical spaces where people can receive support without fear of involuntary commitment or forced treatment. Peer respites are especially effective for people who avoid traditional systems due to prior harm. Research and lived experience show that these programs reduce hospitalizations, lower costs, and increase trust and connection - key factors in long-term wellbeing. Rosewood cottage and Alyssum have been vital resources to our community.

H.817, particularly its mental health peer-to-peer pilot program, represents an important move away from surveillance-based or punitive approaches to youth mental health. By providing young people with information, peer connection, and support early on, this bill promotes autonomy and prevention rather than crisis response. It treats young people as capable decision-makers and helps reduce the likelihood that they will later encounter coercive systems. We have seen the power of peer support in Vermont already through the pathways warmline, the mental health urgent care peer services, soteria house, the peer respites previously mentioned, and more.

I hope what I have shared today might shift how you evaluate mental health legislation. And I will be back, with friends, peers, and community members with important perspectives including those who hold marginalized identities that I do not, whose voices deserve space in this process.

We are not only here to testify in opposition or support, but to help think through legislation early, before harm is baked into policy. We welcome the opportunity to run bills by lived-experience advocates who understand how these policies play out in real people's lives.

In closing, I urge this committee to resist expanding inpatient and high-level institutional care and fully investing in alternatives that center autonomy, choice, and dignity. I am grateful to begin this conversation today, and I hope to return to testify further as bills move forward, so we can work together to ensure that Vermont's mental health policies truly support people before, during, and after they reach crisis. Thank you for your time, your attention, and your willingness to consider new possibilities.