

**Testimony to the Pennsylvania Senate**

**Public Health and Welfare Committee**

**Presented by Anne Alter**

**Harrisburg**

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1. Introduction

I am here today to give some feedback on proposed Senate Bill 226, which would empower the State to involuntarily commit a person to outpatient psychiatric treatment.

As a lifetime mental health client and a citizen concerned with upholding civil rights, I believe that this is a terrible idea.

The state is already too intrusive and powerful in the lives of people with mental illness.

Senate Bill 226 is a reactionary piece of work, punishing all mental health clients for the tragedy at Virginia Tech. Most mental health clients are not dangerous. This bill will make it easier for us to be controlled and penalized through a system that already severely violates our rights on a regular basis.

Outpatient commitment is not necessary. The mechanism for committing people who are dangerous to inpatient care is sufficient. Keeping the distinction between involuntary inpatient commitment and voluntary outpatient commitment helps us to avoid the slippery slope that becomes evident when we contemplate expanding the current rights of the state to force people into treatment.

As for the recent tragedy at Virginia Tech, any person bent upon murder and mayhem is going to do this whether forced into treatment or not, and will be perfectly capable of telling the doctors what they want to hear.

Could the college gunman have been helped, had he been committed? We will never know. But to punish all of us because of the actions of an evil few is decidedly wrong.

Also, how could a person forced into outpatient treatment be honest with his or her therapist, knowing that everything said will become part of public record? How could he or she get the help needed?

Finally, no-one, no matter how badly off, should be forced to take medication. Many medications have inhumane side effects that can cause permanent damage from Parkinson-like symptoms. One Schizophrenia drug can cause sudden death. A client should have the sole and indisputable right to choose whether or not to take medication.

In the following pages, I will share some experiences I have had of being violated, over a lifetime, by the mental health system. What I tell you in these pages is but a fraction of what I have been through. I hope it will give you some sense of the kinds of things that can go wrong when the balance of power between psychiatric system and client is completely uneven.

## 2. Childhood Hospital

When I was nine, I knew that my world was bad. It would be years before I would be diagnosed with brain disorders such as Manic-Depression and Schizophrenia, so it was just assumed that I had behavioral problems.

At ten, I managed to get myself into a mental hospital, expecting nurturing and help. Instead, I was punished into total submission. I gave in to them, and still it was not enough. I had to stay a long time as an inpatient and then an outpatient.

What I learned from this was that as a child and a mental patient, I had no power. As an adult I have more power, but I am sad to say that I and others like me in the mental health system are too often treated exactly like children. So often, we have no power at all, and are controlled by the whims of whoever happens to be managing our lives at the moment.

### 3. Adult Commitment

At the age of 29, I was committed to a local hospital against my will. While I did need to be there, being dangerously underweight, one of the factors used to commit me was completely untrue. The lawyer assigned to me might as well not have been there.

The ends do not justify the means. I now have something in my record that is untrue. The method used to put me there was wrong. It is so very easy to confine someone to a mental hospital and ignore their civil rights.

### 4. State Hospital

I spent two months in the State Hospital, which violated every conceivable right that I as a client was supposed to have.

Among the worst violations were the efforts the staff made to separate me from the man who would become my husband. They had erroneously assumed that Herb was the reason I had gone off my medications, when actually I had done that under the supervision of my doctors.

A note here about medication: it is easy to propose in SB 226 that people be forced to take medication. Imagine, for a moment that there is a cattle prod at

the base of your spine, a meat grinder running through your muscles, and a battery causing your mouth to move unceasingly. You might well go off your meds too.

Many things were said to me suggesting that I would be totally separated from Herb and that I might not even be released to the home that I shared with him, and would be sent to a halfway house.

This kind of talk indicates that the State Hospital far overreaches itself in deciding how a person may socialize both during and following a hospital stay. It should be chilling to anyone who cares about civil rights.

By the way, Herb and I got married, and I got my engagement ring from the hospital gift shop.

## 5. Medication Incident

Recently, I went to pick up my medication from my outpatient treatment center. The power had gone out, so my doctor directed me to the organization's emergency room.

After signing a paper that looked like any other insurance paper, I decided I did not want to wait, as I knew the wait could be hours. I told the attendant, and he

said that I could not leave until the doctor released me. The nurse said that this happened all the time; that people committed themselves without knowing. She said that they could keep me there for 72 hours.

Trying not to cry, lest I be judged "disturbed", I told everyone I was being held against my will, and finally managed to get out of there. It could have been much worse. This incident is especially traumatic because it reminds me of a lifetime of having no power in the psychiatric system. The law proposed would make it much easier to further inflict this scenario on innocent people.

## 6. Summary

In summary, I would like to say that the state should have less, and not more power to force people into mental health treatment.

The laws currently used to confine and keep people against their will are already Draconian. They are unjust, overpowering, and intrusive. They violate our most basic human rights.

And consider this: where do we draw the line when we force people into treatment?

Do we impound every homeless person who sleeps under a bridge, begs on a sidewalk or shuffles along with his life's possessions, filthy and talking to himself?

Do you lock up every drunken driver, every driver who does not have a seat belt, every motorcycle rider without a helmet? Every obese person? The Judge who knows he has a heart problem but will not go see a doctor? Your neighbor who, due to religious beliefs will not allow her child a blood transfusion? Your friend's son who is depressed and failing in school? The underage high school student who sleeps with her adult college boyfriend?

Every withdrawn or rebellious teenager with an attitude? Teens who run with gangs, guns and knives? Business men snorting coke in a nightclub? The family man who frequents strip clubs? The mother who gambles away family savings? The Hippie upstairs with no job who plays the guitar all day and smokes pot?

What about the manic-depressive artists, writers, and actors who do brilliant work by living life on a razor's edge of emotion, and express ideas of suicide in the work they create?

Do we lock up the entire anorexic ballet company and toss the tiny models into the brig and force them to eat?

Do we pick up the elderly widow down the block who can no longer take care of the family home? Someone who refuses to take cancer treatment? A young and healthy person who signs a "Do Not Resuscitate" order?

Do we lock up prostitutes who work in bad areas, who are beaten by their pimps? Swingers who have sex without condoms? Teens who have sex without birth control? The lonely gun collector? The battered woman who won't leave her lawyer husband?

What about people who refuse to vaccinate their children, due to medical or religious beliefs?

All of these situations are complex. Passing SB 226 will make it easier for the state and the psychiatric institutions to look for simple solutions and lock up people without just cause.

We cannot solve complicated social problems with pat answers.

Nor will there be answers to be found within most psychiatric institutions. All too often, psychiatric hospitals are holding institutions. There are activities and medications, but no real therapy. Clients are medicated into submission and whatever behaviors are considered fashionably proper at the time. Civil rights are trampled on right and left, and people don't know how to make a complaint.

In considering SB 226, we must think ahead to the repercussions that such a Bill might cause.

As a 32 year card-carrying member of the mental health system, I say, emphatically, NO! to SB 226.

We are not simply standing on the slippery slope. We are scrambling up the sides, covered with snow. We bear the weight of hundreds of years of oppression of the mentally ill on our shoulders, and we must be very careful of the next steps we take, if we don't want to lose many good people in the crevasse.

Thank You