" Nothing About Us Without Us! "
– James Charlton, Activist

OCSC
Oregon Consumer Survivor Coalition
PO Box 17548
Salem OR 97305
https://www.UnitedVoiceForChange.org
info@UnitedVoiceForChange.org
EIN# 26 – 1252497

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Honorable Floyd Prozanski, Chair
Judiciary Committee
Oregon State Senate
900 Court St NE
Salem, OR 97301

RE: Testimony in Opposition to SB 762 & SB 763
(Civil Commitment Expansion / Danger Definition)

Dear Chair Prozanski, and Members of the Senate Judiciary Committee:

OCSC opposes SB762 & SB763.

It is unfortunate that Senator Prozanski and the off session "work group" on Mental Health appear to have been unduly influenced by social and political pressures into trying to solve a larger cultural, societal, and systemic problem by the relatively easy to sell policy of stigmatizing, capturing, and drugging of highly vulnerable individuals in varying forms of distress.

First of all, force, especially where it means involuntarily imposing an invasive bio-pharmacology on non consenting adults and children should be considered a "failure of the system" and beyond a last resort. This is due to stigma, trauma, irreversible psychological impact, and the actual preponderance for creating a negative life trajectory for individuals as contrasted with popular assumptions. This 'failure' is also the description given to it in the

"Force and Coercion" policy plank of the National Mental Health Summit in Portland Oregon in 2001 sponsored by the National Mental Health Association (now Mental Health America).[1]

The socially unpopular targets of these bills are those who in practice generally present poorly, are non-compliant, or have crises that make them unlikely and unwilling to participate in a system that on the front end underserves them, labels them, keeps them homeless, leaves them without meaningful assistance, … and then finds vastly more expensive resources and funding to force them into aversive forms of "treatment" which have known health risks and clinically proven neuro-toxic impacts when the prior circumstances finally overwhelm them and/or they have contact with police or emergency rooms.

The net result of the present legislation, rather than rehabilitation in the lives of the vulnerable is yet more undue stigma and the promotion of legislation that uses the stories of parents and plays on socially accepted stereotypes of dangerousness and incapacity to deprive individuals of freedom, civil rights, and dignity. It does a disservice to the disability and mental health community by trading fear based incarceration for real community based support and help.

Surprise Introduction of Bills No One Had Seen

The legislation does this in part with inadequate due process protections and is now being rushed to a vote *without* any consensus or even full participation of any of the constituency affected. The action has mostly created an expansion of the ability to use force – and it is reasonably assumed this will result in the rush to detain and forcibly drug the target population as a first resort. These bills make it possible to use a lower bar for detaining people based on behavior or history, and a longer hold time allows for drugging first and due process second for persons in the commitment process. The manner of its construction and introduction suggests those who don't hold extremist views are being bypassed.

Extremist and Stigmatizing Lobbying for Forced Treatment

There are other aspects of the work group that are deeply troubling to mental health and civil rights advocates, in addition to the constituent affected populations. SB 762 and 763 are bills assisted and promoted by forced treatment advocates whose involvement is a stain on the reputation of the legislature here and Oregon's reputation for refusing to stigmatize marginalized population and its reputation for preserving and protecting civil liberties.

[1] https://www.mhselfhelp.org/the-first-national-summit

In an effort to create a sort of "Kendra's Law" like environment, ill-informed individuals have brought in the extremist views and technical support of the "Treatment Advocacy Center" (TAC) headed by the infamous "drug 'implants' for compliance" psychiatrist E. Fuller Torrey.

Torrey, whose prior scandals before being rehabilitated as a congressional witness for the "Murphy Bill"[2] legislation of now disgraced Republican Congressman Chris Murphy (R-Pennsylvania), include, amazingly, things like the 'theft' of brains for ostensible research, Torrey arguing that cats and transmitted viruses were responsible for mental illnesses (no this is not a misprint), and some of the most virulent and stigmatizing assumptions about labeled individuals that exist that are aligned with the extreme fringes of psychiatry. [3] Torrey was pushed out of the already conservative national NAMI organization for his extremist views, which is when the Stanley Foundation (receiving as much as 20 million a year from drug companies) stepped in with money to form the TAC and its well-funded lobby.

The TAC and Torrey are known for stigmatizing those seeking help or even those promoting recovery by characterizing "the mentally ill" as violent and dangerous. This stereotype still survives even though comprehensive studies have shown that the mental health population is no more violent than the "normal" population except where substance abuse is present (which is a greater problem in the mental health population). [4]

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[2] Imposes outpatient commitment and forced drugging in the community on state mental health grants

[3] "…An investigative series of articles in Sunday's Portland (Maine) Press Herald Oct 17 2004 reveals that the state's funeral inspector had harvested and shipped 99 brains–one third without informed consent–to the Stanley Foundation. The Stanley Foundation maintains a brain bank of about 560 brains of people diagnosed with schizophrenia and bi-polar disorder, many of who committed suicide.
…
The Stanley Foundation is headed by E. Fuller Torrey, a psychiatrist whose controversial viral theory of schizophrenia has not been validated by any confirmatory evidence.
….
Until the Gagnon family filed a lawsuit against Mathew Cyr, (Maine's) state funeral inspector, the Stanley Foundation, and Torrey, charging them with taking their son's brain without their permission, the Stanley Foundation never disclosed how it acquired its brains. .... Of note: The Stanley Foundation is not accredited by the American Association of Tissue Banks, a national organization that sets ethical standards.
….
Of further note: The Stanley Foundation also bankrolls the Treatment Advocacy Center (TAC) a lobbying organization that exploits the perception that mentally ill patients are violent, in order to promote state involuntary commitment laws for mental patients to allow them to be "treated."

[4] http://www.macarthur.virginia.edu/violence.html - see also the Treatment Advocacy Center debate on this study with the principle investigators at https://ps.psychiatryonline.org/doi/full/10.1176/ps.2008.59.2.147?trendmd-shared=0&

The one incredibly under-reported fact in this aforementioned research is that the patient population was taken from minute percentage of diagnosed individuals that are then committed to psychiatric hospitals and then discharged into the community after being hospitalized for a length of time. THAT population is no more violent than the normal population without controlling for substance abuse. (!)

Torrey, among other questionable advocacy, is an advocate of installing implants to keep people in medication compliance. These are medications that have known toxicities that dramatically shorten the lives of almost 40% of the treated public mental health population. This aggregate number of deaths dwarfs any number of people ostensibly being harmed by "untreated mental illness". The fear of untreated mentally ill individuals occupies the talking points and stigmatizing stereotypy that forced treatment advocates use to frighten the public into restricting the civil liberties of those who might make the public nervous.

If a law is going to take away someone's physical liberty without a conviction or violating a law, the availability of due process challenges should be clearly defined and immediately available. Indifferent attention to civil liberties, and the idea that one can predict and prevent adverse events by forcing those with mental health labels into yet more traumatic forced psychiatric drugging and incarceration – are discriminatory and without scientific basis. These treatments frequently exacerbate mental health problems and have high incidents of adversity and health issues related to the treatments themselves – as well as causing the person to avoid help. (Consider a study by the National Association of State Mental Health Program Directors (NASMHPD): *Persons in the public mental health system die on average 25 years earlier than those that are not in the system*.[5])

Alternatives That Work

Instead, OCSC would like to suggest that you have significant alternatives to choosing to "widen the gates" of expensive and questionably therapeutic incarceration in a mental health lock down facility:

* Develop and sustain alternatives to involuntary treatment. Expand peer respite, peer and environmental supports, and early diversion. (See SB 2831)

* Fund programs that work as measured by those in the programs rather than overly optimistic professionals who have significantly worse recovery outcomes than countries that have no mental health systems at all.[6]

[5] https://www.nasmhpd.org/content/morbidity-and-mortality-people-serious-mental-illness
[6] https://mindfreedom.org/kb/sartorius-on-who/

* Address Social Determinates Of Health (SDOH) that impair the individual's ability to live in a sustainable, safe, and healthy culture or social setting.

* Promote alternatives to psychiatric drugs and anti-depressants that have better compliance prospects, and do not have violent reactions nor have rebound violence from discontinuing overly heavy dosages that quickly diminish someone's emotional regulation and capacity and massively increase their confusion.

Prevention

The Oregon contingent at the Alternatives 2018 Conference report out to Oregon's congressional members states:

> *"The general mental health of our society is less expensive and better served by diversifying community based resources, especially peer supports, and leveraging those supports at all levels of need. This means providing these supports before expensive treatments, before life changing bio-chemical interventions, and before resort to pathologies, courses of care, and labels that will stigmatize an individual for life."*

A sustainable, non coercive system is voluntary - where a large percentage of the persons affected by mental health issues trust, seek out, and use available resources and help. IE this means creating relevant and effective user driven supports and systems of support, as well as for example, diverting folks who are in crisis into trusted safe environments operated by highly skilled, experienced, and personally dedicated individuals. Integrating policy and the service system with empathetic persons who are adept and who have lived experience of mental health crises is far more effective than imposing various forms of isolation and force.

COSTS: Little Known/Discussed Facts

* A standard OHP hour of mental health services presently uses 50% of the time and resource just to pay for paperwork and administration, thus only 50% of the time goes to the services rendered, with less than 25% of the billed amount going to the individual provider.

* One hour of clinical counseling or case management costs in Medicaid/OHP are enough to fully fund almost 7 hours of peer services, *with better outcomes for the peer intervention.*

* Contrast cost of a standard public mental health service hour ($120+ hr), cost of a standard mental health hour in a Federally Qualified Health Center "FQHC" ($249+ hr), or the cost for every day in the state hospital, IE ($700+ a day), with a census in just the state hospitals in Salem and Junction City of 600 or so. About 150 million dollars for a literal fraction of the population. Involuntary commitments of populations to the 2 Oregon state-run psychiatric hospitals are more than half of all the general fund mental health budget for the state of Oregon. Psychiatric care in a private or local hospital exceeds $1000 a day.

Participation and the Voice of Those Most Affected

Please consider reconvening with persons present at the table that are knowledgeable about what works, without a political agenda or a rationale to stigmatize those they want to force into care, and who can speak to the ***full*** impact of mass expansion of the criteria to suspend an individual's civil liberties based on subjective criteria.

'Statistically' Saving Lives

If you want to save lives, save people from tragedy, the answer is not herding together undesirable segments of society wholesale and putting them under court ordered psychiatric drugging and invasive supervision. The answer, like anything else, is in addressing the underlying causes, and coming to the understanding that there is no system "magic bullet" that is going to instantly solve the present (and often frightening) existential tendencies of our culture and current social reality. The answer is to empower the resources and people to save one individual life at a time… and meeting those individuals at risk with support and resources at the earliest point of need – not the latest and most expensive point of crisis.

This legal call to action that mandates more force and pharmacological intervention in the form of super powerful mind altering drugs -- and ultimately, will support outpatient forced drugging and compliance monitoring in people's homes -- is unfortunately, in a somewhat Orwellian sense, promoting the continuing construction of a "prison without walls".

This is misguided, especially in Oregon, and is mostly the product of a polarizing and stigmatizing narrative that you have gotten from experts who cannot justify current funding and interventions in the context of any actual clinical results… there is a continuing professional inability to adequately address the increasing deterioration of our society's mental wellbeing. In contrast to this, we would like you to consider looking at this situation without the rose colored clinical gaze and the "danger to self or others" stereotype, and insist on answers and input based on facts and sound research, and based on experiences and practices that actually work (AND are cost effective).

Please contact us if you have any questions about this input, we are happy to be of service to the Committee and the legislature in implementing resources and crafting laws that can measurably improve the lives and mental wellbeing of Oregonians.

Most appreciatively yours,

Rebecca Edens (electronically signed)
Rebecca Edens, B.A.
President
Oregon Consumer Survivor Coalition