



Dear Members of the Oregon Legislature,

The parents group Family Alliance for Mental Health Recovery strongly opposes Bill 2467.

We are an organization of parents with first-hand experience of psychiatric treatment of our children. Some of us have bitter regrets that we initiated involuntary commitment of our loved ones in the mistaken belief that it was necessary to prevent danger to self or others. In the end, we learned that forced treatment made all our problems worse, and often much worse.

Our experience has taught us that effective help can only be delivered in a safe, friendly environment, with the patient and the provider having [therapeutic relationships](#) based on mutual trust and respect. Such relationships are impossible in the context of involuntary commitment.

For involuntary patients, medications and procedures like ECT are the only possible treatment methods, and they inevitably become overprescribed. They are also treatments of choice for lackluster providers who are either incapable or unwilling to practice individualized, person-centered medicine and resort instead to increasing doses and adding up more medications, ignoring their side effects. This is why for-profit hospital chains and pharmaceutical and medical device companies support campaigns for expanding involuntary commitment and fund astroturf organizations preying on scared parents.

In our experience, parents who support forced treatment are a tiny minority whose voice is amplified beyond proportion by a big money machine. In addition, most parents who seek to commit their children have not yet seen results of forced treatment in the long run.

Some of us learned too late that forcibly administering medications and ECT makes a person docile for a while, but creates terrible long-term outcomes, including the most terrible one, suicide. The risk of suicide [increases after any psychiatric hospitalization](#), but is the [greatest if the patient experiences coercion](#).

After a traumatic experience in a locked-up ward, loved ones of some of us returned home bitter and distrustful, turning against the family they used to love, because they could not forgive our real or perceived participation in their forced hospitalization. Some of them became hostile and aggressive for the first time in their life, and we had an impossible dilemma of being scared of their outbursts, or medicating them into a lethargic, apathetic state and destroying their personality and quality of life.

For those of us who did find effective help for our children, it was invariably voluntary, non-coercive services, such as peer-run respites. Some of us were fortunate to find clinicians

trained in non-coercive approaches, such as [Open Dialogue](#) or [CBTp](#). Why does this have to be rare luck?

Instead of wasting money on expensive, inhumane, and ineffective forced treatment, please invest in expanding evidence-based voluntary alternatives.

Sincerely,

Russell Stence  
President, Family Alliance for Mental Health Recovery