vermont psychiatric survivors

Equal Rights, Protection and Participation

March 21, 2018

Re: *Coalition's Alternative to Governor Scott's "Mega-Prison" Proposal*

Dear Member Organizations of the Coalition Opposing Governor Scott's "Mega-Prison" Proposal:

Thank you for responding to this proposal, which we agree is dangerous and represents some of the state's worst impulses. We appreciate that you, like us, have identified this moment as an opportunity to join together and broaden the conversation. We fully support a push to reduce the number of people incarcerated and meet people's needs in our communities. Addressing systemic racism and lack of affordable housing are indeed key to this effort.

However, we wish to caution the coalition that psychiatric facilities are not better places for people in crisis than prisons. Many of us who identify as psychiatric survivors do so because we have survived the horrors of psychiatric hospitalization. It is a very real trauma that we live with every day. Psychiatric facilities confine involuntary patients against their will on locked units. Patients can only access the outdoors for brief periods of time within locked courtyards, and usually only after they have earned the privilege to do so by complying with treatment. In order to control and subdue patients who resist treatment, hospitals use forced-drugging, chemical restraint, physical restraint, and seclusion. We have worked with many patients who have sustained injuries from these procedures.

In 2008, the United Nations advised against forced psychiatric treatment in a report by UN Special Rapporteur on Torture.[1] Based on this report, and on the lived experiences of people in our community, we consider forced psychiatric treatment to be torture. Certainly, it doesn't make sense to move prisoners from a torturous and traumatic experience within prisons and condemn them to a torturous and traumatic experience on a psych unit.

We also caution against a blanket call to expand mental health services, even those which you are calling "community-based prevention and treatment." In a vast majority of instances, state-funded mental health services are rooted in medicalized biopsychiatry, which locates social problems within individuals with "disorders," rather than recognizing that capitalism, white supremacy, militarism, patriarchy, poverty, and state violence contribute to social determinants of emotional

[1] United Nations, General Assembly, *Torture and other cruel, inhuman or degrading treatment or punishment: Note by the Secretary-General*, A/63/175. 28 July 2008.

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distress and crisis. These community-level interventions lend themselves too easily to the type of coercion and force described above, as case managers and therapists have the power to assess our safety and capacity and determine our needs. In putting resources toward the diagnosis and treatment of mental health issues, we are neglecting to address the structural barriers and systemic oppression that contribute to our distress.

For our part, we would like to promote a critique of prisons and criminalization within psychiatric survivor communities, which have a tendency to distance themselves from and scapegoat "criminals." Often within the psychiatric survivor/ex-patient movement we criticize the speculative justice that happens within the mental health system. Psychiatry cannot accurately predict or prevent violence. Despite this, the mental health system determines that some people with psychiatric diagnoses pose a danger to themselves or others. This pretense is the only justification used for involuntary holds, commitments, and involuntary medication orders. VPS has been instrumental in passing legislation that includes the wording: "The overwhelming majority of people diagnosed with mental illness are not more likely to be violent than any other person."[2]

Our community has often spoken out against any conflation of psychiatric labels with notions of violence or criminality. Many in our community have made the claim that until a crime is committed, all individuals deserve to be free from confinement. We would like to broaden our scope to include those who have been charged with or convicted of a crime.

To speak to your contention that racism fuels incarceration rates and sentencing disparities, we would like to add that parallels exist in the diagnosis and treatment of people of color labeled with psychiatric disorders. Psychiatry has a long history of pathologizing the survival behaviors of oppressed people. In the 1960s, African-American men involved in the civil rights movement were increasingly diagnosed with schizophrenia because of their "paranoia" of police (as outlined in Jonathan Metzl's *The Protest Psychosis*). To this day, people of color in this country are more likely to be subjected to forced psychiatric treatment than white Americans. Black patients are almost twice as likely to receive diagnoses of schizophrenia than white patients.[3] Black, Hispanic, and Native American Vermonters are overrepresented in the number of "persons served" by the Department of Mental Health, while white and Asian Vermonters are underrepresented.[4]

The Human Rights Commission ruled in January that DMH discriminated against an African-American employee of the Vermont Psychiatric Care Hospital by neglecting to investigate complaints of racial slurs by coworkers and patients.[5] Far from being an isolated incident, this is an example of the culture of racism inherent in an institution with deep roots in white supremacy. While a staff person experiencing this type of treatment can sometimes find remedy through an investigative process, patient complaints of racism are routinely dismissed.

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[2] "Legislature: Psychiatric Survivors 'Not More Likely To Be Violent.'" *Counterpoint.* Summer 2017: p. 1.

[3] Coleman, K.J., Stewart, C., Waitzfelder, B.E., Zeber, J.E., Morales, L.S., Ahmed, A.T., Ahmedani, B.K., Beck, A., Copeland, L.A., Cummings, J.R. and Hunkeler, E.M., 2016. Racial-Ethnic Differences in Psychiatric Diagnoses and Treatment Across 11 Health Care Systems in the Mental Health Research Network. *Psychiatric Services*.

[4] Vermont 2016 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System; Statistical Atlas: Race and Ethnicity in Vermont. https://statisticalatlas.com/state/Vermont/Race-and-Ethnicity.

[5] VT Human Rights Commission. *INVESTIGATIVE REPORT: VHRC Case 817-0002*. 25 January 2018.

We will all be more powerful and effective if we work together. But that will require that you are more educated about our concerns and that you center the voices of survivors in conversations about our experience and outcomes that affect us.

It is our understanding that this coalition has put forth a series of questions that you ultimately want the state to answer. You have not made any demands as of yet. Perhaps when it is time to take a stance with demands of the state, your future proposal could be strengthened by incorporating the critiques listed above.

Our impression is that the AHS proposal for 925 beds will probably not be fully realized, but that DMH will still insist on construction of the secure residence and forensic unit. We are opposed to the detainment and segregation of any psychiatric patients and would like to see opposition to these efforts incorporated into future documents and public statements regarding the proposal put forward by Governor Scott and AHS.

With these points in mind, we are interested in working in coalition with the signatories to the alternative proposal. However, we would like some dialogue to occur around the issues raised in this letter prior to our involvement so that our positions as an organization aren't compromised. We look forward to speaking further on the matters raised and appreciate your contacting us in regard to this matter.

Sincerely,

/s/
Calvin Moen
Director of Training

/s/
Conor Cash
Peer Advocate

/s/
Kate DeWolfe
Peer Advocate

cc: Vermont Center for Independent Living
Vermonters for Criminal Justice Reform
Disability Rights Vermont
Resilience Beyond Incarceration
The American Civil Liberties Union of Vermont
Justice for All