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**S.B. No. 452 AN ACT CONCERNING  
THE CARE AND TREATMENT OF PERSONS WITH PSYCHIATRIC DISABILITIES**

Good morning. My name is Dr Karen Kangas and many of you here know me. I am the Executive Director of Advocacy Unlimited in Wethersfield, a group that promotes peer support and recovery for people with mental illness within the community. Over the years I have had many positions, as teacher, educational consultant, patient advocate, Director of Residential Services at Wethersfield Mental Health Association, and Director of Community Education and Communications for DMHAS in CT. Also, throughout my life, as many of you know, I have battled with bipolar disorder, for which I take medication - voluntarily. So I am in the position of being both a provider and a consumer within the mental health system in CT. And it is this combination of roles, and my length and extent of experience within them, that leads me to have very serious concerns about any bill that would introduce Outpatient Commitment to CT. I am totally opposed to this proposal.

Much of the Recovery Movement, in which I have played an active part, has centered on giving true voice and understanding to the people behind mental health diagnostic labels and helping them gain release from institutions and return to their communities. I applaud the changes that have so far increased community integration. However, these steps are only positive if they also continue to recognize and uphold basic human rights belonging to people with mental illness. To release someone into the community on condition of medication is one thing. But to extend laws to forcibly medicate this same person in the community, when seen as "necessary" (*and by whom?*) is to open a door to abuse, exploitation, and discrimination. People with mental illness have the same rights as others to be regarded as full and equal citizens under the law, and to be treated with respect and dignity. *Forcibly medicating someone is neither appropriate nor effective under these circumstances.* If a person is deemed sufficiently responsible to be within the community, then he or she must be allowed to retain sovereignty and control over his or her body at all times, except when voluntarily handing over authority to a personal advocate or representative. The taking of medication in the community should be a voluntary act only. There is grave danger when this line is crossed and decisions regarding the forcible use of medications are put into the hands of other people or a system. There is too much room for subjectivity, misdiagnosis, over medication, side effects, and systemic abuse including racial and socioeconomic bias. I have personally witnessed all of these!

I am also concerned about the nature of medication itself. My lived experience of bipolar disorder has necessitated many hospitalizations in the days when what are today regarded as excessive medications were a normal part of treatment. I have also

worked at Fairfield Hills and Cedarcrest hospitals. The science of mental health evolves slowly. Knowledge about the side effects of drugs is often not known for years. For example, it has only come to light relatively recently that the dosages of lithium freely prescribed in the 1960s have had extreme adverse effects on liver and kidney function. Many individuals today are experiencing severely detrimental health impacts *and even death* due to this! Statistics prove that the average life span of a person who has been made to take these drugs is reduced by 25 years. It is one thing when a person makes a personal choice to take medication, but when he or she is forced to do so by another who has no reason to keep that person's best interests in mind, there is clearly a loss of liberty and the potential for abuse of power. What happens when, as in the case of tardive dyskinesia, it comes to light that medications have caused this? Will the system take responsibility for forcibly requiring this? Who will care? It is simply not right to do this. We do not know for sure why some medications offer some relief and support in certain circumstances. And we do not even know that they are the best options! They represent a current state of knowledge, and that is all. Negative side effects may only reveal themselves much later. Often a particular drug may not be the only option. I believe it is imperative that the decision of what to take and when to take it remains solidly and voluntarily with the person who will have to physically and mentally bear the consequences. We should not be trying to take away personal choice in this matter, particularly as we do in fact know that many prescribed drugs (such as the ones relevant here) have major debilitating and adverse side effects such as brain, kidney, and liver damage.

This bill is clearly not in the best interests of the person with mental illness. Medication is being used as punishment, as a restraint, and form of social control. Depending on the precise wording of the bill, it could conceivably grant enormous powers to specific people or organizations. We are talking about the removal of civil liberties and the dehumanizing of a group of people in favor of their diagnosis. I firmly believe in a person-first approach. CT has a history of standing strong against moves in this direction. Previous attempts to introduce similar bills in the past have failed. Choices by the CT legislature follow in the footsteps of important reformers in this field such as Dorothea Dix and Clifford Beers. It is to the credit of this legislative body that CT is one of the few states in this country which still maintains the rights and freedoms of the individual and retains the possibility of being more progressive, increasingly working cooperatively with community and mental health peer support systems, incorporating ideas of positive psychology and wellness which have a growing body of support, and underpinning scientific research.

At Advocacy Unlimited, a central part of our mission is to empower and educate people in recovery from mental illness to self-advocate and to take responsibility for their own lives and behaviors. It is just this sort of supportive, community-based organization which can help provide a framework to assist persons within the community. Our goals are to educate, to increase self-awareness and community responsibility, and to encourage an environment of acceptance and belonging. If someone is well enough to be in the community with medication, then they should be supported in making appropriate decisions regarding their health through

reinforcements. It is counterproductive to simultaneously seek both community reintegration and reduction of the stigma of mental health illness whilst also mandating chemical restraints! We need to instead focus on fixing current systemic failures and providing increased community supports, not resorting to ways to further stigmatize, penalize, and deprive people with mental illness whilst denying them the same rights of other citizens.

Thank you.

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