

Good afternoon,

My name is Greg Benson. I am a registered voter in Branford and I work for a Connecticut non – profit Advocacy Unlimited INC. I am here to speak regarding Proposed Bill No. 6887

AN ACT EXPANDING COVERAGE FOR MENTAL HEALTH CARE SERVICES AND SUBSTANCE ABUSE SERVICES.

In my mind this bill constitutes an attempt, on the part of the Connecticut legislature and advocacy community, to provide profoundly beneficial and urgently needed services to our communities. That said, I do not support this legislation in its current form.

Outcomes for current mental health services are morbid. I argue that this is largely due to the fact that people who are struggling with emotions are encouraged to frame their struggle as a disease to be drugged away rather than as tensions arising from living circumstances. The conventional approach of surrendering one's personal agency and ability to make life changes to the predominant framework of mental illness, coupled with our primary reliance on long-term psych drug cocktails – is why people who reach out for support from the mental health system on average die twenty-five years younger than the general population.

Peer support is at its core non-medical. It is a philosophy that encourages people to be responsible for their lives and to triumph despite their circumstances. Peer support rests on values of human connection, learning, mutual support, and social change. In terms of cultural phenomena, peer support represents a re-visitation of teachings and wisdom that pre-date medical treatments such as Thorazine and Prozac. Only six or so decades ago, we used to engage pain and struggle in community without giving children dangerous stimulants and tranquilizers.

We used to inculcate our youth with an understanding that on some level life is hard by design and that suffering isn't an anomaly but rather one part of a life fully lived. History and literature demonstrate this. It used to be common knowledge that wrestling with your mind was just part of the deal – a consequence of being born. We used to support each other through the tough times and gain insight, skill, and meaning in the process. Without the intervention of medical professionals, we used to support each other through loss, rejection, despair, and malaise. Before the term peer support existed, peer support was the conventional support for people feeling unwell and psychiatry was the last resort.

Now more than ever we need less psychiatry and expanded access to peer support. This bill however is not the way to expand access to peer support. In attempting to expand access to peer support via insurance reimbursement, this bill may phase out

non-medical peer support and replace it with something only peer support in name. Replace it with something that ceases to be situated in the values upon which peer support rests.

When it comes to mental health, insurance companies run on medical necessity and profit from lifelong patients engaged in harmful and disreputable medical model treatment.

We need more human connection. More getting up and getting on with lives rich in meaning and texture in our communities. More people who effectively support people to lead productive lives as citizens.

Ensuring that peer support one day realizes it's full potential as a distinct non-medical discipline is vital. This task is too important to be entrusted to the inertia of the intersection of insurance infrastructure and conventional clinical practice.

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