

**Testimony for the Insurance and Real Estate Committee
in Opposition to HB 6887**

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February 16, 2017

Good afternoon Senator Larson, Senator Kelly, Representative Larson and distinguished members of the Insurance and Real Estate Committee. I am a registered voter from Prospect, CT and am submitting written testimony today to express dissatisfaction with part of HB 6887.

In particular, I am wary of the term "case management" being used as an example of providing additional mental health and substance use coverage alongside "peer services". People are not "cases to be managed" as the term "case management" suggests. Traditional case management has been around for a very long time, but many people living with mental health and substance use labels have not found it to be particularly helpful in promoting wellness or recovery. Instead case management, again as its name suggests, tends to promote dependence on the system and its case managers instead of promoting self-empowerment.

Part of the issue is that emotional distress has been medicalized. Despite the superior job that the pharmaceutical industry and the psychiatry and associated trade associations have done selling the general public on the "chemical imbalance theory" (just ask most people in the general public, family members and even many people who have been diagnosed and they will tell you that people have "biological brain disorders" or "chemical imbalances" and that they are "ill" and "just have to take their medications"), the fact remains that there are no valid tests for so-called "mental disorders", no blood tests or brain scans that can conclusively confirm any biological "illness". A lot of people have profited off of proposed theories and advertised medications. Some people are aware of a study that revealed that people being treated with psychiatric medications die an average of 25 years earlier than their peers who do not take those medications. This did not result in change, I suspect not only due to profiteering, but also due to the thought that people are better off living a life "well" (a.k.a. not a nuisance to others in various forms) on medications, even if the cost is a potentially, dramatically shortened one.

Thorough reviews of existing as well as new scientific research studies are revealing that not only are many psychiatric medications ineffective, but many even do harm, both in the long-term as well as short-term. Some have been proven to create the supposed "symptoms" that they purport to "treat" in the form of side effects and withdrawal effects (when people stop taking or reduce medication, even with doctor assistance) including but certainly not limited to: hallucinations, suicidal and even homicidal events. On top of this startling information, the Director of the National Institute of Mental Health (NIMH), Thomas R. Insel, M.D., withdrew its support for the latest version of the

Diagnostic Statistic Manual (DSM-V), the manual psychiatrists use to “diagnose mental illnesses”, citing its lack of validity. In addition, Ronald Pies, MD, an eminent and widely published psychiatrist, wrote in a July 11, 2011 Psychiatric Times article that “In truth, the ‘chemical imbalance’ notion was always a kind of urban legend – never a theory seriously propounded by well-informed psychiatrists.”¹ Yet the treatment of “mental disorders” as brain disorders that should be treated with medication remains the bedrock of treatment today.

So you can see why anyone whose wellness does not depend in whole or even in part on traditional “mental health treatment” would be gravely concerned at the thought of expanding true peer support services within that same invalid medical model system.

True peer support is indeed invaluable to people in pursuing their own path to wellness, whether it is formal (paid, trained supporters who have experience with overcoming their own emotional distress) or informal (supportive, understanding friends, family, community members). We must ensure that formal peer support services are defined by peers and that fidelity to that defined role is strictly adhered to. If not, it just becomes another buzz word, a way to meet grant requirements and people often end up assimilating to the medical model they are immersed in rather than take on the daunting task of adhering to true peer support principals in the face of overwhelming pressure to conform.

The older consumer/survivor/ex-patient movement has a motto: “Nothing about us, without us!” Please take the time to work with leaders in the peer movement in CT including Advocacy Unlimited to ensure that the good intent of this bill is not lost. Thank you for your time and consideration.

For further information about the above topics, please consider:

Mad In America blog/newsletter/website: www.madinamerica.com

Dr. Pies and Dr. Frances Make a Compelling Case that Their Profession is Doing Great Harm, Mad In America blog, www.madinamerica.com, March 17, 2016.

Robert Whittaker’s books: Psychiatry Under the Influence (2015); Anatomy of an Epidemic (2010); Mad In America (2002).

¹ Pies, Ronald W., MD, *Psychiatry’s New Brain-Mind and the Legend of the “Chemical Imbalance”*. Psychiatric Times, July 11, 2011.