

**Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults
January 14, 2014**

Name: Dan Olguin

Age: 21

Past and Current Affiliations: Join Rise Be, NAMI Connecticut, Wellness Recovery Action Plan Facilitator, Syracuse University CONNECT Gatekeeper Trainer, Mental Health First Aid, Central Connecticut State University - Active Minds past President and involved with the Supported Education Program (Central Access and Student Development).

To the members of the Task Force to Study the Provisions of Behavioral Health Services for Young Adults - my name is Daniel Olguin and I am from West Hartford, Connecticut.

I am here today because I would like to share my perspective as a young person in long-term recovery from a primary diagnosis of Bipolar Disorder. I would specifically like to address the recommendation area related to employing the use of assisted outpatient behavioral health services and involuntary outpatient commitment as treatment options. My recommendation comes from my experience in outpatient services.

I went through outpatient services when I was 15, and it did me a great deal of good. In my case, it was very helpful and comforting to be in the presence of peers, while it was also beneficial to have something to do besides just sitting at home.

Outpatient services work best when everyone wants to be there, and are willing to work toward recovery. When I was there, several people wanted to be somewhere else, but were forced to attend. The presence of these people harmed the therapeutic environment and detracted from the positive processing of the people who did want to be there. These unwilling participants showed no improvement from the day they came there to the day they left. It has been my experience that most people have to hit rock bottom before they are willing to work toward recovery and accept support.

On the other hand, I understand why Involuntary Outpatient Commitment would seem like a logical tool for those seeking to ensure that individuals get the help that they apparently need because some people deny help when they would greatly benefit from treatment and recovery supports.

I would suggest an alternative approach that will help some people who find themselves in an inpatient or outpatient setting for the first time. I recommend that every person leaving a mental health center be provided information on their diagnosis from a peer and that they are given reliable contact information for resources available in their community. They should also complete an advanced directive.

The advance directive would be filled out by a patient when they are not having symptoms, and gives directions on what to do when they do have symptoms. This allows for essential decisions to be made without being imposed by a third party.

I would also recommend the peer program, WRAP (Wellness Recovery Action Planning). WRAP helped me recover in a way that no medical professional can. I was able to connect with peers and learn about what worked for them, and I developed a plan on what works for me individually. This plan has made it so that I can prevent symptoms, instead of just searching for solutions when I already have them. Medication and therapy are only two ways to control mental health problems, and other effective programs, like WRAP, deserve consideration. I think that people would be more willing to take part in a peer program, because they know they will be seen eye to eye.

In conclusion, outpatient services are useful and helpful to those who want to recover. Forcing people to attend can actually hurt the recovery of those who want to be there. It is important to have people with mental health problems make the decisions about their recovery when they are in a clear state of mind, instead of having someone else impose it on them. If we are going to consider a forced treatment option, then we should enhance the services that are available and increase access to recovery supports.

Thank you for taking the time to listen to my perspective and I hope that I have offered some insight into how you can make the opportunity of recovery available to young people within the state of Connecticut.