

**Testimony before Task Force to Study the Provision of Behavioral Health Services for Young Adults  
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Age: 26

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Hello - my name is Vered Brandman and I am a resident of Norwalk, Connecticut. I am a young adult in recovery from Major Depression, Psychosis, and Post Traumatic Stress Disorder. As a young adult in recovery, I am here to ask that you consider integrating recovery supports into all clinical services models currently implemented within our state prior to mandating involuntary outpatient commitment.

I have been in recovery for six years, yet I have received clinical treatment for the past ten years and have been experiencing symptoms of my illness since the age of ten. In my experience, I have found that the clinical services model alone does not offer a possibility for what I, and many others in the recovery movement, consider to be recovery. Specifically, clinical services alone do not promote integration into society to the fullest capacity of the individual.

When recovery supports are available, individuals are empowered to pursue education, employment, independent living or supported living in the community, engagement in personal hobbies and mutual-interest communities, and other aspects of daily living that are assumed to be part of adulthood. A core component of this model is community: being part of a community outside of the clinical setting. This is something that recovery support is especially suited for.

Through recovery supports, such as psycho-social rehabilitation, advocacy, and educational programming, I was able to connect with my peers--other young adults in recovery--in a positive and empowering setting where the focus was on our strengths and not our symptoms. Through these recovery supports I also learned how to use my experiences in recovery to help others navigate towards available resources and advocate for themselves.

Learning to use my experiences in recovery to support my peers has had a tremendous impact on my recovery. I feel in control of my well-being, I feel empowered, I feel that there is a purpose to the bad experiences both from my days before I began my recovery journey and from the past six years. I have found the path I want to pursue in life, and I have found a way to integrate into my community to my fullest ability.

These are things I did not encounter in the clinical services, no matter how good the providers were--and some of them were very good. These resources--recovery supports--were integral to my recovery, and I know that without them I would not be where I am today, nor would I be so certain of the direction I am heading. To enforce involuntary outpatient commitment without equal access to these important recovery supports would be irresponsible, if the goal is to help young people achieve recovery.

Clinical services alone cannot foster the pursuit of full recovery, but merely the managing of symptoms. If we want young adults in need of clinical services to reintegrate fully into society, they must have resources that foster recovery, and not just the "medicalization" of moods.

Thank you for considering my perspective, and for supporting recovery for young people across Connecticut.