Testimony Against "*Act to provide critical community services"* (S980/H1694)
Jordan Goldstein (Disability Law Center)
9/7/23

The Commonwealth's mental health system faces enormous challenges, and as an advocate with the Disability Law Center, I urge us to face them in keeping with our state's values and commitments: investing energy and resources into the existing Behavioral Health Roadmap and accessible, community-based services, such as those proposed by the Peer Respite Bill (S1238/H3602) and its statewide network of voluntary non-hospital alternatives. These are long-delayed realizations of what we *know* works as well as the *work* we have already begun.

The alternative, at issue today, is a hard left turn from those values and commitments– the euphemistic "*Act to provide critical community services"* (S980/H1694), or more accurately, Involuntary Outpatient Commitment, is a *distraction* that attempts to gain appeal by playing on the public's fear of people with disabilities, stigmatized stereotypes of dangerousness, and the efficient logic of force. It will disproportionately impact communities of color; an ineffective and ethically-costly way to make us *feel* like we're doing something about a social problem by forcing individuals, under tremendous threat, to do what someone else thinks addresses *their problems*. While proponents may argue that this will avoid incarceration for people with mental health disabilities, it *actively* criminalizes mental health by making care correctional, turning clinicians into parole officers and patients into crimeless parolees, all while compelling an understaffed mental health system to function as law enforcement too.

Force and coercion– the teeth of this bill– are also traumatic and counterproductive. As a former peer specialist, and in my current work as an advocate and onsite monitor at Bridgewater State Hospital, I've seen force and coercion mainly as a great way to get people who already don't want to do something to want to do it *even less*. As a consequence, trauma is everywhere at Bridgewater– individuals report living in fear of forced medication by those meant to treat them, disturbed by constant surveillance, and having nightmares about being restrained. Force and coercion there, and elsewhere, understandably lead to deep distrust and *resistance* to care.

My own hospitalizations involved locked units without access to fresh air, with both forced and coerced medication– being told you could, but in reality, wouldn't be allowed to, leave until you took what was prescribed. I found this unhelpful and harmful, and it profoundly impacted my level of trust *and* interest in working with mental health professionals, even on a voluntary basis. When I think about this bill, I imagine the dystopian nightmare of having an outpatient clinician write a treatment plan which hinges on the threat of court or inpatient, compromising their patient's rights and their therapeutic alliance. I imagine feeling paranoid in the community because the locked doors of the psych unit refuse to go away. And I hope you will all try to imagine this for yourselves. This image should inspire us to ask just what is so "critical" about these services proposed by this bill– and it should inspire us to do better.

I urge you to oppose this bill (S980/H1694) for the distraction it is. Let's refocus and follow through on realizing the potential of the Roadmap, fulfilling the promise we've already made to increase access to *more and better* voluntary support– stepping forward into the Commonwealth's progressive reputation, not backward into a reactionary or regressive one. Thank you.