Testimony by Daniel B. Fisher, MD,PhD in opposition to H1694/S.980 (Sept 7, 2023)

I base my opposition to H.1694/S.980 on my 45 years of experience as a board-certified community psychiatrist, a policy expert, and on my lived experience, of recovery from catatonic schizophrenia in my 20's (Fisher,2017). The most important factors in my recovery were gaining a voice, self-determination, and empowerment through peer support and voluntary services. My 3 involuntary psychiatric hospitalizations were traumatic because they interfered with my self-determination.

In my position of commissioner on the White House Commission for Mental Health (SAMHSA,2003), I helped establish a national mission supporting recovery through voluntary services. In my practice, I have found that voluntary, trauma-informed services, delivered in a compassionate respectful manner enable people to engage in services and recover a full life. Coercive interventions interfere with recovery, and surveys have shown that 50% of persons receiving coercive treatment refuse to return to clinical services (Campbell,1987). Proponents of AOT claim that we who are labeled mentally ill suffer from a neurological condition, anosognosia. However, there is no evidence to support this faulty theory.

Mass. has developed a Road Map for Behavioral Health Reform which prioritizes expansion of voluntary services based on choice, dignity, and independence. Promoting coercive AOT would contradict DMH's stated goals. To fulfill the goals of the Roadmap, the state should expand its investment in the training and employment of peers as recovery coaches and certified peer support specialist. Those of us with lived experience of mental health and substance abuse recovery, are uniquely suited to engage persons in acute distress who often do not trust traditional clinical services. We are able to win the trust of persons in distress by pointing out that we have been in a similar place and we can inspire hope by sharing that we were able to heal and recover a life in the community. The state should invest further in an alternative to coercive treatment: the peer-run respite. Mass presently has 4 but could use 15 more to reduce the load on our emergency rooms and hospitals. In addition, training families, peers, and first responders the evidence-based training, Emotional CPR (, could further reduce the need for coercive treatment. Finally, I recommend the state expand its training of staff in Open Dialogue, as it did for Advocates Community Behavioral Health Center.

In summary, AOT is a coercive, traumatic procedure which interferes with self-determination and recovery. I strongly oppose H.1694/S.980 and recommend that the state expand voluntary, peer-run alternatives.

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