

8 Shepard Street #1
Cambridge, MA 02138
November 20, 2025

The Honorable Lydia Edwards
Chair, Joint Committee on the Judiciary
24 Beacon Street, Room 413-A
Boston, MA 02133

The Honorable Michael S. Day
Chair, Joint Committee on the Judiciary
24 Beacon Street, Room 136
Boston, MA 02133

Re: Testimony in opposition to S.1115, H.1801, An Act to provide continuum of care for severe mental illness

Chair Edwards, Chair Day, and Honorable Members of the Joint Committee on the Judiciary:

Thank you for the opportunity to testify in opposition to S.1115 and H.1801, An Act to provide continuum of care for severe mental illness.

My name is Rae Simpson, I live in Cambridge, and I have an adult son with significant mental health challenges. I am also a full time mental health advocate, running family support groups, answering a phone line, and creating programs, so I hear from many families in crisis, searching for resources for their loved ones. As you can imagine, I would like nothing more than for AOT to be the answer that families have been seeking.

However, I have also done my homework, and families like mine are being misled. AOT simply doesn't work the way families think it will. AOT comes at huge financial and psychological cost, often rupturing families forever. Yet unbiased research studies do not find significant differences in outcomes between patients in AOT and in voluntary community services. (See summaries of studies [here](#), [here](#), and [here](#).)

Part of the disconnect between theory and reality is that AOT is based on outdated treatment approaches. Psychiatric medications have not lived up to their promises, by the pharmaceutical industry's own studies and [researchers' meta-analyses](#). The United States has [one of the worst track records](#) for recovery from mental health conditions, and one that has not improved in the past 100 years ([Drake & Whitley 2014](#); Thomas Insel, *Healing: Our Path From Mental Illness to Mental Health*, 2022). This troubling state of affairs stems in part from the limited effectiveness of drug treatments, and in part from their profoundly disabling side effects.

In other words, we do not have a track record that justifies forcing people into our usual way of doing things. In fact, the [World Health Organization](#) the [Council of Europe](#), and other national and world leaders now advocate phasing out involuntary programs altogether.

These stark facts are hard to believe, but they are widely reported by experts, and they are consistent with the actual experience of families as well. Families who have tried everything including involuntary

treatment often still find their loved ones stuck, disabled, miserable—whether they are “on” or “off their meds.”

It is this failure of the twentieth-century mental health model that is causing the frustration and heartbreak of families, not a lack of AOT.

My family is an example. We spent years, waiting for my son to get better with long periods of both voluntary and involuntary treatment. When coercion was thought necessary, existing laws and policies made it readily available. But he got worse and worse, in a heartbreaking spiral of 911 calls, emergency rooms, and hospitalizations lasting sometimes *years*. And he took scores of medications that only exacerbated his problems and left him with a permanent, disabling movement disorder.

That finally turned around when he was put in a voluntary community program of safe housing, peer support, relationships he could trust, and options that he could choose to meet his individual needs. It’s not fast, but it is cost-effective--and, unlike coercion, it actually works. And think of the money that is saving the Commonwealth—and how much more it would have saved the Commonwealth if he hadn’t been set back by involuntary treatment in the first place.

Fortunately, there is a growing movement of alternatives that actually do work. Examples include [Soteria](#), [Open Dialogue](#), [the peer respite movement](#), [Hearing Voices Network](#), and the growing [INSET initiative](#) in New York State, described in other written testimony.

There is impressive evidence that it works far better not to force people into standard treatment, but rather to give them choices, connection, stable housing, and meaningful roles in the community. Summarizing the evidence, Thomas Insel, former head of the National Institute of Mental Health, calls it “people, place, and purpose.” (See Thomas Insel, *Healing: Our Path from Mental Illness to Mental Health*, 2022)

In typical mental health settings, recovery is appallingly rare—hovering around 5-10%--but in alternative settings it climbs to the 50 to 80% range (Courtenay Harding, *Recovery from Schizophrenia*, 2024).

In other words, we are in the midst of a profound shift in understanding what works to make people better. A wave of reforms is sweeping the country, coming in part from other countries, and partly from leaders right here in Massachusetts.

My son and I learned the hard way.

This is no time for pursuing the old, ineffective ways, risking lives and families. And it is certainly no time to waste money doing so. Far better, and less expensive, alternatives are ready and waiting.

I urge the Committee to reject S.1115/H.1801 in favor of more effective and less costly measures. Thank you for this opportunity to submit testimony.

Rae Simpson
Mental Health Advocate
Cambridge, MA
raesimpson.com