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Good afternoon Senator Osten and Representative Walker and distinguished members of the Appropriations Committee. My name is John Bean. I am currently being treated for bipolar disorder and I am also a recovering alcoholic. I come before you today to support the proposed DMHAS budget. Thank you for the opportunity to provide my testimony.

It was a cold day in February 2018. I shivered as I faced the judge discovering that I was to serve a two year prison sentence for a non-violent offense. The judge mandated mental health and substance abuse treatment while incarcerated. Prior to my sentencing I completed a mental health evaluation. This evaluation indicated that I met the criteria for several psychiatric disorders with a primary diagnosis of bipolar. Additionally, the evaluators determined that I was alcohol dependent. Unfortunately, my downward spiral began well before my arrest and diagnosis. I have exhibited a host of symptoms throughout my life and began drinking around the age of twelve. According to the National Institute of Health, "*...substance use disorders are present in up to 70% of patients with bipolar disorder and contribute to high rates of disability, morbidity, and treatment non-adherence.*" It is clear to me now that treating one's mental health symptoms goes hand-in-hand with substance abuse treatment and ultimately sobriety.

While incarcerated I had access to mental health staff just once per month. Supplementary treatment included psychotropic medication that helped to stabilize my wild mood swings. Although it was mandated, I did not have access to substance abuse treatment. I was troubled by this and communicated my concerns to the Deputy Warden. Initially I was told that there was not enough staff to provide a treatment program for our block. Despite the initial rejection, I continued to push the administration to intervene. They eventually relented providing a twelve week substance abuse program for a handful of inmates. According to an article in [The Atlantic](#) on April 7, 2015, "*55% of male inmates in state prisons met the criteria for mental illness with depressive disorder and bipolar disorder being the most identified illnesses.*" Additionally, [The Nation's Health](#), a publication of the American Public Health Association, noted that, "*65% of the nation's inmates meet the medical criteria for substance abuse and addiction, but only 11% received treatment for their addictions.*" The majority of the roughly 80 inmates on my block were also being treated for mental health and/or substance abuse issues. Only a fraction, however, were able to participate.

CCAR or the CT Community for Addiction and Recovery is a glimmer of hope that I discovered upon my discharge from prison. While participating in a mental health outpatient program, a representative of Manchester CCAR provided a presentation on the benefits of this important organization. I truly appreciate CCAR's goal of promoting recovery through advocacy, education, and service and decided to become involved. Since my release I have been able to

attend Recovery Meetings to support my sobriety needs. Eventually, I will have the opportunity to help others through telephone recovery and I currently facilitate a book group that meets once a week for members of CCAR. This book group provides an opportunity for fellowship and offers a different perspective on our collective journey. It is this, the peer recovery support model, that I value most of all. This model highlights multiple pathways to recovery while providing sanctuary, caring, healing, fellowship opportunities, and most of all hope.

I was pleased to discover that CCAR will work with the DOC to facilitate recovery programs within the prison system and then support the transition of felons back into the community. There is obviously a great need. The funding that is appropriated through DMHAS supports a variety of organizations like CCAR. I urge you to consider the positive impact that CCAR has on individuals, families, and the community at large. Please continue to fully fund the DMHAS budget. Thank you.