

Good Evening Respective Members of the Appropriations Committee,

My name is Michaela Fissel and I am a registered voter in Windsor.

I am here to testify in support of the DMHAS budget, particularly the slight increase in Young Adult Services and the allocation of funds to offer transitional supports to 20 individuals currently institutionalized within Whiting Forensic Hospital.

I hope that as I share my experiences as a person in long term recovery from what has been labeled a “serious mental illness,” I will provide a meaningful example that encourages you to both reframe your expectations of individuals who receive a psychiatric label.

Looking back over the last 34 years of my life, I have overcome a myriad of challenges that are too often associated with a “mental illness”, including homelessness, addiction, an unplanned pregnancy, involvement with the criminal justice system, and suicide attempts. However, what is also common for the vast majority of people who receive a psychiatric diagnosis is the experience of trauma. For me, I am a survivor of childhood sexual abuse.

I trust that you have called to mind images or thoughts of what these experiences were like, so I will not belabor you with the details of my personal story – however, I am not alone and I am a member of the silent majority.

It is commonly reported that roughly 1 out of 5 Connecticut residents experience a mental health challenge in any given year; however, with the rise in childhood anxiety and the general stress we are imposing upon our children through the rigorous and inflexible educational standards from pre-k through college, this number is nearly 50% for young people.

Given this fact, we, collectively, have a responsibility to establish pathways and opportunities through which individuals have the opportunity to actively heal and live a life of personal wellness beyond psychiatric care?

As I sit with this knowing, I am often left with the question – are these pathways available through the currently funded DMHAS system of care? My observation is too often – no.

I ask that you continue to work within the assumption that public dollars will remain flat for the foreseeable future. I also ask that you begin to get to know the publicly funded mental health and addiction service system. Check out the reported outcomes, and ask yourself – are people being provided the supportive resources to actively heal and live a life of personal wellness beyond psychiatric care?

Or are we funding an institutional care model that was shifted it into the community in the 70s, and that we now call “person centered”, “wrap around”, and “recovery oriented”?

There are two areas of the services system that remain underdeveloped that I’d like to call your attention to – peer recovery supports and the inclusion of people with psychiatric histories in the planning, implementation, and evaluation of services.

Despite DMHAS’ intention to orient services towards recovery since 2001¹, the state continues to invest the vast majority of dollars into clinically oriented care. Services that require admission to being psychiatric disabled and that retain people within an antiquated institutional care model that perpetuates the belief that life-long dependence is the possibility.

I realize that this may be difficult to hear because we are trying our best, and people invest so much of themselves in working within the mental health system. This isn’t to critique the people – this is a call to action to reform the mental health service system.

Create funding opportunities that re-allocate dollars towards investments in community-based peer recovery supports and work that promotes the inclusion of people with lived experience in the planning, implementation, and evaluation of services.

Before I conclude, I believe that it is important that I share where I am today. After 12 ½ years of recovery - I am a mother of three, a homeowner, and taxpayer. I have completed four community based research in the area of emerging adults as a behavioral health service population for my graduate studies and I hold two degrees in higher education.

In addition, I am also a volunteer within my local community and I am the Executive Director of Advocacy Unlimited. AU is a peer-run CT based non-profit that creates space for people with mental health, addiction, and trauma histories to be seen, heard, and valued through advocacy, education, and support. We believe that all people – no matter socio-economic status or psychiatric histories – have the right to life a life of self-defined purpose.

I ask that you enhance peer recovery supports and that you protect the role of review and evaluation provided through the Regional Behavioral Health Action Organizations. This is the only state mandated function that requires a space where people involved in services are part of the planning, implementation, and evaluation of services.

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¹ <https://portal.ct.gov/DMHAS/Initiatives/Recovery/Recovery-Messages-from-the-OOC>