

2nd March, 2021

Testimony before the Connecticut Appropriations Committee

H.B. No 6439 (COMM) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2023 AND MAKING APPROPRIATIONS THEREFOR.

To the esteemed members of the Connecticut Appropriations Committee,

My name is Rashina Seabury and I am a registered voter currently living in New Haven, Connecticut. I write to testify on the state budget regarding the Department of Mental Health and Addiction Services (DMHAS). I am currently a doctoral candidate in the Department of Psychology at Yale University, and I have previously trained as a graduate student clinician in New Haven for three years. The opinions I am expressing are my own, and I do not speak for any institution or organization to which I am affiliated. I am writing to express my impassioned support for alternative options of care for those experiencing mental health crises in the form of allocating funding for the creation of a peer respite site in each of the five DMHAS districts in the state of Connecticut.

Peer respites are person-centered alternatives to the current violent forms of emergency mental health care. Peer respites are safe, **voluntary**, short-term programs that are staffed by trained individuals who have personal experience with mental health crises and can provide support for those seeking help. Peer respites are community-led and seek to empower and support those who are experiencing mental health crises. Presently, Connecticut is 1 of only 2 states in the Northeastern United States without peer respite. I believe providing a wider range of options for mental health care in Connecticut will reduce the hesitance many feel to seek care in times of need, offer a more positive experience of mental health treatment, and build stronger community bonds through more holistic and person-centered alternative options. As a former clinician and as someone who has previously struggled with my own mental health, the lack of alternative options for care makes me concerned for our community, and peer respite could enhance the care that is available to the residents of Connecticut.

The limited options for care for acute mental health crises puts the most vulnerable among us at grave risk of both psychological and physical harm. Presently, the most common pathways to care in times of such crises include psychiatric hospitalization, which is oftentimes extremely traumatic (Cohen, 1994), and/or involvement of police and emergency response. Psychiatric hospitalization can be a dehumanizing and demoralizing experience, and in many cases leads people to refrain from seeking further help in the future (Danzon & Wilkus-Stone, 2015). Interactions with police in times of mental health crises is especially dangerous to members of our community. In a study conducted by Saleh and colleagues, it was found that in 2015, out of all civilian deaths at the hands of police, 23% of victims showed signs of mental illness (Saleh et al., 2018). The authors of this study also found that those who were showing signs of mental illness were more likely to be killed by police at their home, which suggests that police officers responding to such crises are ill-equipped to provide even the most basic help to those in need of mental health care, and they often escalate such crises, leading to the deaths of numerous people who needed support and treatment in a moment of extreme duress. Peer respite provides an option for care that avoids the dispiriting and violent aspects of psychiatric care and interactions with police that we currently face with the care options that are most readily available to us.

It is incredibly apparent that our approach to mental health care needs a reimagining in order to both protect vulnerable members of our community and to provide a broader range of options that can better support and uplift those who need and are seeking care. While I acknowledge and am grateful for the work psychiatric and mental health workers do to provide care for those in need, it is necessary to expand the options we have to be able to provide the best care possible for those who need it. As someone who has clinical training and has formerly provided care for help-seeking individuals, I have seen first-hand the limitations of our current systems of mental health care. The data and the opinions I have provided in my testimony are not to denigrate the current psychological and psychiatric treatment – they are to highlight the areas in which mental health care could improve and how we can protect the people we seek to help. 18 states have, or, are actively implementing peer respite as an additional option to crisis care, and Connecticut could join these states in creating a reality in which there is greater access and more dignifying options for mental health care. This would be a tremendous investment in the health and safety of our communities in Connecticut, and I hope the Committee considers benefits of this investment. Thank you for your time and for your consideration.

Sincerely,

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References

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