

Jill Edwards

Testimony in Opposition of Indiana House Bill 1006

March 21, 2023

Good morning. My name is Jill Edwards. I am here to testify in opposition of HB 1006.

I believe I am uniquely qualified to testify about this bill.

I have decades of education, training, paid and volunteer work experience, and lived experience in mental health services. I engage in independent study of mental health laws, policies, practices, and treatments, and collaborate with services users, doctors, researchers, lawyers, journalists, and human rights activists around the globe to promote a paradigm shift in mental health services to uphold human rights and eliminate harmful and coercive practices in compliance with the United Nations Convention on the Rights of Persons with Disabilities.

My passion for advocacy was born from my personal experiences in the mental health system, which I can honestly say were exponentially more traumatic and horrific than the traumas that led me to seek help. And unfortunately, my experience is not rare or unique. I talk with people daily who have been injured and traumatized by psychiatric practices. Their lives and bodies destroyed by them. Yet there is no justice and no recourse for people harmed by psychiatry. We are left to pick up the pieces of our life, alone.

I struggle each day with health problems and impairments from the brain injury and neurological damage I acquired from electroshock treatments forced upon me illegally, without a court order, by doctors at Methodist Hospital in Indianapolis. I spent 18 days in absolute terror as doctors assaulted my brain and violated my body and rights. I attempted suicide shortly after I was released. Decades have passed, but I still have flashbacks and nightmares about my time at Methodist and my other inpatient experiences.

Imagine what it's like for a victim of sexual abuse and rape to endure being strip-searched, and forced to shower, pee, and change her tampon while a young male psych tech watches her every move. To be confined and

powerless and with no privacy, agency, freedom, or choice. To have no control over what is done to her body, or what is put into it. Her traumas and suffering pathologized and criminalized. Her abusers walk free while she is imprisoned, drugged, and shocked.

As an American citizen and a person living with disability, health problems, and psychological trauma from forced psychiatric treatment, I am offended, angered, and heartbroken that this bill is even being considered. It's discriminatory, violates our constitution, and contributes to the ongoing oppression and abuse of people labeled with psychiatric disorders. Imagine the uproar and riots that would occur across the country if a law was created which deprived all Jews or people of color due process protections and the right to legal representation and a hearing before being imprisoned? Yet YOU created a bill that would do precisely that to a vulnerable group of people. Abby and Libby's killer could not be denied the rights that this bill will obliterate for people with real or perceived mental illness.

As it stands, due process protections for psychiatric patients are extremely inadequate. Commitment hearings tend to be perfunctory proceedings in which the judge rubber stamps whatever the doctor recommends. Attorneys often have inadequate time to prepare a defense and others put little effort into creating a meaningful one. Patients can also be denied the right to be present in court to defend themselves or are so sedated by psychotropic medications, they can barely speak.

At any time did it occur to anyone on this committee or those testifying in favor of this bill, that it is blatantly and egregiously unconstitutional? It's unconscionable that in this century, people labeled as mentally ill, continue to be subjugated, oppressed, and discriminated against by our own government and by medical providers. Our constitution mandates that people with psychiatric diagnoses be afforded equal rights, protections, and recognition under the law, just like every other citizen.

I have many concerns about HB 1006, some of which are:

- 1) It contradicts The United Nations' and The World Health Organization's call for swift elimination of discriminatory, harmful, injurious, abusive,

oppressive, traumatic, demeaning, and coercive practices in mental health services. In fact, the UN & WHO have determined that forced psychiatric treatment constitutes torture and violates human rights.

- 2) Psychiatric incarceration and forced treatment are harmful, traumatic, and ineffective. In fact, the suicide rate AFTER psychiatric hospitalization is exponentially higher than it is before. This begs the question, if what they are doing to people in the hospital so effective, why are people much more likely to kill themselves afterwards?
- 3) An ever-expanding body of research reveals that psychotropic medications can cause new or worsening psychiatric symptoms including suicidality, violent behavior, akathisia, intense dysphoria, psychosis, mania, panic attacks, insomnia, paranoia, and odd/obsessive/addictive behaviors. These effects tend to be most severe when starting new medications, changing dosages, or upon cessation. The physical, mental, and emotional manifestations of withdrawal from psychotropics can be severe, protracted, and debilitating and are often confused as a new or worsening disorder by doctors, who then label the patient with additional diagnoses and subject them to dangerous polypharmacy. In addition, most doctors are not trained in safe and appropriate medication tapering, and they use tapering regimens that trigger dangerous withdrawal symptoms. Safe tapering typically takes several months or years.
- 4) Psychotropic medications also cause severe health problems, greatly reduced lifespan, brain matter loss, movement disorders, permanent sexual dysfunction, cardiac problems, extreme weight gain, diabetes, metabolic disorders, cognitive impairment, and can have a deleterious impact on functioning and Quality of Life. The health problems and functional impairments from the medications create massive burdens on the medical system and the economy.
- 5) Psychiatric treatments and inpatient hospitalization are often individually or culturally inappropriate and contradict of the values, beliefs, and preferences of individuals and various cultural and religious groups, many of whom do not find drugs, shocks, restraints, seclusion, and isolation from family, friends, or their religious and cultural

community helping or healing—but instead traumatic and detrimental to their wellbeing.

- 6) Risk assessments are extremely inaccurate. Only a small percentage of people determined to be a risk to self or others by a medical provider actually engage in dangerous behavior, rendering many people subject to unnecessary psychiatric incarceration, forced treatment, unreasonable search and seizure, deprivation of liberty, and of the right to be secure in their person, home, effects.
- 7) Patients subjected to forced hospitalization and treatment can be left in financial ruin due to exorbitant medicals bills or from losing their job due to missed time at work or employers witnessing the police hauling them off to the psych hospital in handcuffs.
- 8) Deeming all treatment “Medically Necessary” is very concerning. It gives doctors broad discretion to administer treatments against the patient’s will & preferences. In addition, the vagueness of the language leaves patients vulnerable to more invasive, traumatizing, and damaging treatments like ECT.
- 9) It is harmful and unnecessary for an application of detention that is not approved by the court to be placed in a patient’s medical record. The stigma of this could have profound implications for the patient’s healthcare and life.
- 10) Not holding police, medical providers, and facilities responsible for hurting patients is unacceptable. Without liability, abuse and misconduct proliferate. Everyone must be held accountable for their actions and inactions and be subject to punishment for injury, psychological trauma, or other harm they cause patients.

There *are* alternatives to drugs, shocks, locks, & coercion. People *can* and *do* recover from mental health problems--including schizophrenia--without them. But our government refuses to invest in alternatives, and refuses to

ask the people who are subject to these laws and interventions what they want and need in a crisis. Maybe their crisis stemmed from having difficulty acquiring basic needs like housing and food. Trauma. Abusive relationships. Racism. Discrimination. Oppression. Marginalization. Isolation. Loneliness. Grief---Drugs and locks will never address those needs.

I am donating a book called "**Your Consent is Not Required**" by Rob Wipond to each member of the committee. If you want to understand how these laws and practices play out in real life, and how they are experienced by patients, I hope you will consider reading it.

Thank you for your time and consideration.