

I am Grant John Gorton (go by John). I am a retired US Navy Nuclear Submarine Officer, retired Department of Defense contractor in Navy ship design, and semi-retired farmer. I no longer milk cows, but operate a diversified Beef, cash crop, and custom field work operation in partnership with two sons. I am a certified lay servant in the Methodist Church, and along with about 20 other volunteers I run the Sheldon Methodist Church Food Shelf. I am active in the Franklin County Community Partnership (serving on the Executive Leadership Team), the Franklin/Grand Isle Hunger Council, the Franklin County Food Shelf Alliance, the Franklin County Building Bright Futures Council, and the Farm to Early Childhood Coalition.

I am here today to testify about my families now 12 year struggle dealing with a daughter in law experiencing serious with mental health issues. In the fall of 2008 she did a semester of study abroad in Amsterdam and as near as we can determine, suffered some traumatic experience which triggered her decline into a mental health abyss. The 12 years have been a roller coaster of times when we hoped she was on the verge of recovery, only to have her suffer another psychotic breakdown. There have been dozens of calls to 911 with police intervention, dozens of visits to the emergency room, outpatient work by NCSS and Howard Center, and inpatient stays at just about every psychiatric care facility readily available including UVM Medical Center, Rutland Regional Medical Center, Central Vermont Medical Center, Brattleboro Retreat (multiple times), Albany Regional Medical Center and Four Winds Retreat (in New York), Spring Lake Ranch in Brandon, and Bayview in St Albans. Our son steadfastly refused to give up on her and my wife and I supported him, dealing with whatever we had to deal with for 8 years. Then they had a baby girl. For about two years things were a little calmer but starting about two years ago, she became increasingly volatile, with more frequent and unpredictable psychotic episodes. It became clearer and clearer to my wife, myself, and our son that the child could not continue to be exposed to the toxic and traumatic environment created by her mother's mental health issues. DCF became involved and there were safety plans with my wife and I taking increasing child care roles and becoming the safe haven for our granddaughter. One year ago there was a serious event where our daughter in law trapped my wife and I with our granddaughter in a bedroom at the farmhouse threatening us with a knife. Criminal charges were filed and she went inpatient at Brattleboro Retreat. But she was released after a few days into our Son's recognizance with supervision of contact between mother and daughter by my wife, myself or our son required. In June there was a second serious incident when she came into the farmhouse and assaulted both my wife and her own mother (who had come from Colorado to try and assist with the situation). More criminal charges were filed and she again went inpatient but again was released after only a few days stay. At this point the court recognized that releasing her to the recognizance of either our son or her own mother was not a viable option. Voices Against Violence took recognizance of her with third party supervision of contact between mother and daughter by All About Kids required. The "final straw" incident occurred in late October when my wife arrived a few minutes late at All About Kids for a supervised visit and to be told that our daughter in law had become very angry and "left". Only she hadn't left, she came around the building and launched a verbal assault at her daughter (in a car seat behind my wife and my wife (who had rolled up the windows and locked the car doors) and was beating on the car. She walked away. When my wife backed out onto Main Street to leave, our daughter in law rammed into the driver side of our car with her car and then fled the scene. Criminal charges were filed and she was picked up by police later that day and remanded to CC Correctional Center. In mid November the court dismissed all criminal charges but remanded her to what was supposed to be a 90 day mandatory inpatient at CVMC psychiatric ward. Based on discussions with DCF our son filed for separation and obtained RFA

protection for his daughter with DCF in control of any contact between mother and daughter. Our daughter in law was released from CVMC just after New Years. We are not sure exactly who is responsible for her. She was initially housed in a hotel in St Albans but because of behavior issues she has gone to Colchester and no Burlington. DCF has held out the “carrot” that if she would get herself seriously into recovery mode they would initiate supervised visitation (she has had no contact with her daughter since the incident in October). She participated in the intervention team meeting last week and a supervised zoom video visitation is scheduled for tomorrow. While we would like to be optimistic, we are skeptical that the zoom will not actually occur. We are concerned that she is being exploited to support her drug habit and will wind up either across the law and in jail, back in the ER, or even worse in the morgue. There is nothing my son and our family has been able in the past or can in the future do about it. It was a very disheartening experience that we did not want to make to basically “abandon” her. We avoided the decision as long as we could, but eventually my son and us had to choose between supporting his wife or caring for his daughter to prevent her from having to be taken into DCF custody and placed in foster care.

What are the take-aways from my family’s experience:

Professional mental health care has been challenging. No one has ever been able to “peel the onion” back far enough to determine the details of her traumatic experience. She has been a very “difficult” patient – often stopping or refusing to take medication, participate in any therapy, participate in peer support, or do the things that successful recovered people have done. She typically becomes very angry whenever required to do something she doesn’t want to do or prevented from doing something she wants to do. These behaviors make her very difficult to deal with. She frequently resorts to substance abuse (at one point DCF reported to us that they had never seen a UA with so many illegal substances present).

As a result of the above, community mental health services are really unequipped to care for her.

The resources (beds, money and personnel) to care for her in patient are insufficient.

Having her “dumped back in our family’s lap” for years has taken an enormous financial, mental, emotional, and physical toll on my family. Particularly, since she has typically been released from in patient with no clear understanding of what was done in patient or what the plan of follow up treatment we were supposed to facilitate was.

Having mental health crisis workers embed or available for police response is priceless. On numerous occasions, NCSS crisis workers assigned to the St Albans barracks and responding with VSP were instrumental in keeping police officers safe while de-escalating the situation and enabling them to keep my family safe also. My family will be forever grateful for the professionalism, compassion, and effectiveness with which St Albans barracks VSP have responded so many times over this period. Every police barracks in Vermont needs to have MH crisis support either embedded or on call to respond to mental health crisis related calls.

More work needs to be done on diagnosing and then creating treatment for “dual diagnosis” patients. We were frequently told our daughter in law “needed to go into substance rehab” but her mental health related behaviors made that impossible.

At the Mental Health Advocacy panel discussion Monday there were several “success story” testimonies from people who had recovered from Mental Health issues. Unfortunately, my family’s story doesn’t have any happy ending at least for now.

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