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To the honorable members of the Joint Committee on Judiciary,

On behalf of the Connecticut Psychological Association (CPA) and its approximately 350 members, I would like to express our strong opposition to S.B. No. 452: An Act Concerning The Care And Treatment of Persons with Psychiatric Disabilities. Whereas we understand that the intent of the proposed bill is to enhance the care and treatment of persons with psychiatric disabilities, we believe that the bill's implementation would do the exact opposite.

S.B. 452 proposes to implement involuntary commitment of certain individuals in the state of Connecticut, force court-ordered medical treatment, and violate privacy rights related to medical and mental health. S.B. 452, if implemented, would violate the fundamental rights of a broad group of people *who have not been found incompetent to make their own medical decisions*, thereby singling out people with psychiatric conditions for this loss of civil rights. The implementation of S.B. 452 is not only tantamount to a loss of legal protection for individuals with psychiatric disabilities, it would also be counterproductive and would interfere with recovery. It is our professional opinion that the proposals represented in this bill would do the following:

Undermine Trust: Involuntary commitment, forced medication, and privacy violations (i.e., being able to talk with others without the patient's permission) undermine the trust needed for a successful treatment relationship. Trust is the hallmark of treatment relationships which address psychological and psychiatric concerns. Consumers of psychological/psychiatric services need to be able to trust individual providers as well as the system as a whole. Adopting involuntary commitment laws would work against creating necessary confidence in the very system designed to help. Furthermore, this lack of trust and confidence would carry over to future interactions with the system. *We do not have room to make a mistake here*; great efforts and a lot of time would be required to rebuild confidences lost if this bill were to take effect.

Undermine Choice and Empowerment: Involuntary commitment, forced medication, and the privacy violations suggested by S.B. 452 would rob individuals of their right to choose treatment methods. Such choices are ideally based on individual needs, preferences, and conversations between providers and patients/consumers. The very act of participating

in such choices fosters empowerment. And empowerment is a vital aspect of recovery. Connecticut ought to be proud of the core values embraced by our recovery-oriented mental health system; values which include individual choice and empowerment. S.B. 452 undermines not only individual choice and relational trust, but also the good work and good will promoted by the state's current behavioral health and psychiatric system.

Increase Risk of Retraumatization: If implemented, S.B. 452 would increase the risk of retraumatization of individuals with a trauma history. One of the hallmarks of interpersonal trauma is the absence of choice, the violation of one's will. Recovery therefore entails the right to exercise one's will and to have a choice in one's treatment options. Involuntary commitment and forced medication could, in and of themselves, be experienced as retraumatizing for many individuals.

Increases Risk of Unintended Relational Harm: Individuals with psychiatric disabilities ought to have the right of choice about who is involved in their care. This right should be given without reason or justification. However, if a reason is needed: family relationships and friendships can be fraught with conflict as well as subtle or not-so-subtle hidden agendas. Inviting third parties into treatment decisions without the permission of the consumer puts the consumer at risk of harm by family and friends, who for a variety of reasons may not have the individual's best interests at heart. This often happens unintentionally. The best prevention of unintended harm is to respect the individual's right to privacy and disclosure of health information.

In addition to the foundational arguments laid out above, we would also like to point out that there is no empirical evidence supporting court-ordered community mental health services in favor of comparable, voluntary programs (Policy Research Assoc., 1998; RAND Corp., 2000; Steadman et al., 2001; Swartz et al., 2009). Based in experience and research, we believe that recovery-oriented, alternative programs are the best way to enhance the care and treatment of persons with psychiatric disabilities. Peer and community-based support, supportive housing programs, and advance directives (whereby consumers can exercise their choice ahead of time) support empowerment and recovery. Supportive, trusting relationships with providers, including counseling relationships, also support empowerment and recovery. Recovery-oriented programs such as those listed have the advantage of NOT undermining the trust and empowerment required for recovery and NOT risking interpersonal harm or retraumatization in the way forced treatment does. For all of these reasons, CPA urges the committee to oppose SB 452. Thank you for taking our feedback into account as you deliberate this bill.

Sincerely,
The CPA Legislative Committee