

Testimony Before the Judiciary Committee

March 29, 2012

Opposing SB 452: An Act Concerning the Care and Treatment of Persons with Psychiatric Disability

Good afternoon Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Deborah R. Strong. I am a resident of Simsbury, CT. I am a member of the National Alliance on Mental Illness of Connecticut (NAMI-CT) and I am on the Board of Directors of the NAMI-Farmington Valley affiliate. I teach several classes for NAMI. I was also involved in a roll-out plan organized by NAMI National that teaches people to run peer support groups. As part of my work, I traveled the country for three years teaching a model that shows people how to run peer support groups. I have been instrumental in the training of this model in Connecticut as well. I am currently teaching a class for parents of children with mental illness,

I strongly oppose SB 452. The ramifications of SB 452, if passed, will not address the problem of recidivism. I understand the Probate Judge's feeling of frustration, but this bill will not truly address the problem of multiple court appearances. Many are in denial and are overwhelmed with the idea of a life long illness. Many others with other chronic medical conditions go through the same stages. No one can force another into a treatment that the individual with mental illness feels doesn't work. One cannot design a recovery for another.

I have a severe form of bipolar disorder and anxiety disorder. I hear voices. My two children also have severe mental illness. I know, from these personal experiences, that treating people with mental illness is not an exact science. There are no scans or blood tests that confirm a diagnosis. It requires patience and the ability of providers to make people know they are part of designing their own recovery.

I was recently hospitalized four times over the course of one year. At the first hospitalization, I met with a doctor and treatment team who considered me part of the team. Although the treatment was not as effective as we had hoped, I was comfortable with being admitted to the hospital a second time. At this second hospitalization, I was asked to try ECT, electroconvulsive treatment. Before I could go through with the treatment, I was taken off all anti-psychotic medications because this was needed before ECT could begin. This scared me and made me feel like I was not part of the treatment team. I underwent four out of the twelve ECT treatments. I then determined that ECT wasn't for me as it made me feel like I was having same day surgery three times a week.

The doctor was quite upset when I asked to discontinue ECT and try medication again. My refusing ECT created an adversarial and parental relationship with the doctor and treatment team. In order for my recovery to be successful, I needed to trust and feel part of my treatment team. I felt neither. I left more frustrated than when I went in. I didn't think the doctor was invested in helping me develop a medicine regime that would start to work for me. The idea of a conservator was broached during my stay. I felt I was still competent to be part of the treatment team.

After refusing ECT, I was released from the hospital with medication that just wasn't working. Because my outpatient psychiatrist felt I was not getting better and expressing suicidal ideation, he sent me to the hospital

a fourth time as a second forced hospitalization. During this fourth hospital stay, I drew a different doctor who felt that if I wasn't comfortable with ECT and didn't have a reasonable expectation it would work, it would not be beneficial for me. I was relieved. I developed a good working relationship with this doctor and I left the hospital with an appointment to see a new psychiatrist. The psychiatrist who treated me at the hospital during this fourth visit worked with me to find a treatment regimen that started to work and further, hooked me up with an outpatient doctor who is wonderful. With medication, my speech is better and my thoughts are not disorganized. I can think. The voices are also gone. Patience and understanding was needed to go through multiple medication changes to develop a treatment regimen that worked. I have not been hospitalized in a year and a half.

It took several medication changes to get where I am today—now I am well and productive. I was able to make changes to my medications right away which hastened my recovery. Had I been placed under an outpatient commitment order and assigned a conservator, my recovery would have taken much longer. Conservators and doctors are busy. If I had to have a conservator sign off on every medication change, I would have had to unnecessarily endure side effects and delays of medication changes.

The loss of being a partner in my treatment plan, an adversarial relationship with the doctor at the hospital, the worry of having a conservator making decisions for me, and forced outpatient treatment, would have given me little control over my life. This, along with the inherent increase in time to change medications and dosages with a conservator and doctor devising my recovery for me would have delayed my recovery. When I was not part of the treatment team I did not do well and I did not feel strongly about the treatment prescribed.

I need to know I am part of the treatment plan . There is no need to force outpatient treatment, because as a member of the team, I can construct my own recovery. This is empowering.

Thank you.

Deborah R. Strong, MSPA