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Dear Members of the Judiciary Committee:

I am writing to you today to express my opinion against Raised Bill No. 452,especially Section 5, An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities, informally referred to as "Involuntary outpatient commitment" or IOC. IOC is based on the false premise that medicating a person with a psychiatric disability who otherwise refuses to take medication will automatically result in a decrease in crime, especially violent crime.

I write to you today as a person living with a psychiatric disability who, by choice, takes medication. I am a practicing attorney admitted in three states. I am married, a homeowner, a legal aid attorney, and a mental health advocate. Every day I talk to clients who would like nothing more than to access the mental health system and be able to get treatment. I have sat in the waiting room where I get my mental health services and overheard a conversation (because, unfortunately, there is not enough privacy) of someone who had missed her intake appointment the day before because she wrote it down incorrectly in her calendar and would not be able to get another appointment for six weeks. Yes, you read that correctly: <u>six</u> weeks. And that's for people who have private insurance and don't have to rely on the public behavioral health system.

I facilitate a weekly peer support group for people living with mental illness called NAMI Connection. We meet and talk about the challenges we face in our daily lives, above and beyond dealing with our illnesses. We have the same problems everyone else has, but we also have to manage our symptoms. I also train new facilitators. In addition, I am a speaker and presenter for NAMI's In Our Own Voice program, in which I tell my personal recovery story, including how I accepted my diagnosis. Sharing my story with other peers is one way that other people learn that they don't have to be ashamed of their mental illness and can come to accept their own – in their own time and on their own terms.

That is the only way that the system can work. Connecticut's mental health system is oriented on a recovery-based model. Involuntary outpatient commitment is contrary to that model because it takes away an individual's choices. People need housing (as the governor's recent signing of a bill funding supportive housing indicates) with services that provide support for <u>accessing</u> needed services. Services

need to be available to the people that need them. People with psychiatric disabilities are much more likely to be victims of violence than perpetrators. In many of the more notorious (and rare) incidents in which people with psychiatric disabilities have been the perpetrators, IOC would **not** have provided a solution because those individuals were not already in the system, and several of those individuals had desperately tried to get services and were unable to do so. Connecticut needs to develop a mental health system that **works** – and IOC should **not** be a part of that system. It does **not** work.

What does work? Peer support, access to services, relationships with providers that are built on trust, and supportive housing.

Involuntary outpatient commitment will destroy the trust between providers and clients, will drive people away from voluntary services, and will cost so much money that it will make it impossible to provide the services people want and need.

I urge you to vote against this bill.

Thank you.

Kathleen Flaherty