

Testimony before the Judiciary Committee March 29, 2012
SB 452, An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities
Submitted by: Marcia DuFore, Executive Director, North Central Regional Mental Health Board

To Senator Coleman, Representative Fox, and members of the Judiciary Committee

Thank you for the opportunity to offer testimony about SB 452 Concerning the Care and Treatment of Persons with Psychiatric Disabilities.

My name is Marcia DuFore. I am testifying as Executive Director of the North Central Regional Mental Health Board (NCRMHB). Our Board, as mandated by Connecticut Statute, studies the mental health needs of people in the Connecticut North Central Region and strives to stimulate improved and expanded services to meet those needs. In order to carry out that responsibility, we do a lot of listening. We hear and hope to give voice to the stories of people in our region.

Many of the advocates who are testifying today are not referring to this bill as an act concerning care and treatment. They are referring to it as the outpatient commitment bill and the outpatient commitment section of the bill is the portion of most concern to them. We believe the people who are proposing this legislation really do care and are concerned about the treatment needs of people who are seriously ill. Their frustrations are real and compelling. We have heard from constituents on both sides of the fence on this issue. One shared with us that, when she was really ill, she needed and appreciated having someone who led her by the hand, encouraged her to go to the hospital, and engage in outpatient treatment. She said she could not have made that decision on her own at that time. Since then, she has created an advance directive for the event she would ever become that ill again. Others, however, expressed serious concern about the trauma and degradation that would result if anyone sent the police to their home to be taken somewhere and forced to take a medication they had refused. Several family members shared their frustration with not being able to convince their loved ones to seek treatment. But more people talked of another problem -- leaving the hospital with a small supply of medication and not having access to an outpatient prescriber before that supply ran out.

We have more questions than answers. We believe that care and treatment are important for helping people in their recovery from serious mental illness. Does this bill really promote care and treatment? There are many states that have laws such as this in place. What has been the result for those individuals who were subjected to forced medication? Were they rescued? Did they eventually develop a trusting relationship with a therapist and start on a path toward recovery? Did they also engage in other supportive services like peer support, psychosocial rehabilitation, supportive housing -- things our constituents have said are as critical to their recovery as medication? What was the impact of the degradation and trauma of

forced medication on those individuals? Would they tell you now that it was the forced medication that made the difference?

This issue came up before the Connecticut legislature in 1995. At that time the General Assembly established a task force to study issues related to involuntary outpatient commitment and alternatives. The Task Force published a report in 1997 recommending, instead, alternatives that required voluntary agreement by consumers of service. Since then the Department of Mental Health and Addiction Services has made further inroads and investments in creating a recovery-oriented system of care. It is not a perfect system and it is often difficult to convince people that a path to wellness (which includes coming to terms with their illness, engaging in treatment, and taking medications with awful side effects) is better than staying sick.

But for a lot of people, the effort and care offered to convince and support them and the acknowledgement that the choice to get well is truly theirs, go hand in hand with their willingness to trust and engage with us. What do we lose by violating that trust? And what do we gain? What have other states gained?

And so, we ask you to make sure you know the answers to those questions before you choose this path. This bill assigns and gives authority to a conservator for someone who is deemed competent but noncompliant with a prescribed course of treatment they don't want or aren't ready for. There is no easy answer here, but we trust you will give it your best effort.

Thank you for your time, attention, and consideration.