

# **TESTIMONY OF MARK A. BURI – JUDICIARY COMMITTEE**

**March 29, 2012**

**In Opposition to SB 452**

## **An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities**

Good morning, members of the Judiciary Committee. My name is Mark A. Buri from Stratford, and I am here today as a proud member of Bridge House, Inc., a Psychosocial Rehabilitation Program for Adults in Bridgeport. I would first like to thank all of you for this opportunity to testify before all of you today.

My reason for speaking to you today concerns the portion of SB 452 pertaining to the Involuntary Outpatient Commitment or IOC, which would violate the fundamental rights of a broad range of people who are not currently a danger to themselves or others; like myself who has been classified as a "Passive Suicide" which means that I am incapable of hurting myself. This IOC portion of the bill singles out people like myself with psychiatric conditions for the loss of the right to make their own medical decisions based on them being found incompetent, and thus forcing Court-ordered Medical Treatment on them!

I suffer from a mental illness, Severe Depression and Anxiety, as well as many other physical illnesses for which I take many medications each day to make it through from day to day. This is the point I wish to focus on today; the taking of my medicine as a Voluntary Outpatient of a Community-Based Mental Health Program. That program being the Fairfield Counseling Services in Fairfield, Connecticut.

I wish to share with all of you an experience that I had at Hall-Brooke Behavioral Health Services in Bridgeport. I had been in an Intensive Outpatient Program or IOP (Group Therapy) there for 14 months, which was voluntary. As a patient in group therapy with other peers I was able to witness on numerous occasions my peers discussing how when they were under an Involuntary Outpatient Commitment (IOC), and had forced medication administration; they would ultimately choose to self-medicate, or just stop taking their medicine completely when they were released. This would be the result if you, the legislature, pass this bill. If you reject this bill, then what I am about to discuss with you will be able to continue to occur. When this issue came up for discussion in our group, it would inevitably be determined that being forced to take certain medications would create a neglect of a person's civil right to make intelligent decisions about our life, a lack of trust, respect of the patient's capabilities to make intelligent decisions and resentment of the medical staff, which would drive a wedge between them and the patient, ultimately leading to the patient to stop taking their medications. But in Hall-Brooke's IOP, patients, along with their treatment coordinator, psychiatrist, and peers would be able to discuss taking certain medication; its side effects, its benefits, and its effectiveness on that individual patient. This process is much more beneficial to the patient than the process of the Involuntary Commitment bill. It would be more cost effective to the state. Enforcement of such a bill could potentially become quite costly.

Thank you for your time and thank you for hearing the voice of someone who would be directly affected by this bill.