



STATE OF CONNECTICUT
OFFICE OF PROTECTION AND ADVOCACY FOR
PERSONS WITH DISABILITIES
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**Testimony of the Office of Protection and Advocacy for Persons with Disabilities
Before The Public Health Committee regarding
Proposed Bill No. 262, AN ACT REQUIRING NOTICE BY PSYCHIATRISTS CONCERNING PATIENTS THAT MAY
POSE A THREAT TO THEMSELVES OR OTHERS.**

Submitted by: James D. McGaughey
Executive Director
March 8, 2013

Good morning and thank you for this opportunity to comment on Proposed Bill 262. Our Office is concerned that, if enacted, this measure would discourage people in need of mental health services from seeking or accepting such services, and that it would re-cast the roles of treatment professionals so as to render their services much less effective.

Assurance that mental health professionals will respect the confidential nature of information that is shared with them by their clients has long been recognized as an essential precondition to building the kind of trusting relationships that are necessary to help people who are experiencing distress. While this precept is considered fundamental, and has been long recognized in law, certain narrow exceptions have traditionally been acknowledged. If, in the context of a therapeutic relationship, information surfaces about child abuse, or if clear indications arise to the effect that an individual has become dangerous to him or herself or to others, the mental health professional has a duty to report, or to warn or to take other specific actions in order to prevent harm. The existence of such ethical and legal duties is usually disclosed in the first discussion between the treatment professional and the client, and that disclosure is usually immediately followed by reassurance that all other communications will be treated as confidential. The goal is to establish a trusting relationship, one in which the person receiving treatment is encouraged to honestly share feelings and thoughts without fear of recrimination.

Enacting a statute requiring psychiatrists, or any other treatment professionals to report to "authorities" that an individual whom they are treating "may" pose a threat to him or herself or others would be destructive to that trust. Not only would such a requirement discourage people from sharing their true feelings, or from seeking professional help in the first place, but it suggests a level of judgmental scrutiny and potential liability for treatment professionals that would fundamentally redefine the way they approach their practices. The net effect would be to insert a wedge of suspicion into a relationship that must be built on trust. We need to remove barriers that stand between people who are experiencing significant emotional distress and the treatment they need – not increase them. I would urge you to reject this proposal.

Thank you for considering these comments. If there are any questions, please feel free to contact me.