



**STATE OF CONNECTICUT**  
*DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES*  
*A Healthcare Service Agency*

Dannel P. Malloy  
Governor

Patricia A. Rehmer, MSN  
Commissioner

**Testimony by Patricia Rehmer, MSN, Commissioner**  
**Department of Mental Health and Addiction Services**  
**Before the Public Health Committee**  
**March 8, 2013**

Good morning Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak on, **SB 262** An Act Requiring Notice by Psychiatrists Concerning Patients That May Pose a Threat to Themselves or Others. The Department has many concerns regarding the bill before you today.

SB 262 would require psychiatrists to notify the police if they believe that someone in their care is a danger to themselves or others. Every mental health professional (except Battered Women's or Sexual Assault Counselor) already has a statutory duty to warn potential victims if they believe that the person in treatment is a danger to themselves or others and notifying the police if necessary. We see the problems with this bill as follows:

1. Current law allows for many mental health professionals to get someone to the hospital under a physician's emergency certificate (17a-502) or under an emergency certificate (17a-503 for psychologists, or LCSWs or APRNs in specific roles). That authority to seek police assistance in doing so, already exists. Notifying law enforcement authorities for any other purpose violates the purpose of confidentiality in the psychotherapeutic relationship, and will have a chilling effect on patients' willingness to disclose important information (like suicidal thoughts) to the therapist. This law may have the unintended consequence of discouraging patients to seek mental health care.
2. The current statutory authority allows clinicians to breach a patient's confidentiality if they believe there is a direct threat of harm, and creates a liability for clinicians who fail to use that authority in appropriate circumstances. Thus, it is a standard of care that clinicians will make use of when the situation warrants and we do not believe a statutory mandate is necessary for this purpose.

DMHAS has concerns about any legislation that though well intentioned, may create additional barriers to psychiatric treatment.