



Donald A. Neel
Board Chair

Luis B. Pérez, LCSW
President & CEO

March 18, 2016

Testimony before the Judiciary Committee regarding:

**H.B. No. 5531 – AN ACT CONCERNING THE CARE AND TREATMENT OF PERSONS
WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER**

Senator Coleman, Representative Tong, and members of the Judiciary Committee, my name is Suzi Craig and I am the Senior Director of Advocacy at Mental Health Connecticut. As an advocacy organization, direct service provider and educator, Mental Health Connecticut is on a mission to improve the mental health for all Connecticut residents.

I am here today to express our opposition for HB 5531, An Act Concerning the Care and Treatment of Persons with a Mental Illness or Substance Use Disorder.

As much as we understand the motivations of the State and of treatment providers to help a person diagnosed with a mental illness to gain symptom relief, through the use of medications, we must oppose the involuntary use of forced medications for a number of reasons.

A bill such as this violates the privacy of individuals, creates roadblocks to effective care, spends dollars we don't have at the state and local level, shifts funding that could be applied towards prevention and other programs that we know achieve positive results, significantly impacts the poor and minorities, and has the potential to cause the opposite of its intention (more harm than good) if forced treatment is ultimately applied.

First, "Involuntary Outpatient Commitment" violates an individual's liberty. We live in a time where mental health continues to be misunderstood and treated with different rules than physical health. Forcing treatment onto a patient with diabetes or cancer is unfathomable.

Second, forced treatment increases resistance to services and is disproportionately applied to minorities. Instead of leading to recovery, forcing an individual to take treatment that they have rejected can cause an individual to mistrust caregivers and opt out of other services that could lead to wellness.

Third, the monetary costs of implementing forced treatment has many legs. Beyond the initial costs that do not exist in our very tight state budget now or in the next 2-3 fiscal years, the costs of enforcement, from working with Probate to enlisting a police officer or ambulance service to transport and then administer medication – for every dose that medication is administered – is beyond anyone's budget.

Not to mention, the trauma caused by the act of being transported from your home or work or social setting to have medication administered against your will. There is a reason why 70% of the states that have this type of legislation do not implement it: it doesn't work, it's costly and complicated to enforce.





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There are too many unknowns and not enough protections for the civil rights of persons, who though they may have disabilities, have not abrogated their rights and privileges as citizens of the United States and the State of Connecticut.

Re-traumatizing people in the name of symptom reduction can be avoided by investing our dollars into other essential services designed with prevention or sustainable long-term care in mind.

In the midst of our state's most perplexing budget challenges on history, I ask you to invest in the evidenced-based practices that Connecticut is a leader in and that have been proven to reduce hospitalization and homelessness.

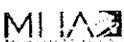
These are: peer support interventions, community outreach teams, supportive housing, specialized young adult services that prevent long-term illness, jail diversion, holistic wellness programs, and advance directives that allow individuals to choose their treatment options.

Through the ages, progress is made with "carrots," not "sticks." Please do not let an unfounded fear drive the decisions that will ultimately lead to unsuccessful outcomes for our friends and neighbors and for our budgets.

Thank you for your time and for your service.

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