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Testimony on HB 5531: AAC The Care and Treatment of Persons with a Mental Illness or
Substance Use Disorder

Judiciary Committee

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Submitted By: Stephen Karp, LMSW

The National Association of Social Workers, CT Chapter, representing over 2900 members opposes HB 5531. This bill that would force medication treatment for a patient who is capable of giving informed consent but declines to do so.

It is very difficult to watch someone slip into psychiatric distress soon after a recent hospitalization, only to be readmitted again because they failed to take their medication. While I admire this bill's author's desire to address this "revolving door" phenomenon for some clients, the proposed solution is an inadequate response to the problem that is counter to the research on the understanding of mental well-being based. Furthermore, the bill's requirement to utilize ambulance services or law enforcement personnel is both costly (most likely to the state) and an inefficient use of the time of law enforcement personnel. It is also unclear in the bill as to what constitutes a safe and confidential designated location for medication administration. One can expect that this will lead to additional stress on already overburdened medical facilities, such as clinics and hospital emergency departments.

Taking psychotropic medication alone does not guarantee psychiatric stability. A holistic, comprehensive approach to wellness that includes medication and a good psychiatrist, but also includes evidenced based practice models such as supervised housing with supports, Assertive Case Management, psycho-social services, employment opportunities, is the formula that keeps people stable and functioning. Motivational Interviewing is another evidenced based intervention approach that has been used for years. Every DHMAS funded community based provider from

psychiatrist to the paraprofessional who works second shift in a housing program should be trained in Motivational Interviewing techniques. This is consistent with recovery oriented system of care that DMHAS promotes as well as the NASW Code of Ethics. When speaking of community based services for persons with mental illness in 2000, The US Surgeon General said, "the need for coercion should be significantly reduced when adequate services are readily available" If the goal of HB 5531 is to reduce the re-hospitalization rates, the solution lies in how do we secure funding for robust, comprehensive, responsive recovery – oriented community based system of care, not coercive treatment that erodes the trust that is essential to a therapeutic relationship between the client and the social worker or other clinical provider.

To illustrate this point - Kendra's Law was enacted in New York in 1999. According to New York State's Mental Hygiene's Medical Review board's own critical incident review of the incident that led to this statute "In the Matter of David Dix", the mental health consumer in question, wasn't refusing or resisting treatment, he was simply incapable of medication self-administration. The longest period of time he had in the community of psychiatric stability was two years prior when he was a resident in a supervised housing program. At the time of the incident, he was actually seeking services and was on a waiting list for supervised housing, but was living in an "independent apartment" in the meantime. Without the proper wrap around supports he decompensated. He was a victim of a broken, inadequate community system. A 2009 study of Kendra's law that was conducted by a team of researchers from Duke University was inconclusive in their findings as to the effectiveness of Kendra's Law – this supports earlier studies from other states that conclude that coercive treatment is no more effective than adequate, accessible voluntary community services.

In closing The National Association of Social Workers opposes HB 5531. It inadequately addresses the problem of the revolving door phenomenon that some consumers experience. Making sure that a comprehensive community based system of care that protects individual's dignity and self-determination while preserving the therapeutic relationship between client and provider is the workable solution.