



Written Testimony to Mental Health Services Working Group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety

Senator Harp, Representative Wood and members of the Mental Health Services Working Group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety, I'm Andrew Schneider, Executive Director of the American Civil Liberties Union of Connecticut. The horrific tragedy at Sandy Hook Elementary School has left you with an extremely difficult task, and I'm grateful for the chance to address you on these matters of such great concern to all of us.

We all want to ensure that such a tragedy can never happen again, and many ideas for preventing it have come up in public discourse, in the media and in legislative proposals. Sharing your deep concern for identifying and implementing the most effective approaches, I urge you to concentrate on expanding the availability of mental health care for those who need it. I would also like to comment briefly on a few of the other ideas that have been raised.

Connecticut already has laws that make it possible to involuntarily commit to institutionalized care those who pose an imminent threat to themselves or others. It has been noted that many other states have adopted laws that allow patients to be forcibly medicated outside of an institutional setting under court order, sometimes called "outpatient commitment." But there is no evidence that it prevents violence. Several states with outpatient commitment laws have had mass shootings in recent years, including Virginia, Colorado and Arizona.

A comprehensive study by the Rand Corporation discovered that providing appropriate mental health services had the same beneficial results whether offered on a voluntary basis or ordered via outpatient commitment. "There is no evidence that a court order is necessary to achieve compliance and good outcomes, or that a court order, in and of itself, has any independent effect on outcomes," the study concluded.¹ The scarcity of mental health resources is the problem we must address, and forcing psychotropic drugs on innocent people in violation of their rights to personal liberty and bodily integrity will not solve it.

Another idea borrowed from New York is to require mental health professionals to report to the government any client they think might be a threat to themselves or others. The government could then confiscate that person's weapons or put them on a list permanently banning them from buying guns. Psychiatrists, counselors and therapists may now make such reports voluntarily, in accordance with their relevant codes of ethics, and they do. But making it a legal requirement would be a mistake. Such a law would clearly have the unintended consequence of persuading people not to seek treatment for violent ideation or to refrain from sharing disturbing thoughts with the people who can help them. Without the reasonable belief that their confidences will remain private, patients would lose the trust necessary for successful treatment. When the opportunity to treat the patient is lost, the result may be more violence, not less.

¹ The Effectiveness of Involuntary Outpatient Treatment, Empirical Evidence and the Experience of Eight States, Rand Corporation, 2001, available at http://www.rand.org/pubs/monograph_reports/MR1340.html

I urge you to carefully consider these and all other proposals brought before you so that the General Assembly will choose the most effective and sensible measures to address our problem with gun violence. Please ensure that any legislation is given a thorough hearing with full public participation so that it can be examined from every perspective and legislators can make fully informed decisions. We are all in this together, and we will find our solutions together. Thank you for your consideration.