

Kristina Kapp
House Civil Justice Committee
Interested Party Testimony, HB 439
May 24, 2022

Chairman Hillyer, Vice-Chair Grendell, Ranking Member Galonski and members of the House Civil Justice Committee, thank you for the opportunity to provide stakeholder testimonies regarding House Bill 439. I'm very grateful to introduce myself and share my views of opposition to this proposed bill from a lived experience perspective of a patient and provider.

My name is Kristina Kapp I am a wife to disabled veteran, a mother of a child that lives with a behavioral health diagnosis and a child that was born with birth defects caused by psychotropic drugs while pregnant. I am a daughter of a person that struggled with an Serious and Persistent Mental Illness (SPMI) and I am a person that was born with an intellectual and developmental disabilities (IDD), at school age I received an onslaught of mental health diagnoses and have been in recovery from substance abuse for 24 years. In addition, I have been an advocate for peers, person centered service and had the honor to work with others that live with diagnoses in a life of recovery for 22 years as a provider.

I am very proud to say that I have far exceeded the grim, limiting life expectations of the clinical prognosis associated with my diagnosis and disability. This was only because of an inward understanding that I was a whole person with human potential outside of the perceived diagnostic boxes I had been placed. This personal freedom has all been achieved despite the revolving door of forced and inhuman abusive treatment within those imprisoned years of my teens. Therefore, I have focused my life work to carry a message HOPE, empowerment, encouragement, and belief in every human potential 4 all.

To promotes person centered values, self-driven and designed recovery, do no harm wellness which is the opposite of the clinical commoditizing, dehumanizing practices that this bill expands and ensures.

The legislature should focus on increasing access to community-based, person-centered, and self-directed services, rather than forcing people into hospitalization.

- Systems of care should be non-coercive and non-oppressive.
- Research shows that with person-centered community supports, people with serious mental illness can make their own decisions in directing their recovery.
- An unintended—but dangerous—consequence of forced treatment is an increase of stigma around mental health and mistrust of a service systems.
- These consequences could create a hesitancy to seek care, ultimately resulting in Ohio taxpayers funding more expensive inpatient services, and negatively impacting Ohio's overall wellness.
- Ohio does not have the infrastructure (physical capacity, workforce, funding) to support increased hospitalization, nor should the state make these investments.
- The greatest need is for community-based supports, which are proven to reduce hospitalization, increase housing stability, reduce incarceration rates, increase community integration and improve the quality of life for people. Involuntary commitment strips people of their rights, liberty, and autonomy.
- People's rights should not be jeopardized simply because they have a diagnosis, are

experiencing symptoms of impactful life experiences, and because the community lacks the availability of adequate services and supports to meet their needs.

- All people should have the right to make decisions about their own healthcare, and mental health care is healthcare.

Every attempt should be made to meet people's needs in the least restrictive way and in community-based settings to embrace person-centered and rights-based approaches.

There is strong evidence people who are forced into hospitalization enter an oppressive cycle of hospitalization.

- Psychiatric facilities can have devastating, life-altering consequences on people's health and well-being.
- Additionally, forced treatment can cause significant harm, including long-lasting stigma and trauma, as well as collateral consequences, like the loss of housing, employment, and disruptive impact on family relationships.
- Discrimination and trauma can delay or impede recovery.
- Treatment relies heavily on trust between the consumer and the professional, and forced treatment jeopardizes this relationship.

I Challenge EACH of you to ask yourself how you would feel about this bill if you or any of your loved ones would be affected by the impact this bill? Have you ever had the dehumanizing experience of losing your right to personal choice and only being treated as a billable human commodity consumer whose purchased product leaves the purchasers destitute, broke, and marginalized for life?

Furthermore, a vote yes for this bill ensures and fuels the bottom line of assembly line a clinical commoditizing, dehumanizing system that exist now that this bill seeks applaud, embolden the removal of basic human respect for the rights, liberty, or autonomy of its citizens.

As a people we can do better, as a people we must do better!

Thank you for the opportunity to provide testimony. In closing urge and kindly encourage you to consider the individuals lives this bill will effect and greatly impact as if it was you personally.

Sincere Gratitude for your time,

Kristina Kapp