

Ohio House Behavioral Health Committee October 31, 2023

Testimony of Luke Russell, Executive Director National Alliance on Mental Illness of Ohio

Chairman Pavliga, Vice Chair White, Ranking Member Humphrey, and Members of the House Behavioral Health Committee, my name is Luke Russell, and I am the Executive Director of the National Alliance on Mental Illness of Ohio, often referred to as NAMI Ohio.

On behalf of the thousands of families that we represent and our Board of Directors, NAMI Ohio urges you to pass House Bill 249.

I cannot begin to tell you the number of calls our office receives from families who are desperate to get their loved one treatment before they hurt themselves or someone else. Yet, when they call 911 and help arrives, they are usually told that their family member is not dangerous enough to warrant emergency hospitalization. Instead, police advise family members to call back if the situation worsens. Then, in the ensuing hours and days, they watch as their loved one decompensates and becomes more and more delusional. In more cases than I care to remember, by the time the police arrive for the second time, the person has become so ill that they are no longer able to respond to de-escalation techniques. They are combative or self-destructive and in too many instances, tragedy occurs.

We are proud that we are the largest mental health advocacy organization in the country representing over 500,000 Ohio citizens and their families whose lives have been invaded by mental illness. NAMI Ohio has 38 affiliates throughout Ohio representing 72 of Ohio's 88 counties. Each of you have constituents with mental illness and their families who have experienced the stigma of mental illness.

NAMI Ohio is a proponent of HB 249, and we thank Representative Galonski and Hillyer for their sponsorship. Under current law, individuals can be involuntarily hospitalized only if they are a danger to self or others or are gravely ill and unable to meet their basic needs. Expanding Ohio's definition of "mentally ill person subject to court order" to include a psychiatric deterioration standard would enable judges to also consider a person's treatment history, ability to appreciate the importance of treatment, *and* the likelihood of future psychiatric deterioration without treatment. To date, 21 states have adopted some form of a psychiatric deterioration standard.

There are benefits of establishing a psychiatric deterioration standard. First off, it makes it possible to hospitalize someone who is in the grip of severe mental illness even if they do not presently exhibit violent/suicidal tendencies and manage to meet their basic survival needs. This reduces damage to the brain, and research shows that the longer an individual has untreated psychosis, the longer it will take

Tel: 614/224-2700 • Fax: 614/224-5400 • Helpline: 800-686-2646 email: namiohio@namiohio.org • website: www.namiohio.org to emerge from it, and the less likely the person is to make a full recovery. Also, the new language allows the system to intervene earlier, thereby reducing the length of time it takes to stabilize the person in the hospital, and reducing the risk of arrest, incarceration, loss of housing/employment and other negative societal consequences.

HB 249 removes or reduces the need to criminalize individuals in order for them to get help. The Bill encourages courts to consider a more complete picture including past patterns of behavior rather than simply focusing on a snapshot in time. Lastly, the bill creates a smooth legal framework for transition from involuntary hospitalization to assisted outpatient treatment.

HB. 249 recognizes the fact that allowing a person to slip further and further into psychosis without intervening is, in fact, dangerous to that individual. Research shows that the longer an individual experiences untreated psychosis, the longer it will take them to emerge from it, and the less likely the person is to make a full recovery. Stabilizing the person quicker means less disruption to their lives and reduces the chances of them losing their job or housing.

NAMI Ohio also thinks it is important to acknowledge the elephant in the room. Individuals with schizophrenia and bipolar disorder are disproportionately represented in the criminal justice system in Ohio and across the country. The reasons are because we wait too long to get them the help they need. According to the Treatment Advocacy Center, a national non-profit organization that advocates for the elimination of barriers to treatment for those with untreated schizophrenia and bipolar disorder, individuals with these illnesses are 10 times more likely to be in a jail or prison than a hospital bed.

While we attempt to deflect many of these individuals from jail if their crimes are the product of illness with a wide array of diversion programs, what we really need is a medical solution. This bill provides just that.

According to the Treatment Advocacy Center, "Criminalizing mental illness worsens the health of hundreds of thousands of people and complicates their recovery by creating additional barriers to housing and employment. It burdens law enforcement and correctional systems. In the process, it costs taxpayers countless dollars. Nobody benefits, everybody pays." Please pass H.B. 249.

Thank you for your time and attention today, and I am open to any comments or questions you may have regarding this legislation. Also, feel free to contact me at <u>Luke@namiohio.org</u> or 614-224-2700.