



We have the legal right of way.

Kerstin Sjoberg, Executive Director of Disability Rights Ohio
Interested Party Testimony on House Bill 439
House Civil Justice Committee
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 written-only interested party testimony on House Bill 439 (HB 439). As you know, HB 439 expands the criteria for involuntary commitment to include psychiatric deterioration. This expansion could have harmful impacts on Ohioans with disabilities.

Disability Rights Ohio (DRO) is the federally authorized protection and advocacy system with the mission to advocate for the human, legal, and civil rights of people with disabilities. Advocating for the rights of people with mental health labels is a key part of this mission. DRO's mental health work is informed by our Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council. Seventy percent of the council is made up of individuals who have received or are currently receiving mental health services and family members of individuals. The council also includes mental health professionals, attorneys, and community members.

This testimony will focus on four (4) issues surrounding the expansion of involuntary commitment criteria including:

- 1. The legislature should focus on increasing access to community-based, person-centered, and self-directed services, rather than forcing people into hospitalization.**
- 2. Involuntary commitment strips people of their rights, liberty, and autonomy.**
- 3. The new criteria introduced goes beyond the scope of the danger to self or others standard the U.S. Supreme Court has upheld.**
- 4. There is strong evidence people who are forced into hospitalization enter an oppressive cycle of hospitalization.**

In Governor DeWine's State of the State he indicated the need to "make help for mental health and substance use disorders visible, accessible, and effective in all communities in Ohio." To do this the Governor urged "building a community capacity for care that offers better crisis response services and treatment, increased prevention efforts, and more residential and outpatient services." But most importantly was the Governor's direction that community-based and non-institutional services and supports be expanded so fewer Ohioans are placed in long-term hospitalization. HB 439 does the exact opposite. Expanding criteria for forced treatment places more Ohioans at-risk of institutionalization on an already taxed state psychiatric hospital system.

Ohio Disability Rights Law and Policy Center, Inc.
200 Civic Center Drive, Ste 300
Columbus, Ohio 43215

The legislature should be focusing on ways to expand non-coercive community-based supports, not forcing more people into institutionalization.

Proponents of HB 439 have posited that expanding the criteria for involuntary commitment will help more people receive mental health treatment. However, one of the biggest barriers to recovery remains the lack of access to community mental health services, a result of historic underfunding of these systems. Forcing people into institutionalization does not solve this problem. In fact, there is strong evidence that people who are forced into hospitalization enter an oppressive cycle of hospitalization, rather than recover and return to their community.

Rather than meeting people where they are in a supportive and compassionate way, 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, or because the community lacks the availability of adequate services and supports to meet their needs.

Advocates with mental health labels widely oppose forced treatment, especially as psychiatric facilities can have devastating consequences on people's health and well-being. Forced treatment compromises the trust between consumers and mental health professionals, an element crucial to recovery. Involuntary commitment also often results in collateral consequences like the loss of housing and employment, and causes a disruptive impact on family relationships. These stressful and traumatic outcomes risk delaying or impeding recovery.

Furthermore, inpatient services are costly, and Ohio does not have the infrastructure (physical capacity, workforce, funding) to support increased hospitalization, nor should the state make these investments.

The legislature should instead focus on increasing non-coercive, person-centered, community-based support systems. These supports are proven to reduce hospitalization, increase housing stability, reduce incarceration rates, increase community integration, and improve the quality of life for people.

It is important to understand the significance of this bill. The criteria proposed in HB 439 goes beyond the scope of the danger to self or others standard upheld by the U.S. Supreme Court. The new "mental deterioration standard" is unnecessarily broad and puts people at risk for excessive or inappropriate detention, and abuse and neglect. If this bill passes, Ohio would have most invasive involuntary commitment statute with no respect for the rights, liberty, or autonomy of its citizens.

Civil commitment laws should maintain a narrow scope to ensure people's legal rights are protected during periods of vulnerability and illness. And 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.

In addition to the harmful effects of involuntary commitment described above, DRO is also concerned about the potential unintended consequences of HB 439. Due to the trauma and consequences of forced treatment, this bill could increase stigma around mental health and mistrust of service systems, essentially having the opposite affect that proponents have touted. HB 439 goes against the work Governor DeWine and Ohioans have done to end stigma around mental health and improve treatment.

DRO asks the committee to consider the effects of involuntary commitment, the potential harmful consequences of HB 439, and the voices of those with lived experience. Thank you for the opportunity to provide testimony on HB 439. If you have any questions or wish to discuss this issue further, please contact Jordan Ballinger, Policy Director at jballinger@disabilityrightsohio.org or (614) 466-7264 x135.