Written Proponent Testimony – House Bill 249
Involuntary Treatment for Mental Illness

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Chair Pavliga, Vice Chair White, Ranking Member Brewer, and members of the House Behavioral Health Committee, my name is Dr. Doug Smith. I am a Forensic Psychiatrist working in Akron, Ohio, as the Medical Director of the County of Summit Alcohol, Drug Addiction, and Mental Health Services (ADM) Board and a Professor of Psychiatry at the Northeast Ohio Medical University (NEOMED). I am a longstanding member of the Community Psychiatry and Forensic Psychiatry committees. Today, I am providing testimony on behalf of the Ohio Psychiatric Physicians Association (OPPA), where I serve as Chair of the Integrated Care Committee. The OPPA is a statewide medical specialty organization representing more than 1,000 physicians who specialize in the diagnosis, treatment, and prevention of mental illnesses, including substance use disorders.

I appreciate the opportunity to provide supportive written testimony on behalf of the OPPA regarding House Bill 249, which would improve the likelihood that individuals with mental illness receive prompt clinical evaluations to help determine the need for additional mental health services.

As physicians, we worry deeply about individuals with mental illness and their families, who understandably have minimal baseline knowledge about these brain disorders and the excellent treatments now available. Coupled with a negative societal stigma about psychiatric illness, they may be reluctant or unable to ask for help early in the disease process. Unfortunately, without examination and treatment, sometimes the disorders worsen to the point of direct danger to the individual and others in the vicinity.

For many years Ohio has had, as part of the Ohio Revised Code section 5122, an "Application for Emergency Admission," that has allowed physicians, law enforcement, and health officers, to determine that an individual has mental illness, and then to have that person examined in an emergency room or similar setting, if they also have a reason to believe he or she may be a danger to self or others or in need of treatment. To be clear, this law currently requires that the dangerousness be *imminent*. As a result, some of the time the person has already made a threat to or has already caused harm to himself or others before intervention could occur.

House Bill 249 would allow an individual, with a known previous history of dangerousness to self or others, to be evaluated sooner than currently allowed. By adding a fifth criterion to the Application for Emergency Admission, which focuses on mental deterioration (exacerbation of mental illness symptoms) in the face of a lack of insight into having a mental illness and therefore not adhering to a rationally based treatment plan, that person could be taken to an emergency department for an emergency examination a few days prior to being imminently dangerous and therefore prior to actually harming herself or others.

It may be illuminating to play out a hypothetical scenario that shows how HB 249 would be valuable. Let's assume that Mr. Jones is a 40-year-old man with a known history of schizophrenia who lacks insight into having a mental illness, despite treatment, and stops his recommended medications. He will predictably develop increased mental and behavioral symptoms and may ultimately threaten to or actually harm himself or others. Only at that point would he be subject to an Application for Emergency Admission under current law. With the additional fifth criterion added by HB 249, Mr. Jones would be subject to an Application for Emergency Admission several days sooner, because his treatment team would be aware that when he stops taking his medications, based on past history, he begins to threaten and/or harm himself or others - and the new law would allow for earlier intervention.

Under the current law, the Application for Emergency Admission only allows an individual to be held against his or her will for observation and evaluation for up to 24 hours. The "Admission" is really a misnomer, as actual admission to a psychiatric hospital bed occurs only about 30% of the time, based on long-term data in Summit County." The other 70% are connected to care within the 24 hours and discharged back to their residence. Further, of the 30% who are ultimately admitted to an inpatient hospital bed, some of them do so voluntarily, asking for further psychiatric care. If HB 249 becomes law, and individuals are observed and evaluated for up to 24 hours (HB 249 does not change that short time frame) starting several days prior to having fully worsened mental and behavioral symptoms of mental illness, even less than 30% are likely to require hospitalization as they can be connected or reconnected to treatment before harming themselves or others. To remedy some of the confusion, I am currently working with the Ohio Department of Mental Health and Addiction Services, owner of the form, to change the name more accurately to, "Application for Emergency Examination."

Over time, the better scenario afforded by the change in the law as proposed by HB 249 may have even further added value, as individuals with mental illness and their families will learn to seek out care sooner. They will realize that an examination occurring when mental deterioration first begins is most likely to result in a connection or reconnection to outpatient care, not hospitalization, and a faster path to improved mental wellness and quality of life. In addition, as Ohio citizens see this new approach transpire, the stigma that can be a barrier to initially asking for help for a potential mental disorder may also lessen, leading more individuals to seek out early treatment, further decreasing eventual needless dangerousness and needless hospitalization.

In summary, on behalf of the OPPA, we urge you to pass HB 249 and allow Ohio to join the twenty-four other states that already have psychiatric deterioration language in their inpatient commitment statute, including Alaska, Arizona, Arkansas, Colorado, Hawaii, Idaho, Illinois, Indiana, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

An earlier examination for mental deterioration will lead to better care, decreased hospitalization (and associated costs), and decreased stigma. I may be contacted through the Ohio Psychiatric Physicians Association to address any questions you may have.