

House Behavioral Health Committee
Interested Party Testimony, HB 249
Kristina Kapp

Chairman Pavliga, Ranking Member Brewer, and members of the House Behavioral Health Committee thank you for the opportunity to provide stakeholder testimony, on House Bill 249 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, provider survivor, and advocate.

My name is Kristina Kapp I am 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 the daughter of a person who struggled with an SPMI and I am a person who was born with an IDD, at school age I received an onslaught of mental health diagnoses and have been in recovery from substance abuse for 26 years. In addition, I have been an advocate, a state-certified peer recovery supporter, and a state trainer facilitator, and had the honor to work with others who live with diagnoses in a life of recovery for 24 years as an advocate and Provider. I am a survivor of forced treatment, and I have felt the dehumanizing effects this dangerous bill can have on an individual. I am in fierce opposition as this will only cause additional trauma, and suffering and is a blatant disregard of individual rights. It is hurtful & hindering and not helpful or healing.

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 in. 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 on carrying a message of HOPE, empowerment, encouragement, and belief in every human potential 4 all. To promote person-centered values, self-driven and designed recovery, do no harm wellness which is the polar 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.

- Involuntary commitment strips people of their rights, liberty, and autonomy.
- The new criteria introduced goes beyond the scope of the danger to self or others standard the U.S. Supreme Court has upheld.
- . There is strong evidence people who are forced into hospitalization enter an oppressive cycle of hospitalization.
- Systems of care should be non-coercive and non-oppressive.
- Research shows that with person-centered community support, 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 system.
- 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 support, which is proven to reduce hospitalization, increase housing stability, reduce incarceration rates, increase community integration, and improve the quality of life for people.
- 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 support to meet their needs.
- All people should have the right to make decisions about their healthcare, and mental healthcare 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.

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- 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, and employment, and a 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 were affected by the impact of 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 purchaser destitute, broke, and marginalized for life? Furthermore, a vote yes for this bill ensures and fuels the bottom line of the assembly line a clinical commoditizing, dehumanizing system that exists now that this bill seeks to 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!