

House Behavioral Health Committee

Interested Party Testimony, HB 249

Trish Risser

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 (HB 249). As you know, HB 249 expands the criteria for involuntary commitment to include psychiatric deterioration. My name is Trish Risser. I am writing in opposition to House Bill 249. As a child survivor of the mental health system, I can't even begin to tell you some of the damage caused by that system. Can you imagine what it was like to be an 11-year-old in seclusion and restraints? Or being told that recovery was beyond people like me. That I would never recover, and I would be on medications for the rest of my life. I spent a lifetime recovering from those experiences. Fighting those messages Even though I've been successful and sometimes more than successful in every job I've ever had, even today I still struggle. There's so much more I would like to say, but the bottom line is we need less restraints, less seclusion, less mental health hospitalization and more community services and supports. In almost 60 years of being involved in the mental health system, that is what works. And why we're not doing more of that is beyond anything I can comprehend. I oppose House bill 249 and here are my reasons.

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

- Forced institutionalized treatment does not solve the problems caused by historically underfunded systems and lack of access to community care.
- Systems of care should be non-coercive and non-oppressive.
- Research shows that with person-centered community supports, people with serious mental illness are capable of making their own decisions and directing their recovery.
- An unintended—but dangerous—consequence of forced treatment is an increase of stigma around mental health and mistrust of 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 support, which are proven to reduce hospitalization, increase housing stability, reduce incarceration rates, increase community integration, and improve the quality of life for people.

2. 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, 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 in healthcare.
- Advocates with mental health labels and national advocacy groups widely oppose forced treatment.
- 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.

3. The new criteria introduced goes beyond the scope of the danger to self or others standard the U.S. Supreme Court has upheld.

- Research shows that only a very small group of individuals pose an actual, immediate threat to
- themselves or others.
- Expanding criteria puts people at risk for excessive or inappropriate detention, and abuse and neglect.
- Civil commitment laws must maintain a narrow scope to ensure people's legal rights are protected during periods of vulnerability and illness.
- Based on current civil commitment law, the new language is unnecessarily broad.
- This bill is unprecedented and would make Ohio the most invasive involuntary commitment statute with no respect for the rights, liberty or autonomy of its citizens.

4. 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.
- Stigma and trauma can delay or impede recovery.
- Treatment relies heavily on trust between the consumer and the professional, and forced treatment jeopardizes this relationship.