STATEMENT OF NATE RITCHIE
IN OPPOSITION TO HOUSE BILL 249

Before the Ohio House Behavioral Health Committee

Chairwoman Pavliga, Vice Chair White, Ranking Member Brewer, and members of the House Behavioral Health Committee: My name is Nate Ritchie. I was diagnosed with schizophrenia in 2022, and I have experienced symptoms since 2018. I am here today to speak in opposition to House Bill 249 because the bill is blatantly discriminatory and would prove highly ineffective.

Regarding discrimination, the bill arbitrarily decides that what constitutes a "mentally ill person subject to a court order" is different only for people with one of the five diagnoses specified in the bill. Fundamentally, a "mentally ill person subject to a court order" is someone who poses a risk to themself or others. In creating this new category for people like me, the bill dictates that what makes *me* a risk is different from what makes everyone else a risk. Mind you, I had no say in developing schizophrenia. Yet this bill, by default, would put me one step towards involuntary commitment, since one of the new criteria is simply having one of the outlined diagnoses.

I have not harmed myself in years, and I have never harmed nor intended to harm someone else. In fact, people with schizophrenia are 14 times more likely to be <u>victims</u> of violence rather than the <u>perpetrators</u>, and 85 – 90% of people with schizophrenia do not exhibit violent behavior. However, this bill would allow my prior history of self-harm, and potentially other parts of my history, to be used against me for the purpose of involuntary commitment. At the time the self-harm occurred, I was also suffering from PTSD, and people with PTSD often self-harm. There's no way to prove which condition, if either, drove me to self-harm, but there would be nothing to prevent that history from being used against me, even if it is unrelated to my schizophrenia.

The bill adds that based on that prior history, a person must be "reasonably expected to suffer mental deterioration." However, you could say that about anyone with schizophrenia. It is common for people no longer experiencing symptoms to relapse. There are people like me who, regardless of whether they're on medication, experience low points in their illness. That doesn't mean we should have our rights jeopardized and be held against our will. We wouldn't, after all, apply that same mentality to crime. People in poverty are statistically more likely to commit crimes, but that

doesn't mean we should put an impoverished person in custody when they have not committed a crime and there is no evidence suggesting that individual plans to commit a crime.

What does it matter what anyone expects? Psychiatrists cannot see the future, and psychiatrists are not the arbiters of reality. People should not be deprived of their liberty because someone thinks they *could* mentally deteriorate and that they *might* someday harm themselves or others. Someone may expect a child who behaves poorly in school and comes from a low-income family to someday become a criminal, but why should anyone's expectations determine whether that child is then confined to an institution?

And why, I ask, is this bill fixating on the mental deterioration of people with specific diagnoses? There is no mental illness that cannot deteriorate, no person who cannot be worse tomorrow than they are today, yet this bill only targets five diagnoses. Does the expected mental deterioration of other people not matter? Does it not matter if that mental deterioration could cause *them* to represent a substantial risk to themselves or others?

The World Health Organization writes "there is clear evidence that mental hospitals are not effective in providing the care that people with mental health conditions and, regularly, violate the basic human rights of persons with schizophrenia. Efforts to transfer care from mental health institutions to the community need to be expanded and accelerated." They go on to say "the engagement of the person with schizophrenia, family members and the wider community in providing support is important" and that "effective care options for people with schizophrenia" include psychoeducation, family interventions, cognitive-behavioral therapy, life skills training, facilitated assisted living, supported housing, and supported employment.

In particular, the World Health Organization emphasizes that facilitated assisted living, supported housing, and supported employment are *essential* care options, and that giving people agency in treatment decisions is *essential*. House Bill 249, however, would drive us in the opposite direction. It would make hospitalizing people like me easier when we already make up roughly half of the mental hospital population. I have been threatened with involuntary commitment when I did not even meet the *existing* criteria. Had that psychiatrist followed up on her threat, it would have been my word against hers. It is greatly disturbing that anyone would want to make it easier to deprive patients of their liberty.