

Testimony for HB1017

March 9, 2022, 1:30 pm, House Health & Government Operations Committee

From: Eric Smith, San Antonio, Texas

Position: FAVORABLE

Thank you for affording me an opportunity to be part of this discussion with you today, and thank you for representing the wonderful people of Maryland. My name is Eric Smith, and an assisted outpatient treatment (AOT) program in Texas saved my life from being consumed by my diagnoses of bipolar disorder and schizoaffective disorder.

People languishing in the abyss of SMI need all the help we can get, but not everyone advocating on behalf of those diagnosed with SMI understand the needs of this population to which I belong.

I support disability rights, civil rights, and other related advocacy groups. They help ensure people like me are not taken advantage of, neglected, or abused. That said, some people from these groups speak against AOT, and that is not a protection of my rights and liberties. It is advocating for me to remain tortured in the absence of life-saving care afforded to me by AOT, because AOT is the only proven method to help people like me who are not helped by voluntary services. Moreover, forced medication and forced treatment do NOT exist in AOT as I experienced it, nor were my rights violated by AOT. I have experienced forced meds and forced treatment in a hospital, but that can be true for any psych patient regardless of whether AOT exists or not. To be clear, AOT is not a factor as to whether a person meets criteria for forced meds or forced treatment in a hospital.

Looking back, I now realize how ill-equipped I was to make important decisions for myself in my pre-hospitalization and pre-AOT years. I once sat awake for three nights in-a-row surfing the internet for clues about threats against world leaders before showing up uninvited at my local FBI office, where I delivered a psychotic rant to several visibly concerned FBI agents. After my rant, one of the agents asked me if I had been prescribed psychiatric medication. I had a bottle of medication in my pocket that I took out and slammed down on his desk. He told me I needed better treatment from mental health professionals.

He was and is right, because a person who stays awake for several days using a hotel's business center to decipher a code that does not exist followed by a meeting with the FBI to discuss non-credible threats is a person in need of treatment and care. At that time, since I refused to drink water because I believed it was poison, and I only ate butter because voices in my head told me that was the one safe food to eat, I was posing a serious danger to myself that necessitated inpatient psychiatric hospitalization followed by AOT.

When living in the false reality of SMI's unforgiving landscape constructed by the usual suspects of symptoms mentioned above, freedom and choice do not exist until SMI is successfully treated. AOT is one of the best ways to accomplish this, and does so by way of civil (non-criminal) court proceedings, recognizing mental illness is not a crime. The civil court order and involvement of a judge added a layer of accountability for me and the AOT treatment team that made all the difference when compared to my earlier years...I'd be happy to share stories with you to further unpack this, if you are interested.

I entered into AOT during a critical period of treatment that is not unique to me: A time when I was stable enough to no longer meet criteria to remain as a psychiatric inpatient, but not yet able to fully comprehend the need to remain engaged with treatment as a means to prevent me from being a danger to myself.

When I received AOT, I was regularly involved in decisions about my treatment and care with thanks to my AOT treatment team. Any argument that claims AOT participants are not involved in choices about their own treatment and care is categorically false.

Prior to AOT I did not understand I was suffering from SMI because of anosognosia, a condition experienced by people like me with SMI that prevents a person from understanding we are ill and need assistance similarly

to how someone with advanced Alzheimer's and dementia cannot understand they are ill and need assistance due to changes in the brain.

More than a decade of voluntary treatment options had failed to provide me relief prior to AOT, and as you might guess, that contributed to me losing what little faith I had left in the voluntary avenues of counseling and psychiatry. That, combined with anosognosia, had some lasting effects when I exited the psych hospital and first entered into AOT. To that point, without AOT as step-down care from my psychiatric hospitalization, I would have stopped taking the medication I need to no longer be a danger to myself. I am basing that claim on my history and relationship with treatment (over many years) up to the point of first entering into AOT.

When I was not psychotic, my AOT treatment team valued my feedback, and when I was psychotic, my feedback was viewed as an illness in need of life-saving medical treatment -- which is exactly how it should be.

AOT took me from a path of delusion and danger to graduating *magna cum laude*, with a BA in psychology, followed by earning my master's degree with a 4.0 GPA

I reflect on my life like this: I was diagnosed with SMI...abused drugs...dropped out of high school...was incarcerated due to my SMI...and committed as a psych inpatient...then AOT enters my life.

Without AOT, the trajectory I was on was a downward spiral that could have easily ended my life, and if not that, certainly would have prevented me from finding health, happiness, and personal success.

Your support for AOT would not mean you are turning your back on other treatment options, nor would it mean you support violating the rights of others. Support for AOT is a recognition that a population of people exists (including me) who are best served by AOT, and are failed in the absence of it.

Thank you for your consideration, and I'll be glad to answer any questions you may have.