

Written Testimony in Opposition to
House Bill 823: Mental Health Law:
Assisted Outpatient Treatment Programs

Thank you Chair Pena-Melnyk and Vice-Chair Cullison and committee members for your time.

My name is Mindy Morgan and I am 43 years old. I am here to state my position in opposition to Senate Bill 480. I am a mother of three, a member of my local church, a taxpayer, a clinical social worker, and the clinical director for a substance use treatment program. I have a Masters Degree in Social Work and have worked in the field with those with mental health issues for over 20 years.

I was diagnosed with bipolar disorder at age 21. I didn't seek treatment until age 35. I have been hospitalized three times over the last nine years. I have taken more medications than I can count.

I spent over a decade of my young life afraid and ashamed. The people I trusted helped me see that I needed treatment. People don't develop the trust and openness to seek help through court orders.

In my third hospital stay I was held against my will. I wanted to leave a dangerous environment and I was not assessed to be at risk for harm. But I was locked in anyhow. As a result, I have told myself that never again will I seek help at a hospital.

Some medications made me forget my children's names. One made me get lost in the grocery store and forget how to use my phone. I wandered for half an hour until I found a door outside where I had a panic attack until I was able to get help. Another medication made me so tired I slept as my two year old screamed for me for three hours while my husband attempted to shake me awake. I woke up twelve hours later. I finally had the choice to stop taking those medications, but the experiences had a lasting impact on my willingness to experiment with new medications. I developed significant fears around being forced or coerced to take medicine. People don't consider these things when they want a person with a mental health diagnosis to "just take their meds."

Forced and coerced treatment was harmful to me. With a bill like this, I wonder... am I less entitled to my constitutional rights because of my bipolar diagnosis? Are we proposing this for those with diabetes or heart disease who are struggling?

From my personal experiences as both a consumer and a professional, I will be clear that establishing court-ordered outpatient treatment will significantly increase barriers to individuals seeking care. People already don't trust the system. I know I don't. We will be far less likely to be honest and open in treatment or even to seek it at all if we know that our medical records will be open for examination should some person file a petition against us- with legitimate concern or not.

Now, as a taxpayer, I'm also concerned that this will burden our already overburdened systems with people who are likely not fully engaging with care because our treatment systems are broken- not because they don't want help. ACT teams who serve the most vulnerable (but are one of the most effective evidence based practices) have lengthy waits in some counties because they are understaffed and face challenging administrative issues. Patients are waiting to get into this service! For others in underserved areas, it takes months to see psychiatric provider. For many, limited services are covered by insurance. Some people have no insurance. In the end, waitlists are long and providers are scarce. When you do see a provider there is little to no choice if you feel the care is of poor quality. Those

providers who are skilled, competent, and caring are often poorly paid, overburdened with demand and paperwork, and are struggling with burnout.

Forced commitment programs operate from the standpoint that the consumer is the one who is broken. This couldn't be further from the truth. Our system is broken.

Please, let's take the target off those with mental health issues, address these systems, and fund real solutions. Forcing people into broken systems is not the way to help them get well. Thank you for your time.

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