

WRITTEN TESTIMONY IN OPPOSITION OF
HB576 - Mental Health - Emergency Evaluation and Involuntary Admission Procedures
and Assisted Outpatient Treatment Programs
Health and Government Operations Committee

Thank you Chair, Vice Chair, and committee members for taking the time to read my testimony today.

My name is Hannah Dixon, I am a social worker who has lived experience with bipolar disorder, a condition that has previously led me toward psychiatric hospitalization. I am standing before you today because in my research, my client base, my studies, and my first-hand lived experiences, I have seen the benefits of choice-based mental health care, just as I have seen the harms and collateral consequences of involuntary mental health care. I am writing today to express my opposition to House Bill 576.

Unlike a large percentage of individuals, I am a person that received care that was not forced. It is because of this I was able to pursue my recovery at my own pace, pursue a career in behavioral health, and an education in social work. I wholeheartedly attribute all of my successes to being given the choice to pursue voluntary treatment.

In 2019, I experienced a psychiatric crisis after ending an abusive relationship that I had been too scared to leave for over a year. I went to the hospital to be admitted inpatient, but I was told I did not meet the criteria to be admitted. I began to yell and scream. Within minutes I was surrounded by hospital security. The clinical director entered the room. I spoke to her about how I was feeling suicidal. She listened attentively and referred me to a facility voluntarily.

I knew I needed support but if I were admitted involuntarily, this would have exacerbated my depressive symptoms, and risked my ability to graduate college, which I ultimately did three months after this event.

Today - because I had choice, autonomy, and credibility in my treatment decision - I am doing very well. With regular outpatient therapy and medication management, I have been able to successfully manage my moods and my symptoms. I have worked in the psychiatric rehabilitation field for almost five years, where I support individuals much like me. In just weeks, I will sit for my licensure exam to become a fully licensed social worker.

Everyone involved in mental health policy needs to seriously consider reframing the way we think about court-mandated mental health treatment. We need to think critically about what forced or involuntary treatment does to a person, on an individual level. Forced treatment leads to damaged trust of the mental health system. Perception of coercion in treatment has been linked to post-discharge suicide attempts and poorer quality of care compared to voluntary treatment. ¹

We need to take a deeper look at the potential for harm and recidivism within coercive interventions like AOT and ask ourselves why we currently consider the idea of AOT to be less restrictive than involuntary commitment, when both of these are involuntary forms of treatment. I was granted choice, autonomy, and credibility during a mental health crisis.

AOT will take away this choice for people like me, increasing their chance of a severely damaged relationship with the system, making it so that they may never trust another clinician again. Trust is integral to recovery, and AOT promotes neither trust nor recovery.

How can we expect those who have been court-mandated to treatment of any level to wholeheartedly participate in their own recovery? We need to seriously reconsider the effectiveness of these involuntary systems of care. The implementation of forced, involuntary interventions must change if we are to expect the outcomes, we want to see in behavioral health crisis intervention care. The power is vested within you to make these changes.

I urge you to oppose House Bill 576.

A handwritten signature in black ink, appearing to be 'H. M. D.', written in a cursive style.

¹ Chung, D. T., Ryan, C.J., Hadzi-Pavlovic, D., Singh, S.P., Stanton, C., & Large, M. M. (2017). Suicide rates after discharge from psychiatric facilities: A systematic review and meta-analysis. *JAMA Psychiatry*.