NASW National Association of Social Workers / Connecticut Chapter

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Testimony in Opposition of SB 452
An Act concerning the care and treatment of persons with psychiatric disabilities
Submitted by: Christine Limone, LCSW; Political Director, NASW/CT

Good afternoon members of the committee. My name is Christine Limone. I am a Licensed Clinical Social Worker and the Director of Political Advocacy of the CT chapter of the National Association of Social Workers, representing over 3,200 social workers across the state. I am here today to express my opposition to SB 452- An act concerning the care and treatment of persons with psychiatric disabilities.

Prior to my position NASW, I worked as a clinical social worker at a DMHAS funded community based psychiatric rehabilitation program for fourteen years. I am also a doctoral student at Fordham University and have done extensive research on New York State's Involuntary Outpatient commitment law "Kendra's Law".

From my own first hand practice experience, I can tell you how heartbreaking it is to watch someone you work with and care about, slip into psychiatric distress soon after a recent hospitalization, only to be readmitted again because they failed to take their medication. While I admire this bill's author's desire to address this "revolving door" phenomenon for some of our clients, with all due respect to the Judge, his proposed solution is an inadequate response to the problem and reflects a myopic understanding of mental well being. I make this assertion based on both my own practice wisdom as well as on empirical research.

Furthermore the coercive nature of the treatment proposed in this bill, coupled with the bill's provision to allow inpatient treaters to communicate with a patient's family or roommate is in Violation of the NASW Code of Ethics- the social worker's ethical responsibility to clients in respect to both informed consent and privacy and confidentiality. This will put licensed social workers that work in both inpatient facilities and community settings in ethical dilemmas, exposed to the

possibility of having ethical complaints filed against them, and at risk of jeopardizing their license to practice social work.

Taking psychotropic medication alone does not guarantee psychiatric stability. A holistic, comprehensive approach to wellness that does include medication and a competent psychiatrist, but also includes evidenced based practice models such as: supervised housing with supports, Assertive Case Management, psycho-social services, employment opportunities, is the formula that keeps people stable and functioning. Motivational Interviewing is another evidenced based intervention approach I have used for years. Every DHMAS funded community based provider from psychiatrist to the paraprofessional who works second shift in a housing program should be trained in Motivational Interviewing techniques. This is consistent with recovery oriented system of care that DMHAS promotes as well as the NASW Code of Ethics. When speaking of community based services for persons with mental illness in 2000, The US Surgeon General said, "the need for coersion should be significantly reduced when adequate services are readily available" If the goal of SB 452 is to reduce the rehospitalization rates, then solution lies is how do we secure funding for robust, comprehensive, responsive recovery – oriented community based system of care, not in mandating coercive treatment that erodes the trust is essential to a therapeutic relationship between the client and the social worker – and has not even been demonstrated to be effective.

To illustrate this point - Kendra's Law was enacted in New York in 1999. According to New York State's Mental Hygiene's Medical Review board's own critical incident review of the incident that led this statute titled, "In the Matter of David Dix", the mental health consumer in question, wasn't refusing or resisting treatment, he was simply incapable of medication self administration. The longest period of time he had in the community of psychiatric stability was two years prior when he was a resident in a supervised housing program. At the time of the incident, he was actually seeking services and was on a waiting list for supervised housing, but was living in an "independent apartment" in the meantime. Without the proper wrap around supports he decompensated. He was a victim of a broken, inadequate community system. A 2009 study of Kendra's law that was conducted by a team of researchers from Duke University was inconclusive in their findings as to the effectiveness of Kendra's Law – this supports earlier studies from other states that conclude that coercive treatment is no more effective than adequate, accessible voluntary community services.

With regards to the portion of the bill that allows inpatient providers to communicate with family members. Here again I draw on my own experience as a clinical social worker. It is considered best practice to elicit information from reliable reporters such as family members when developing an intervention strategy or drafting a discharge plan – WITH THE CONSENT OF THE CLIENT. To do so without such consent is an ethical violation, and an egregious breach trust that is part of the therapeutic relationship. A better response is to work with consumers before they ever are in a state of psychiatric distress and assist them to put Advanced Directives in place. This will ensure that consumer's wishes are respected and avoid any ethical violations on the part of the social worker.

In closing The National Association of Social Workers opposes SB 452. It inadequately addresses the problem of the revolving door phenomenon that some consumers experience. Making sure that a comprehensive community based system of care is in place that protects individual's dignity and self determination while preserving the therapeutic relationship between client and provider is the better solution. Thank you.