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WRITTEN TESTIMONY OF SUSAN STEFAN
IN OPPOSITION TO H. 1694
BEFORE THE JUDICIARY COMMITTEE

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My name is Susan Stefan. I taught Disability Rights Law and Mental Health Law at the University of Miami School of Law and have served as a consultant to the President's New Freedom Commission on Mental Health, the Substance Abuse and Mental Health Services Administration (SAMHSA), Amnesty International, and the Institute of Medicine.

I have studied and written about outpatient commitment for thirty-seven years, with publications beginning in 1987. I have studied the implementation (or lack thereof) of outpatient commitment in many of the states where it has been adopted, including North Carolina, New York, Tennessee, and Arizona. I also have represented people with psychiatric disabilities in Massachusetts for over twenty years in commitment and guardianship proceedings and appeals.

One of the factors that states adopting outpatient commitment have in common is a shortage of mental health treatment professionals, making implementation difficult and unlikely, and—most importantly—rendering the need for coercive methods unknowable. I have a former client whose community therapist retired months ago. Although she is a client of the Department of Mental Health, it has done nothing to replace the therapist. My client and her outreach workers have been frantically searching for a replacement for months, culminating in an unfortunate, expensive, traumatizing and unnecessary seven day stay in Massachusetts General Hospital Emergency Department this month. This is a person who desperately wants and needs community mental health treatment and despite her best efforts cannot access it, and I know there are thousands more like her.

It is counterproductive for the Legislature to authorize coerced community treatment when people who want mental health treatment in Massachusetts for themselves and their children cannot get voluntary mental health treatment. Massachusetts community mental health professionals are leaving the profession and not being replaced. A 2022 report by the Association for Behavioral Health found that for every thirteen behavioral health professionals who left their positions, only ten replaced them.¹ The same report indicated that there were 14,000 people on waiting lists for community mental health services in the Commonwealth and that the average wait for an initial assessment by a mental health professional is over two months.²

Most good mental health professionals do not like coercing unwilling patients into treatment, and many are unwilling to do so. In states that adopted outpatient commitment, very few treatment professionals made use of it because coercion can make patients distrustful and resentful and undermines the benefits that mental health treatment could otherwise provide. Ample research supports the finding that patients' fear of coercion and involuntary treatment also creates barriers to their later seeking help when they need it.

In my experience, authorizations of outpatient commitment are largely performative exercises by legislatures to show they are "doing something" about a crisis in lack of access to mental health services in the community, when the cause of that crisis lies in the supply of treatment professionals and not the unwillingness of people in behavioral distress to access help. There is almost never any funding attached to outpatient commitment bills (North Carolina was an example of a state that did attach funding to its initial outpatient commitment bill, and community mental health centers took the funding but for the most part did not use it to implement outpatient commitment as intended).

A substantial increase in support to initiatives such as the Massachusetts Department of Mental Health's Massachusetts Behavioral Health Helpline, along with expansion of peer support options such as the Wildflower Alliance in Holyoke, which runs a crisis house, drop-in center, and groups for people who are suicidal, www.wildfloweralliance.org, and the Center for Psychiatric Rehabilitation at Boston University, www.cpr.bu.edu, along with more robust in-home crisis

¹ Felice J. Freyer, "Clinicians are leaving their jobs at mental health centers amid rising demand," Boston Globe, Feb. 15, 2022, [Clinicians are leaving their jobs at mental health centers amid rising demand - The Boston Globe](https://www.bostonglobe.com/2022/02/15/health/clinicians-leaving-jobs-mental-health-centers-amid-rising-demand/)

² Lydia Conley, Association for Behavioral Healthcare, Letter to the Massachusetts Health Policy Commission, March 8, 2022, [download \(mass.gov\)](https://www.mass.gov/info-details/download-mass-gov)

services, might go some distance in alleviating current shortages in access to community mental health services without imposing an expensive and time consuming overlay of coercion, paperwork, and court hearings.

I would be glad to answer any questions the Committee might have. My email address is susanstefan80@gmail.com.