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The Honorable Senator Lydia Edwards, Chair
Joint Committee on the Judiciary
Massachusetts State House
Boston, MA 02133

The Honorable Representative Michael S. Day, Chair
Joint Committee on the Judiciary
Massachusetts State House
Boston, MA 02133

Re: **Testimony in opposition to S1115/H1801** ***An Act to provide continuum of care for severe mental illness***

Dear Chair Edwards, Chair Day and Members of the Joint Committee on the Judiciary,

I write in opposition to bill S.1115 and H.1801 *An Act to provide continuum of care for severe mental illness*. I am a clinical psychologist and professor of psychology at John Jay College and the Graduate Center, City University of New York and the author of "Written Off: Mental Health Stigma and the Loss of Human Potential." I am also an associate editor for the journal Stigma and Health, and the Director of Clinical Training for the clinical psychology Ph.D. program at John Jay College and the Graduate Center. I also work part-time on an Assertive Community Treatment team where I provide direct services to people diagnosed with severe mental illness and supervise clinical psychology trainees providing those services.

Based on my review of the language of the proposed statute, this act would provide the mechanism for the involuntary outpatient treatment of people who are deemed to meet criteria for a severe mental illness, similar to the "Assisted Outpatient Treatment" (AOT) laws that exist in most other states. In my state of New York, AOT has existed since 1999, and I have been involved in providing services (including supervising the services of others) to people who have been subject to AOT orders and receiving Assertive Community Treatment team services since 2006 (almost all persons under AOT orders in New York are referred to received services from Assertive Community Treatment teams). I estimate that I have been involved in the treatment of

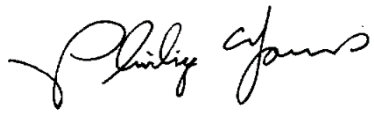
approximately 100 people on AOT orders over this time period. I have also co-authored two scholarly papers based on research related to AOT and am familiar with the research literature on the topic. I therefore write based on my knowledge from both a research and clinical perspective.

The research evidence is fairly clear that AOT does not meet the standard for an "evidence-based" intervention. Findings from randomized controlled trials in which AOT was compared to the provision of equivalent services find no evidence of a benefit. Essentially, this means that if we offer individuals the services that AOT typically connects persons with (without compelling them via AOT) then they will improve in the same manner. If it were a clinical intervention, the quality of evidence for AOT would not justify its implementation. Additionally, there *is* evidence that AOT is harmful to the building of long-term therapeutic alliances for some individuals, and my clinical experience supports this. In many instances, efforts to establish therapeutic alliances with individuals in the context of an AOT order are significantly challenged by the legally coercive circumstances in which it is being offered. It is always better to allow therapeutic relationships to develop in voluntary contexts.

The vague eligibility criteria for AOT are also problematic. In New York, the majority of individuals subject to AOT are not a danger to themselves or others but are placed on AOT because of treatment non-adherence. This seems to be a misapplication of the purpose of the statute, but there are minimal guardrails in place to stop it from being applied in such a broad manner.

In conclusion, I urge you to consider alternatives to implementing involuntary outpatient commitment in your state, such as expanding access to services such as Assertive Community Treatment. For all these reasons, I encourage the Committee to reject S1115 and H1801 *An Act to provide continuum of care for severe mental illness*.

Sincerely,



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