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Testimony of William Parke-Sutherland,
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Good afternoon Chairman Severson and members of the Health Committee. My name is William Parke-Sutherland. I am the Executive Director of Grassroots Empowerment Project, Wisconsin's only statewide organization run by and for people with mental illness. All of our staff members and board are people with lived experience of mental illness. Our mission is to create opportunities for people with mental illness to exercise power in their lives. Grassroots Empowerment Project is here today to testify in opposition to Assembly Bill 451 which severely threatens the rights of all people with mental illness to exercise even basic control over their lives.

We are opposed to AB 451 because it will:

- allow any one person to initiate an emergency stabilization;
- threaten our right to confidentiality regarding protected health information;
- create a "loser pays" system which will likely make counties more willing to initiate an emergency stabilization;
- result in more of people with mental illness being detained for emergency stabilization and forced hospitalization where they will have no reliable access to services that have been proven successful; and finally
- protect the confidentiality of those making unwarranted claims while threatening basic rights of people with mental illness.

The ability of any one person to initiate a process for "emergency stabilization" is frightening and will lead to more people traumatized by police intervention and forced hospitalization.

Current law protects an individual if he or she is a danger him/herself and protects the public if that person is a danger to others. Further, family members and other concerned individuals have the right to initiate a three-party petition under Ch. 51 if they feel someone they believe is a danger to themselves or others. Lastly, anyone has the ability to call their local police and ask for a wellness check on an individual about whom they are concerned. This bill will give family members, ex-spouses, disgruntled neighbors, and anyone else the power to fill out a form that will likely begin an emergency stabilization. The requesting individual doesn't even need to have personal knowledge of someone's actions. Lastly, because of the loser pays portion of the

bill, counties will likely grant the request. In short people with mental illness are going to be detained and forced into hospitals more often than we are now.

Forced hospitalization is costly, often traumatizes people, and is unlikely to result in better outcomes for people with mental illness. Hospitalization is not an evidenced-based practice for treating mental illness and numerous studies show that forced treatment doesn't work. Further, if people are forced to undergo treatment it will not only traumatize them, but will further stigmatize people with mental illness making them less likely to seek out services when they need them. This bill will make people more afraid of the mental health system than they are already and create barriers to people voluntarily accessing services based in their community.

County response likely requires violation of our right to confidentiality regarding treatment records.

This bill requires counties or law enforcement agencies that decide not to initiate an emergency stabilization to respond in writing to an individual's request within 24 hours stating their reasons. A person's name and information created through the emergency detention process are recognized as part of a patient's treatment record and therefore required to be kept confidential. It is unclear how a county could respond to a petitioner without violating our privacy rights under state laws and HIPPA.

Requiring a "losing" county to pay court costs will make counties more likely to order emergency stabilizations.

Counties who choose not to initiate an emergency stabilization may be required to pay court costs of an involuntary commitment hearing if the requestor pursues the matter through petition to a judge. In contrast, counties or law enforcement agencies have no consequence for initiating an emergency stabilization even if they believe the request is unwarranted. This creates an unbalanced system of justice in favor of the person requesting an emergency stabilization. Again, another reason more people with mental illness are likely to experience the trauma of an emergency stabilization.

Emergency stabilization isn't treatment and forced hospitalization has no evidence to support its effectiveness.

The term "emergency stabilization" is misleading on two accounts. It implies that an individual is unstable and that they will receive treatment during the process. Concerned family members may begin the process of emergency stabilization because they want a loved one to receive treatment in order to help them "get better." However, they are unlikely to receive the kind of treatment a family member envisions. Individuals are detained for the purpose of evaluating whether or not they are a danger to themselves or others, and what little treatment is available requires an individual's consent. As stated earlier, emergency detention and forced

hospitalization are stigmatizing, traumatizing, and lead people farther away from seeking the services that are effective and more likely to lead to recovery.

Instead of increasing often traumatizing and ineffective forced hospitalization more emphasis and funding should be directed toward programs and services that are evidence-based and support people's recovery.

This bill protects the anonymity of those making unwarranted petitions and provides no penalty unless they are knowingly false.

While this bill threatens the rights of persons with mental illness in numerous ways, it protects the identity of someone who makes a request or files a petition with a judge if the stabilization is not granted. Because of this, an individual could use this bill to harass someone with relative impunity.

If this bill is a reaction to people feeling threatened by the recent mass shootings and portrayal of those with mental illness in the media it will do little to make our communities safer while in contrast running roughshod over the rights of people with mental illness, substance use disorders, and developmental disabilities. Research clearly shows that people with mental illness are no more likely to be violent than those in the general population. We need to address the way media portrays people with mental illness, the stigma they face, and the discrimination they endure through broad education efforts, supporting programs that work in which people actively participate in their own recovery, and keep telling stories that illustrate that not only is recovery possible it happens all the time.

The current budget initiatives and bills proposed by the joint legislative council study committee represent the positive changes we can make when we have broad consensus from multiple stakeholders and take the time to get it right. In contrast AB 451 has had very little chance for dialog, very little acceptance from mental health advocates, consumers, and family organizations and could set us back 30 years. Please vote no on AB 451.

Thank you for the opportunity to address the committee regarding this important issue.

If you would like more information or have any questions for me please contact me at william@grassrootspower.org or 608.345.0067

