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Testimony for An Act To Provide More Timely Treatment of Inpatient Mental Health Care: H2210 and S1401– October 6, 2025

Good afternoon, Chair Velis and Domb, and members of the Committee.

Thank you for the opportunity to testify in support of House Bill 2210 and Senate Bill 1401, An Act to Provide More Timely Treatment of Inpatient Mental Health Care.

My name is Dr. Jhila Biswas, and I am the President of the Massachusetts Psychiatric Society. I represent around 1500 psychiatrists in the Commonwealth, and I am testifying on behalf of the Society in strong support of this bill. I am also a forensic psychiatrist and Director of the Psychiatry, Law, and Society Program at Brigham and Women's Hospital. I treat patients at the hospital, and I also teach at Harvard Medical School. I recently authored a Boston Globe opinion piece titled "Massachusetts law meant to protect people with mental illness may make them sicker," urging reform so that individuals with serious mental illness can receive timely, lifesaving treatment. This is in direct connection to today's legislation. From both my clinical and research experience, I have seen how the adversarial hearing process in the Commonwealth, called the Rogers Guardianship, significantly delays medical treatment for patients during acute psychosis—often prolonging suffering and hospital stays. After I testify, I will submit my research papers and 2 Boston Globe opinion pieces to the Judiciary on this matter.

I worked at Bridgewater State Hospital—a secure forensic facility—from 2015 to 2021. During that time, I evaluated and treated more than a thousand patients across all units. What became clear to me was that timely treatment is the single most effective way to reduce violence and incarceration among people with serious mental illness, as well as improve their health and likelihood of relapse.

Frustrated by delays in care, I conducted a study at Bridgewater examining patients requiring Rogers Guardianships. Our team tracked 300 court medication petitions over two years and found that patients waited an average of 41 days—and sometimes up to 300 days—for treatment due to the adversarial hearing process. This is unacceptable. When hearings occurred, judges agreed with the hospital physician 99.1% of the time, showing that these delays offered little benefit.

Once treatment began, all adverse events—assaults to patients and staff, self-harm, threats, and psychotic distress—dropped significantly. These findings are now published in a peer-reviewed medical journal, which I will submit for the record.

Since then, I have worked with a different team on a study in an academic civil inpatient psychiatric unit in Massachusetts. Our preliminary results show that each day of delay to the Rogers hearing increases the locked inpatient psychiatric hospital stay, that each day of delay increases the risk of adverse events, and that medications have a crisis stabilizing effect on the patient when given.

Almost always, when patients were started on the right medication, their condition improved within weeks. This improvement not only benefits patients but also reduces workplace violence, boosts staff morale, improves retention, and helps dedicated professionals—nurses, social workers, and others—feel safe providing compassionate care.

My time at Bridgewater was both rewarding and deeply painful. I often asked why patients had to remain in severe psychotic distress for so long, and why Massachusetts alone maintains such an adversarial system that ultimately result in delays for accessing essential treatment. Now, at Brigham and Women's Hospital, as I train new psychiatrists, I struggle to explain why we must stand by and watch patients deteriorate without care in inpatient units. This makes no sense. We must reform these court hearings across the Commonwealth through Senate bill 1401—both in civil and forensic settings—to meet the real needs of patients with mental illness.

With Regards,

A handwritten signature in cursive script that reads "Jhilam Biswas, MD".

Jhilam Biswas, MD