MASSACHUSETTS PSYCHIATRIC SOCIETY

860 Winter Street
Waltham MA 02451
(781) 237-8100
Fax: (781) 464-4896
Email: mps@mms.org

Thank you for the opportunity to testify in support of *Senate Bill 1176 and House Bill 1749 - An Act relative to a humane response to a mental health crisis*. My name is Hannah Larsen. I am a practicing psychiatrist at Eliot Community Human Services and Chair of the Massachusetts Psychiatric Society's Antiracism and Public Sector Committees, and a member of the Massachusetts Psychiatric Society Council. In my clinical practice, I have worked primarily with individuals with severe mental illnesses, such as schizophrenia and bipolar disorder, who have struggled to engage in the traditional mental health system. As a result, they have experienced frequent crises and hospitalizations and many have also had justice system involvement. Our understanding of how to best support these individuals has continued to evolve, and our laws pertaining to mental health and substance use disorders must do so as well.

Abolishing the current process of the Chapter 123 Section 12(e) is a necessary part of modernizing our approach to mental health crises. In recent years, significant progress has been made in building a spectrum of trauma-informed services for those experiencing such crises with community crisis teams, 24/7 Community Behavioral Health Centers, and jail diversion clinicians in police departments. Ideally, individuals seek care early and prevent crises from occurring. But in my experience with individuals experiencing psychosis, symptoms such as delusional beliefs, auditory hallucinations, and disorganized thinking can put them at significant risk of harm while interfering with their ability to engage in helpful treatment. Section 12(e) provides the opportunity for families and members of the general public to seek emergency intervention for those at such risk, but the current process exposes individuals to trauma within the justice system and delays access to care.

Our society has been undergoing a long overdue critique of the ways in which the healthcare system perpetuates oppression and racism. As part of this, we are re-examining the complicated relationship between our mental health system, law enforcement, and the criminal justice system: We know that nearly half of the people killed by police officers in Massachusetts between 2012 and 2023 were suicidal, acutely mentally ill or experiencing a mental health crisis.(1) Black men with mental illness continue to face increased risk of death in police interactions when compared with their white peers. (2)

To ensure that people experiencing a mental health crisis receive a timely, trauma-informed, and evidenced-based response, we must do all we can to separate the process from law enforcement and criminal justice settings. For this reason, we must abolish the current process of Section 12(e) and ensure that individuals in mental health crises are instead engaged and treated within the healthcare system.

I would also like to go on the record in support of the following bills:

S.1117 / H.1913 - An Act relative to treatment, not incarceration
S.1173 - An Act relative to minimizing suffering during the commitment process

1. Arnett D, Crimaldi L. "Are you guys going to shoot me? Police encounter with mentally ill people increasingly turn deadly." The Boston Globe. 3 June 2023. https://www.bostonglobe.com/2023/06/03/metro/are-you-guys-going-shoot-me-police-encounters-with-mentally-ill-people-increasingly-turn-deadly/?p1=Article_Inline_Text_Link. (Accessed 8 November 2023).
2. Thomas MD, Jewell NP, Allen AM. Black and unarmed: statistical interaction between age, perceived mental illness, and geographic region among males fatally shot by police using case-only design. Ann Epidemiol. 2021;53:42-49.e3. doi:10.1016/j.annepidem.2020.08.014

Thank you for the opportunity to testify in support of *Senate Bill 1115 and House Bill 1801 - An Act to provide a continuum of care for severe mental illness*. My name is Hannah Larsen. I am a practicing psychiatrist at Eliot Community Human Services and Chair of the Massachusetts Psychiatric Society's Antiracism and Public Sector Committees, and a member of the Massachusetts Psychiatric Society Council.

Since 2013, I have worked on a Program for Assertive Community Treatment (PACT) team, which is designed to reach individuals with severe mental illness who struggle to engage with more traditional systems. People referred to this program often experience frequent hospitalizations for behavior that puts them or others at risk; and tragically, many also acquire legal charges associated with episodes of illness. We seek to meet people where they are, prioritize case management needs, and help them find paths to their own individually-defined recovery. This approach has been shown to successfully reach many individuals who would otherwise fall through the cracks. The PACT model has benefited from the addition of peer specialists, and on my team, a recovery coach. Such developments add valuable approaches to engaging people through connection and shared experiences.

However, I have come to realize, even intensive outreach programs that work tirelessly and creatively to align with an individual's preferences and values fail to reach some people. I always experience distress as I watch my patients suffer and struggle unnecessarily, but I understand that they have the right to refuse treatment if such a choice does not put them at acute risk of harming themselves or others. For those who have exhibited risky behaviors, we must adopt an approach that prioritizes safety and the chance to thrive in the least restrictive setting. Yet our current system of

involuntary care in the community, which includes guardianship and a Rogers treatment plan, is not enforceable; as such, we are unable to intervene until people are evidencing acute risk and must be hospitalized. Such delays in care meant that care is provided in more restricted settings, including jails, prisons, and forensic psychiatric units in addition to acute and long-term care hospitals.

I enthusiastically support investment in community resources and programs, peer-designed and -delivered services, and non-medication approaches to managing severe mental illness - such investment will undoubtedly help more people engage earlier in treatment they find helpful. But for those who are failed by these approaches and whose symptoms have resulted in harm or clear risk of harm to themselves or others in their community, we must have additional mechanisms that ensure their safety. I ask that you support *Senate Bill 1115 and House Bill 1801 - An Act to provide a continuum of care for severe mental illness* to ensure that individuals with severe mental illness and a history of risk behaviors can live and thrive outside of our hospitals and jails.