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Testimony in Support of S.1115 – An Act to Provide a Continuum of Care for Severe Mental Illness

November 18, 2025

Good afternoon, Chair Day and members of the Joint Committee. Thank you for the opportunity to testify in support of S.1115. My name is Dr. Jhilam Biswas, and I am the President of the Massachusetts Psychiatric Society. I represent around 1400 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 and on the Harvard Medical School faculty. I am here today to urge you to support this vital legislation—Continuum of Care for Severe Mental Illness or Assisted Outpatient Treatment (AOT)—which would finally offer Massachusetts a structured, compassionate way to help individuals with severe mental illness who are unable to engage in voluntary care. I am testifying from Brigham and Women's Hospital, where I am currently seeing patients in the Emergency Department, being held, for being very sick from serious mental illness and refusing standard treatment.

For the past decade, I have treated some of the sickest psychiatric patients in the Commonwealth, including at Bridgewater State Hospital, where I witnessed firsthand the devastating cycle of long bouts of untreated mental illness leading to violence, incarceration, and suffering. Many of the patients I treated at Bridgewater had deteriorated for months or years in the community—often despite the desperate efforts of their families to get them care—because our current laws do not allow for early, sustained, outpatient intervention with the proper resources. I watched individuals with treatable psychotic illnesses languish in and out of jails and hospitals, only to return time and again through the revolving door of both our mental health and carceral system as they came off their medications.

S.1115 addresses this gap. It offers an evidence-based, court and treatment team monitored outpatient framework that allows individuals with severe mental illness—many of whom suffer from symptoms like the lack of insight into their illness—to receive care before reaching crisis. Lack of insight is a debilitating symptom of illnesses like schizophrenia and other psychotic disorders. For these individuals, treatment refusal is not a choice. Without intervention and well-resourced care, they cycle between hospitalization, homelessness, or jail, and without treatment, these patients are very difficult for our care providers to be able to sustain the care they provide. Such difficulties do impact the patient population providers choose to see.

Monitored treatment provides structure and continuity, not coercion. It is a way to protect civil liberties and prevent deterioration by offering treatment in the least restrictive environment—one that keeps people rooted in their communities. Many families across Massachusetts are pleading for this option. They know what it means to watch a loved one slip away while the

mental healthcare system cannot guarantee care and treatment. Our state trains more psychiatrists than any other, yet we lack the basic legal framework to deliver care to those who need it most- our sickest patients.

This bill is about dignity, science, and justice. It is time Massachusetts joins 48 other states in recognizing that treatment should not begin at the door of a jail cell or on the streets. With S.1115, we have the chance to rewrite that story, for our patients, our families, and our communities. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Jhilam Biswas, MD". The signature is written in a cursive, flowing style.

Jhilam Biswas, MD

To be submitted as written testimony:

Biswas J. "A missing link in Massachusetts mental health law." *Boston Globe*. 19 December 2022 Op Ed. Retrieved from <https://www.bostonglobe.com/2022/12/19/opinion/missing-link-massachusetts-mental-health-law/>