

**March 18, 2019**

**Kristen N Anderson**

1125 16<sup>th</sup> St SE  
Salem OR 97302

**RE SB 763**

Chair Senator Prozanski

Vice Chair Senator Thatcher

Senator Bentz

Senator Fagan

Senator Gelser

Senator Linthicum

Senator Manning

I live with Bipolar 2 Disorder and my son lives with Bipolar 1 Disorder and has been diagnosed on the Autism Spectrum. I have faced challenges as a parent wanting to get care for her son and in accessing care for myself. Also, I have worked in Oregon's child and adult mental health care systems. The former as a Family Peer Support Specialist and the latter as a Peer Support Specialist. I was the Statewide Training Coordinator for Oregon Family Support Network and in 2008-2009 I was a member of the Project Team for implementing the Governor's Wraparound Initiative. I was connected with providers, families, and young people across the state. I was employed by the Oregon Center of Excellence for Assertive Community Treatment and connected with ACT team staff and participants across the state during this time. Currently I work at the Oregon State Hospital and work with people of all commitment types.

My experience in using and working in both our child and adult behavioral health systems leads me to believe our systems are fundamentally flawed in many ways and require a close analysis at our systems, across the lifespan. As well as how these systems intersect and operate with other systems.

Currently, the state's approach to behavioral health care reform appears to be very "siloed". Suggestions for improvement, such as SB 763, attempt to address one small area of concern, without thoroughly considering the potential impact on other parts of our system. My understanding is that this legislation will increase the ease by which someone can be civilly committed. The focus of this process in our current system is primarily to force a medical model approach to treatment with an emphasis on the long-term use of psychotropic medication. There are currently people at OSH with similar stories, and whether they are there under Aid and Assist or a Civil Commitment simply depends on which county they are from and which judge they were in front of.

Since President Kennedy, there has been an ongoing cry for improved community-based services and support rather than institutionalized care. Research since then has also supported the value and success of treatment that is based in the community and uses a recovery model that relies on relationship, connection, and a whole person approach to wellness. Also, newer research regarding long-term use of these types of medications is very concerning to me. Both efficacy and concerns about side effects as well as legacy effects after withdrawal are disturbing. As an advocate, parent and a person at risk for civil commitment, I am very concerned about the direction SB 763 will take our state. Forced treatment is indicative of unsuccessful treatment or limited access. At work I was recently asked what is the difference between an illegal forced chemical restraint and a legal forced medication. I understand the

legal justifications for a difference, but as a person living with Bipolar, I really do not understand the difference as it would impact me, and how it impacts those I work with.

I'd like to make clear, I am not "anti-psychiatry" or medication overall or treatment. I take medications. But knowing the risks, I only use them as needed and have learned how to recognize my warning signs for when I may need that type of support. My son is now an adult and chooses to take medications daily. He is fully aware of the risks and that he is likely going to have a shorter lifespan. However, what works the most for us is being able to work and spending time with friends and family doing activities we enjoy. When talking to my son about giving testimony today he said, "Please let them know if I ever go back to a secure institution, I will suicide. I will never go through that again."

I ask that this committee does not pass SB 763, and considers significantly amending SB 374, which sits with this committee, but has not had a hearing yet, to create a task force that takes a comprehensive look at how our behavioral health care system is funded, operates, and intersects with other systems, such as judicial and corrections, the psychiatric security review board, housing and self-sufficiency, aging and people with disabilities, child welfare, etc. We desperately need change in our communities and across the lifespan that SB 763 does not address.