

Testimony in Strong Support of SB 187

TO: Senate Committee on Judiciary and Ballot Measure 110 Implementation

FROM: Jerusha Jerome, RN

HEARING: Monday March 15, 2021 at 8:00 am

My name is Jerusha Jerome, & I would like to testify in favor of Bill SB 187. I am a mother of a son who lives with a brain psychosis disorder. I am also a nurse who works in Oregon. I am a victim of violence, because our current laws does not permit those who live with SMI (serious mental illness) and anosognosia (a brain condition that inhibits an individual from perceiving or having accurate insight about their mental health condition) to get medical inpatient treatment before an act of violence occurs. The first part of Oregon's current law OR.REV.STAT 426.005 (1) (f) Under Inpatient or outpatient commitment states: "Person with mental illness" means a person who, because of a mental disorder, is one or more of the following: (A) Dangerous to self or others. This portion of the law is currently used in a very subjective manor, it acts as a poorly defined statement of criteria that one must meet to be able to get inpatient medical help for a brain disease that 50% of the time the one who is suffering from the brain disorder has no insight into the illness that is affecting every aspect of their life. From what I have experienced with my son, this means that until violence has occurred, the medical treatment he needs is not available or accessible.

From what I have experienced, seen, and heard from other Oregonians that have loved ones who live with SMI, this danger to self or other's bar is too high, as well as too costly. The violence that has to occur for their loved one to get inpatient treatment is a very backwards approach. The trauma that occurs because of the violence compounds an already very difficult existence, because of the complexity of what one must go through to live life with SMI, or try to support a loved one who is living with SMI. The term dangerous to self or others, when not objectively defined, calls for violent acts to self or someone else. It requires violence. It states that we, as the people within Oregon, require violence, along with the trauma that accompanies violence, to occur before we will make sure that an individual who lives with SMI gets needed medical treatment. This is neglectful and it demonstrates our societies current lack of awareness and understanding of what those who live with SMI need to be able to be on a path of recovery, rather than a spiraling decline. It denies individuals who live with SMI and anosognosia their right to medical treatment so that they can recover and live the best life possible.

I support bill SB187 because it provides a definition that is tangible of what it means to be a danger to self or others, without violence and trauma having to be experienced. It empowers action to be taken in providing needed and often lifesaving medical treatment for those who live with SMI. I almost didn't make it through the acts of violence that occurred because of untreated SMI with my loved one. My son's inability to get the needed medical care, because of his lack of insight into his illness, unfortunately lead to violence. This is what the current law and systems require for someone with SMI to receive medical treatment.

The current legal, health care, and social care systems are only designed to serve those who have insight into their illness, it is not set up to serve those who lack insight into their illness (anosognosia), which 50% of the time occurs with brain psychosis disorders. This population has been neglected and misunderstood. As an advocate for those who live with

SMI, I have commonly experienced the unspoken sentiment and underlying notion that the medical treatment for those who live with SMI is too costly to our society. I plead with you to consider supporting language within law, that will empower those who need Involuntary medical treatment to receive it, before acts of violence occur. This will empower them to take steps onto their paths of recovery. It is too costly to not provide basic medical treatment, when they need it, for those who live with SMI. A change needs to occur fundamentally within our current laws so that the law is no longer a barrier, for those who live with SMI, in getting medical treatment.

Thank you for taking the time to listen to my story and my testimony for Bill SB187.
Jerusha Jerome