

Good morning Chair Sanchez, Vice-Chair Moore-Green (my Representative; thank you), and Committee members,

I am Dr. Jacek/Jack Haciaik, Director of DynamicChanges LLC, and a retired Psychologist, past administrator of several programs, and a person with life-long mental illness, one often termed "serious mental illness."

I generally support the concepts involved in HB 2469, but feel it requires some amendment before receiving approval.

As included in testimony today, stigma is a driving force by which many individuals avoid presenting themselves to a mental health practitioner. Individuals fear not only the lifelong stigma resulting from a formal DSM diagnosis, but they also fear that the overused involuntary treatment process might be initiated just by talking frankly about their internal experiences as they are prompted to do during the "check-up." Why look for support for frank suicidal ideations when just disclosing them may find you involuntarily detained instead of assisted? Thus, many individuals understandably avoid such disclosures or even presenting at a mental health organization to hopefully get support. I myself had to manage hiding acute patterns from my places of work since I had witnessed many times, by virtue of my profession, the function of stigma discrimination not only towards patients, but towards providers and professionals so affected themselves.

During today's testimony there was a description of the "check-up" process; and one possible outcome of the process as explained was that a person seeking only to get some helpful impressions and ideas might find themselves additionally receiving a "diagnosis and treatment 'if needed.'" It is the receipt of an unexpected diagnosis before being informed of such an eventuality which is of concern to me; and how without informed consent a "check-up" provider would be allowed to document their view of what treatment they might believe (from a non-formal evaluation) to be "needed." There was no mention of providing diagnostic impressions or treatment conjecturing to a person only "if they desired." Such a process therefore moves at such a decision point toward an "involuntary" set of circumstances by which an unsuspecting individual who believed they were only going to receive a check-up to obtain some impressions and options for additional decisions, if they so chose to pursue, now finds themselves "diagnosed" and having the impression of "needed" treatment documented in their medical record.

HB 2469 needs to be amended to remove this potential "stigma trap" feature. This bill should only provide for documentation of a check-up which would exclude any potential for a diagnosis to be formed nor "needed" treatment to be opined, and a disclaimer that any documented impressions are only the product of an informal discussion process and not the findings of a formal evaluation.

Thank you.

Jacek/Jack Haciaik, Psy.D.