April 3rd, 2025

To Whom It May Concern:

I am writing in opposition to HB 2467 due to concerns with the extended predictive power given to judges and behavioral health clinicians without adequate justification for such, and its potential to restrict the freedom of individuals on uncertain grounds.

Section 2(3)(b) from HB 2467 Proposed Amendments on 4/3/25 states that criteria for civil commitment can be decided by factors including "Taking into consideration the person's particular history and circumstances, it is reasonably foreseeable that the person will engage in such behavior in the near future, **even if such behavior is not imminent.**"

I find the imprecision and margin for error in this case troublesome. In NAMI Oregon's Legislative Concept, they provide no reasoning for expansion to a 30 day window, stating "It's an unsatisfying standard, but the group felt it gave a reasonable framework for both the courts and clinicians."

To justify civil commitment — an extreme restriction on an individual's freedom — grounds for commitment, particularly those said to be based upon medical and psychological evidence, must be clearly argued and warranted with scientific and/or statistical grounding. Again, by NAMI's own words, "it's an unsatisfying standard."

I take particular issue due to this incredibly long term scope. I struggle to imagine a scenario in which an individual is found unlikely to be "dangerous to self or others" within one to two weeks, but reasonably likely to be within three or four. This ability to predict so far into the future seems shaky on simple reasonability, and the extreme act of civil commitment must require absolute certainty that there are no reasonable less-restrictive alternatives that might be employed. This seems especially preferable for cases in which there is no imminent risk.

If the window for potential harm may be up to 30 days in the future, a better course of action could include providing voluntary, non-restrictive support, ensuring individuals are supported rather than preemptively committed.

This additionally gives substantial predictive power to judges with no personal knowledge of the individual to decide whether they ought to be committed for up to 180 days — an incredibly long-term impact for such an uncertain prediction. While HB 2467 does state that judges' decisions shall be informed by reasonable assessment of a behavioral health clinician, there are insufficient checks in place to ensure that this truly is a reasonable assessment.

1. There is no minimum length of time for which the individual must have been in treatment with the provider, making it hard to justify the claim that they can provide a comprehensive and accurate evaluation of the individual's particular history and circumstances, much less a certain prediction of future behavior.

2. The bill permits assessment by persons including “any other clinician whose **authorized scope of practice includes mental health diagnosis and treatment**.” Note the emphasis on authorized scope — mental health diagnosis and treatment need not be the focus of their practice, or even something they actively practice, reducing their ability to make such evaluations accurately due to lack of extensive or present experience.
3. These two criteria provide strong potential for exploitation. A person with some personal motive or intent to have an individual civilly committed — for any reason — has the ability to seek out an evaluation of said individual from a clinician with no knowledge of that individual, to have the individual see multiple clinicians until finding one in agreement, or to intentionally seek out an authorized but non-practicing behavioral health clinician who may be less discerning in their evaluation.
4. This is all subject to evaluation on the part of the judge, who, in the vast majority of cases, will have no training or licensure in behavioral health, or knowledge of the clinician or patient.

Finally, the claim that civil commitment is a successful means to resolve potential “harm to self” is also not supported by evidence. Rather, evidence is to the contrary.

1. It is documented that suicide risk and attempts spike following involuntary commitment, particularly for those who reported experiencing coercion.[1]
2. Individuals who have experienced involuntary commitment are shown to be reticent to voluntarily seek out treatment due to fear of repeat commitments.[2]
3. Individuals who were committed involuntarily are less likely to report improvement as a result of hospitalization than those voluntarily hospitalized.[3]

As an individual’s medical and behavioral health history can be considered in assessing the decision for civil commitment, this also undermines individuals’ ability to recover or improve. One’s past experiences need not predict their future experiences or outcomes. Many individuals who have been hospitalized — voluntarily or involuntarily — do not require additional hospitalizations, and to say otherwise is to discourage the possibility of recovery from severe symptoms. Since outcomes may very well worsen following involuntary civil commitment, HB 2467 runs a severe risk of substantially limiting the freedom of individuals due to vague and unjustified timelines, insufficient checks upon validity of risk assessment, and reliance on a form of treatment that can often worsen that which it aims to resolve.

Best,
Alexej Gundy

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[1] Jordan JT, McNiel DE. Perceived Coercion During Admission Into Psychiatric Hospitalization Increases Risk of Suicide Attempts After Discharge. Suicide Life Threat Behav. 2020 Feb;50(1):180-188. doi: 10.1111/sltb.12560. Epub 2019 Jun 4. PMID: 31162700.

[2] Swartz M. S., Swanson J. W., Hannon M. J. Does fear of coercion keep people away from mental health treatment? Evidence from a survey of persons with schizophrenia and mental health professionals. Behavioral Sciences & the Law 2003; 21: 459–472

[3] Bonsack C., Borgeat F. Perceived coercion and need for hospitalization related to psychiatric admission. International Journal of Law and Psychiatry 2005; 28: 342–347