

**TO:** House Committee on Health Care  
**FROM:** Jack McCullough  
**SUBJECT:** S. 203  
**DATE:** April 3, 2018

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Thank you for the opportunity to comment on this legislation. I believe that research and study are important before proceeding with significant changes in the law, particularly in an area in which people’s rights are so strongly implicated.

The purpose of the bill is to create a study of orders of nonhospitalization. An order of nonhospitalization (ONH) is a court order in which the patient is committed to the care and custody of the commissioner of the Department of Mental Health. In recent years serious questions have emerged as to whether they are effective, and consequently whether the restriction on individual liberty that these orders represent can be justified. For instance, in 2013 *The Lancet* published an article, titled Community Treatment Orders for Patients with Psychosis (OCTET): A Randomised Controlled Trial, that concluded that “In well coordinated mental health services the imposition of compulsory supervision does not reduce the rate of readmission of psychotic patients. We found no support in terms of any reduction in overall hospital admission to justify the significant curtailment of patients’ personal liberty.”

Because there are serious questions about the value and effectiveness of orders of nonhospitalization this is an opportune time to study the use of such orders, whether their use should continue, and whether there are ways to improve the practice.

There are just a few improvements to the bill as it passed the Senate that I would propose:

1. As the bill currently stands Section 1(c)(2) directs the study committee to “review the 2017 Treatment Advocacy Center report entitled “Reimagining ONH,” including the efficacy of each recommendation in the report”. It is likely that if some members of the committee think this report is worthwhile it will be considered by the entire committee. Nevertheless, neither this report nor its source are unbiased: they come to the debate with an established and well-documented preference for involuntary treatment. Directing the committee to include this report creates a bias toward involuntary treatment that is inconsistent with the kind of study that is necessary. We propose deleting Section 1(c)(2).
2. The state’s Mental Health Ombudsman, Disability Rights Vermont, was omitted from the Senate version of the bill. We propose amending Section 1(b) to add “a member appointed by Disability Rights Vermont”.

3. Finally, Section 5(c)(1) of last year's Act 82 directed the Department to issue a request for information (RFI) "for a longitudinal study comparing the outcomes of patients who received court-ordered medications while hospitalized with those of patients who did not receive court-ordered medication while hospitalized, including both patients who voluntarily received medication and those who received no medication, for a period from 1998 to the present."

The RFI was issued and the Department received three proposals. We propose that the legislation include funding to carry out the study described.