

March 5, 2019

Honorable Chairman Tom Sherman
Senate Health and Human Services Committee
Room 101 Legislative Office Building
33 N. State Street
Concord, NH 03301

Dear Chairman Sherman and Members of the Committee,

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have family members with serious mental illness and co-occurring substance use disorder. I am a Licensed Clinical Social Worker and during my career I have spent almost 17 years working in community mental health. For much of that time I served as the liaison between New Hampshire Hospital and the Lakes Region Mental Health Center tasked with coordinating admissions and discharges. For several years, my responsibilities included leading the emergency services team which provided psychiatric emergency response to both Lakes Region General Hospital in Laconia and Spear Memorial Hospital in Plymouth and I have been directly involved with many involuntary admissions.

NAMI NH strongly supports the overarching goal of SB 177 – reducing or eliminating the use of restraints on people being transported to New Hampshire Hospital, but we believe the bill does not go far enough.

The “treatment” of mental illness during the past hundred years is fraught with inhumane practices including forced electro shock therapies, ice baths, and lobotomies. Well-meaning though they may have been at the time, we now look back at them with horror and disgust. The use of restraint when transporting people for an involuntary hospitalization is a hold-over from those days and a practice we need to draw to a close. Restraints include handcuffs, leather wrist or wrist to waist restraints and sometimes leg shackles. Their use applies across the lifespan, while the law allows for children to be transported by ambulance, some arrive at New Hampshire Hospital in restraints as do elderly people on occasion as well.

Current law requires that once the paperwork is completed for an Involuntary Emergency Admission (IEA), that law enforcement/sheriffs are required to transport them. NAMI NH wants to be clear that proposed changes to the current practice is in no way a reflection of law enforcement and how they do the transport. They do a difficult task with professionalism and consistently treat people in a mental health crisis with dignity, respect and compassion. Rather this is about treating mental illness like the medical condition that it is rather than criminalizing, humiliating and further traumatizing people by restraining them.

Over 1,700 people are admitted to NH Hospital each year. I believe close to half of them have been previously admitted. Many are known to the community mental health system. Few have a

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history of violence against others; yet despite this almost all end up being transported in some type of restraint. It is also important to note that we do not have a process for voluntarily admitting someone to New Hampshire Hospital, so even if they ask to be hospitalized they will go in restraints on an involuntary legal status.

It is a complex issue to be sure given that these individuals have just been determined to be a danger to themselves or others. Safety is a key consideration in all of this, including the safety of the individual, the safety of the public, and the safety of the people who are doing the transport. I would note that this latter category is omitted in the legislation. Underlying the issue of safety is the issue of liability which is a key driver of this practice. In a briefing paper done by NAMI national on this issue, they stated “law enforcement is being used as a shield against liability”. In this regard, SB 177 attempts to indirectly address liability concerns by placing the decision making for restraints on to the physician/ARNP signing the Involuntary Emergency Admission form or their designee. Undoubtedly their representatives will object and testify against the bill. However, even if they were making that designation it would not absolve law enforcement/ sheriff departments for the liability of safely transporting these individuals.

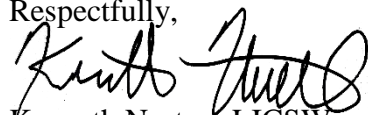
I think the real question here is why are we even having law enforcement do the transport at all? If we truly want to stop criminalizing people with mental illness shouldn't we provide an alternative transport mechanism which doesn't involve the use of deputies and law enforcement vehicles?

Other states have made significant progress in changing this practice. In 2016 a Legislative Committee studied this issue in depth including looking at other state practices and possible alternatives in New Hampshire. Their recommendation was to have trained mental health workers from New Hampshire Hospital/NH Department of Health and Human Services who currently transport people back to the community from the hospital be tasked with this. Their staff are well trained in de-escalation techniques and how to deal with people with mental illness. With the current back-up of people being boarded in emergency departments now averaging over 35 individuals on any given day, almost all admissions take place during normal business hours and there is the ability to determine well in advance who is coming in from where and at what time.

While there is a significant fiscal note attached to this, there will be considerable savings to counties by shifting the burden of this from the county to the state. It may also be possible to work with insurance providers to be reimbursed for this as a medical transport.

People with mental illness are our sons and daughters, mothers, fathers, sisters, brothers, friends, neighbors and co-workers. Let's take a giant step toward the future and treat people like they have a medical condition. Thank you for your time and consideration.

Respectfully,



Kenneth Norton, LICSW
Executive Director