



February 18, 2025

Honorable Chair Mark Pearson
House Children and Family Law Committee
Legislative Office Building Room 206-208
33 North State St., Concord, NH 03301

RE: NAMI NH Opposition to HB 285

Dear Chairman Pearson and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in opposition to HB 285, relative to determination of parental rights and responsibilities.

HB 285 allows a court to consider “any known mental health condition of the parent” as a factor relevant to the determination of parental rights and responsibilities, regardless of the condition’s impact on the person’s ability to parent. This only furthers damaging stigma and jeopardizes the rights of individuals living with a mental illness. Simply having a mental illness, like simply having any other health condition, in and of itself does not inherently impact a person’s ability to parent their child. While one’s symptoms relating to their condition may progress to a point that it impacts their parenting ability, that is not unique to mental illness. If a parent has untreated epilepsy or diabetes, or any other condition, they could end up in a medical situation that renders them unconscious or otherwise unable to care for their child. However, this bill makes no consideration for any health conditions other than mental health conditions.

From NAMI NH’s perspective, targeting a specific population, individuals with a mental illness, without any consideration of the condition’s impact on parenting ability, rather than considering all health conditions, makes this policy discriminatory. With treatment and support, people are able to live full, successful lives with a mental illness, in just the same way someone with a chronic health condition can live a full,

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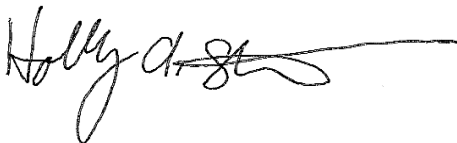
healthy life. Simply put, no one should be singled out and lose their rights simply due to a diagnosis.

Beyond being discriminatory, such a policy is unnecessary, as current law states that a court can consider “any other additional factors” that they deem relevant. Therefore, having language about medical conditions is superfluous. Additionally, if a parent has immediate concerns about the safety of their child due to the impact a mental health condition is having on the other parent’s ability to care for the child, there is an avenue of reporting this concern to DCYF. Immediate concerns due to a parent’s sudden illness or increase of symptoms are much better dealt with through DCYF than through a shared parenting plan that takes months to change.

Should the committee determine there is a need to expand current law, NAMI NH would be comfortable with the following, although not finding it necessary: “including due consideration for any known health conditions that impact the best interests of the child.” However, we stand in firm opposition to any policy that specifically calls out mental health conditions due to the stigma and discrimination it promotes, and reaffirm our belief that the catch-all currently provided is sufficient.

HB 285 only serves to further stigmatize and discriminate against individuals with mental health conditions, without improving the safety of the child. There are many conditions above and beyond mental health conditions that could render a child unsafe. Current law is sufficient to handle such scenarios and does not discriminate against individuals based on their health. Therefore, NAMI NH urges the committee to vote inexpedient to legislate on HB 285.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.

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