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My perspective in the mental health field is as a clinical psychologist with over thirty years experience in the treatment of mental and emotional disorders of children/adolescents and their families. My work roles have included clinical program director and chief psychologist in MH/MR centers, private practitioner, and in the educational field as adjunct faculty at Penn State University.

SB 226 aims at amending the current treatment law delineated in Pennsylvania's Mental Health Procedures Act of 1976. SB 226 would extend involuntary commitment procedures to patients with a well documented history of treatment refusal based upon an absence of insight/recognition that they are sick, and then followed by exacerbation of psychosis and the emergence of life-threatening behaviors. This bill addresses the special needs of a small subgroup of mentally ill patients usually diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder (Type II). This subgroup is impaired by a condition best described by Dr. Xavier Amador, author of "I'm Not Sick, I Don't Need Help!" as anosognosia whereby non-compliance to pharmacotherapy (in the form of psychotropic medications) becomes a manifestation of this condition. These patients stop their medications and predictably become psychotic with a marked loss of reality testing, along with a failure to recognize that they are afflicted with a severe psychiatric disturbance. Lacking conscious awareness of such disturbances results in a denial of need for psychotropic medications. Anosognosia is a fairly common condition probably deriving from frontal lobe dysfunction (Dr. Amador reviews supporting research in his fine book). Patients having a combination of anosognosia and a documented inevitable decline into a dangerous state leading to self-destructive/suicidal or aggressive/homicidal behaviors are the target of assisted outpatient treatment (AOT).

The most serious question at stake concerns a potential abrogation of human rights/freedoms when involuntary commitment procedures are expanded to include patients with a combination of anosognosia and dangerous behavior. A core value of our culture is that all human beings should be responsible for themselves and have the right to self-determination. However, when individuals in this special subgroup stop medication, many of them ingrate into the homeless population, commit serious crimes, commit suicide, or are ignored and abused – there are not free rational choices, they are by-products of mental sickness. AOT procedures are implemented to avoid predictable risks of harm to self or others. I do not see AOT as an abrogation of human rights but more correctly as legalizing an action designed to help to restore rationality – to free a patient from the demons that interfere with and usurp the functioning of free will. Hence, AOT, rather than being an instrument of repression, should be viewed as a means to release a person from the grips of an active psychotic state which diminishes free will.

In my practice, I run across patients with anosognosia and potential for life-threatening behavior five or six times a year, and I try my best to help them develop insight, acceptance of sickness, and compliance with pharmacological regimens. Psychotherapy, the treatment modality I use, sometimes slowly/partially succeeds, but, in combination with pharmacotherapy, these patients quickly and drastically improve in their functioning – thereby avoiding the risks inherent in a prolonged psychotic state.

Amending Pennsylvania's Mental Health Act by means of SB 226 appears to me a crucially important step along the way to strengthen the mental health system. AOT will correct a loophole which promotes passivity where action is necessary, which causes clinicians and families to stand by helplessly watching a subgroup of patients (anosognosia plus a documented potential for life-threatening behavior) deteriorate ---with luck these patients will reach the criteria of "clear and present danger" thereby qualifying for involuntary commitment ---without luck, tragedies occur. We can with a strong and well-designed AOT procedure prevent predictable tragedies.