

Judiciary Committee
LB 592
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Good afternoon, Senator Seiler, and members of the Judiciary Committee. My name is Dr. Lori Anderson (L-O-R-I -J.- A-N-D-E-R-S-O-N). I am a medical doctor, serving at the Lincoln Regional Center in the specialty of psychiatry. The Regional Center is a part of the Division of Behavioral Health, within the Department of Health and Human Services.

I am here to testify in opposition to legislative bill 592 which proposes to redefine the term “mentally ill.” Specifically, this bill proposes to change Section 71-907 of the Statutes of Nebraska, such that “mentally ill” is defined to mean persons not only with “psychiatric disorders”, but also with “personality disorders.” Personality disorders would be made equivalent to major mental disorders such as Schizophrenia and Manic/Depressive Disorder (i.e., Bipolar Disorder).

Personality disorders are, by definition, an enduring pattern of behaviors that deviate from societal expectations, no matter the culture. This does not include psychosis, which is to say “unaware of reality,” nor a misunderstanding of right and wrong. Specifically, these are people who do comprehend “law” and societal norms and consequences.

Study after study shows that a high percentage of the prison population is diagnosed with some type of Personality Disorder. Only a few are concerning to the prison system; Antisocial Personality Disorder is one such disorder. A systematic review, published in 2002 in *Lancet*, one of the premier peer-reviewed medical journals, found that, amongst 23,000 prisoners, 65% have a personality disorder. This same study found that 47% of prisoners have, specifically, Antisocial Personality Disorder.

A more recent study, published in the *Annals of Clinical Psychiatry* (2010), examining newly incarcerated Offenders in the Iowa Department Of Corrections, determined that just Antisocial Personality Disorder, alone, was present in over 35 % of the population.

To clarify: Antisocial Personality Disorder is a chronic disregard for, and violation of, the rights of others. This is not to say that people with this disorder don’t understand “rights”; they can distinguish right from wrong, know what “crime” is, and understand consequences. However, they consciously choose to ignore rules; they adjust their

behaviors to avoid the consequences they know to be coming (arrest, courts, and prison).

Virtually every person in prison has shown, in some way, a disregard for the law. That's who you send to prison.

Based on past studies of prison populations, by conservative estimates, this current proposed change in the definition of "mentally ill" places more than 50% of the Nebraska prison population into the category of "mentally ill."

This newly categorized population of prisoners would demand treatment. Unfortunately for many types of personality disorders --specifically, Antisocial Personality Disorder-- there is no clear form of treatment. Medications have limited use; they may be used to treat comorbid psychiatric conditions but are not effective in treating the personality disorder, itself. Typically, therapy is not effective. In addition, no research supports long-term hospitalization for treatment, but, rather, in most cases, it is decidedly contrary to recommendations.

Under the new definition of mental illness, as proposed by LB592, these prisoners would also be subject to potential civil commitments, i.e., further detention. For example, when a prisoner with a personality disorder has served their legal sentence, but is still considered dangerous, civil commitments could be requested, virtually extending their sentence beyond what the court has ordered.

Of concern to the medical field, this civil commitment appears to primarily continue a preventive detention, not be a treatment, since housing these inmates with personality disorders in DHHS facilities does not ameliorate symptoms or improve their behaviors. It does not make them a different person.

Beyond this impact on Lincoln's Regional Center and the prison system, this new law could have a significant impact on the entire Nebraska behavioral health system. Lincoln Regional Center inpatient civil commitment beds could be quickly clogged with long-term, essentially untreatable personality disorders, who are also, under this law, non-dischargeable. This could then impact multiple community-based services by tying up an already limited supply of these civil commitment beds. The law creates additional effects on outpatient behavioral health services: upon discharge from LRC, dangerous personality disorder patients would likely be referred to limited outpatient services for treatment -treatments which, again, are regarded as ineffective.

I thank you for the opportunity to further share the Division of Behavioral Health's perspective and I will answer questions you might have.