

Testimony on SB 2171

House Human Services

March 5th, 2025

Chairman Ruby and Committee Members,

My name is Madison Hanson, and I am a Master of Social Work student and also hold a degree in Human Development. With a deep commitment to the well-being of individuals in North Dakota, particularly those living with mental illness and substance use disorders, I respectfully ask this committee to vote yes on SB 2171 for the following reasons.

While every individual has the right to self-determination, severe mental illness can distort one's perception of reality in very real ways. Some individuals may be seriously ill yet completely unaware of their condition or unable to recognize their need for care. This condition, known as anosognosia, affects approximately 20% of individuals with bipolar disorder and 30% of those with schizophrenia (NAMI).

Unlike denial, anosognosia is a neurological impairment that prevents individuals from recognizing their illness, often leading to medication noncompliance and increasing the risk of relapse, homelessness, incarceration, and sometimes violent behavior. Given its significant impact, research recommends that any legislation addressing mental health treatment must account for anosognosia (Dailey et al., 2020).

Extending the hold period to 72 hours provides significant benefits, including additional time for stabilization, a reduction in unnecessary hospitalizations, and the opportunity for mental health professionals to conduct thorough assessments to determine if continued care is necessary (Morris, 2020). Importantly, this additional time also increases the likelihood that the patient may voluntarily seek inpatient or outpatient treatment once stabilized.

In North Dakota, the current 24-hour hold period is often insufficient to make a well-informed decision regarding a patient's care. A rushed evaluation increases the risk of premature discharge, which can result in worsening symptoms and additional crises. By extending the hold period to 72 hours, providers will have the time needed to make a comprehensive assessment, ultimately ensuring that individuals receive the appropriate level of care while also reducing risks to the patient.

For these reasons, I respectfully ask this committee to vote yes on SB 2171. This bill can improve mental health crisis response, enhance patient outcomes, and provide the necessary safeguards to protect those most at risk.

Thank you for your time and consideration.

Madison Hanson

References

Anosognosia. (n.d.). NAMI.

<https://www.nami.org/about-mental-illness/common-with-mental-illness/anosognosia/#:~:text=Anosognosia%20is%20a%20common%20symptom,knowledge%20impossible%20at%20other%20times>.

Dailey, L., Gray, M., Johnson, B., Muhammad, S., Sinclair, E., Stettin, B., & Treatment Advocacy Center. (2020). *An analysis of U.S. psychiatric treatment laws grading the states*.

<https://www.treatmentadvocacycenter.org/wp-content/uploads/2023/10/grading-the-states.pdf>

Morris, N. P. (2021). Reasonable or random: 72-Hour limits to psychiatric holds. *Psychiatric Services*, 72(2), 210–212. <https://doi.org/10.1176/appi.ps.202000284>