

TESTIMONY TO SUPPORT SB # 2096
by Susan Rae Helgeland, January 20, 2025

To Senator Dick Dever, Chair of the Human Resources Section of the Senate Appropriations Committee:

61 years ago in 1964 I was a senior at UND majoring in Social Work. I wanted to help those who were less fortunate. I was young and naïve. I traveled by bus with my classmates on a mandated site visit to the ND State Hospital (NDSH). I was shocked! The image of that visit has never left me. I observed about 2000 folks with bars in the windows of their rooms.

Because we did not know much about brain disorders at that time, patients were given the only drugs that were recognized as effective: Thorazine and Haldol. The patients were segregated with all the men dressed in a beige two piece pajama outfits and women in beige "housedresses." Many were seated on the floor of the hallways with a vacant and dazed look on their faces. There were counters with glassed barriers in the hallways where the patients filed in to pick up their medication in little white pill containers. I observed bath tubs with ice and hot water for shock "therapy." It was also said that lobotomies were performed at NDSH and electro shock therapy. I am grateful that we have advanced forward in the effective treatment of brain disorders.

My entire perspective on mental illness changed. I had no personal experience with major depression, bi-polar disorder, schizophrenia, etc. but I made a personal commitment at that time to spend my professional career advocating for those with mental illness. It was my conviction that brain disorders should be treated like others who were diagnosed with diabetes, heart disease, etc. I thought at my age of 22, that through no fault of their own, these individuals were segregated and treated differently from others suffering from physical/biological illnesses. I always thought of mental illness as an illness of the brain which is another organ of the body like the heart, the liver, the intestine, the esophagus, etc. Why are those with a brain disorders treated like criminals and need to be separated from those with other kinds of physical health disorders? Why do individuals experiencing a mental health crisis need to be subjected to the trauma of transport from all parts of the state to Jamestown?

I also want to bring up that even though I now live in SD, I was shocked by the news in *The Forum* that ND Governor Armstrong's proposed budget calls for funding a new \$300 Million Dollar state hospital in Jamestown. Why in the world would we go backward and support that incredible amount of money to build a new state hospital for those with mental illnesses/brain disorders?

In 1965 I was asked by Greeidee Wheeler to work with her on educating the ND Citizens about the need to deinstitutionalize NDSH. She was the Executive Director of the Mental Health Association of ND (MHAND) and her non-profit organization had received a federal grant to implement regional mental health centers all over the state. The entire reason was to treat mental illness in the community or community-based services. Surely that is the direction that needs to continue to be implemented.

My husband, John Helgeland, died in May of 2023. I moved to Sturgis SD in 2021 to be closer to my family. I recognized that I needed them since I was the primary caregiver for my husband. He had Alzheimer's, a disease of the brain. I was never refused treatment for him and had wonderful care both at Sanford in the Fargo-Moorhead community and at Monument Health in Sturgis. No one suggested that I send my husband to a state hospital. Dementia and Alzheimer's are brain disorders. Why do we treat other biological mental health disorders such as major depression, bi-polar disorder, substance use disorders, etc. by segregating them to a brand new state hospital? SB Bill # 2096 offers a less expensive alternative when compared to a new \$300 million dollar state hospital in Jamestown.

Gerridee Wheeler and Myrt Armstrong were my mentors and they taught me well. Of course there are some individuals who need to be in "custody" due to a severe mental illness diagnosis and would benefit from a state hospital setting. However most folks do much better by receiving services closer to their home and within the community. Wrap around services including peer support help to aid in their recovery and have proved to be effective in promoting recovery. It is cost effective and will increase the benefit of the existing regional community based services. It will also help to reduce chronic homelessness and help to reduce the local jail population by providing services in the community.

I spent over 25 years of my professional career in ND. I care about reducing stigma related to brain disorders. I thank you for reading and considering my testimony as you make important decisions for the citizens of ND. I would join you in person if not for the fact that at 82 years of age, my ability to travel alone is no longer an option.

I ask for your vote of support on SB #2096.

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