

## **PRESENTATION OF RICHARD S. HYLAND**

Thank you for giving me the opportunity to expand the comments I made at the recent Task Force meeting in Camden County.

I was the Superior Court judge in Camden County assigned to commitment hearings at Lakeland County Hospital and Ancora over twenty years ago, and one incident has remained with me and is one of the reasons I felt compelled to bring my views before the Task Force.

It was very rare at that time for family members to appear at the commitment hearing, but on this occasion, six brothers and sisters of the patient attended and literally begged me not to release her because of their sad experiences when she stopped taking her medication. Each of them had taken her in over the years and then found it impossible to deal with her when she stopped taking her medication. They recounted several of their experiences and were adamant that they could not take her back into their homes again.

The testimony of the institution's psychiatrist was quite vague on the issue of "dangerousness," and the Public Advocate strenuously argued that she should be released. However, I was concerned with the information I had learned from the family and asked the psychiatrist to take that into consideration and prepare a new report after further examination of the patient.

At the next hearing, the family members again attended and the psychiatrist's testimony was no different. Given the very forceful advocacy of the patient's attorney, I had no choice under the legal standard but to release her. However, I did so with great reluctance and concern about her future. She was an attractive woman in her mid-thirties and invariably wound up getting "picked up" in local bars after stopping her medication with resulting adverse consequences.

It was only shortly thereafter at a social function that I ran into the lawyer who represented her at the hearing and inquired about “Mary’s” status since I assumed her lawyer might have followed up as to her condition given the zeal of the representation. However, I was told that it was not the job of the patient’s lawyer to do anything but see that her constitutional rights were protected, and once released from the institution, the case was closed. Although I recognize that this was technically correct and not improper, it was clear to me that the legal procedure we had established focused only on the patient’s rights but not their well-being.

Recalling this incident also highlights to me that families are cut out of the treatment and commitment processes under existing laws. Concerned family members may be the best resource a patient has both in terms of supplying information to those who are providing treatment as well as providing support for the individual upon release. Families who can provide support also do not burden the taxpayer, and since funding is such a chronic problem in the treatment of the mentally ill, greater advantage should be taken of this resource.

However, the present commitment process in New Jersey because of legal barriers becomes a “revolving door” scenario that eventually wears down and exhausts families to the point where they give up in frustration. I recommend that any legislative changes incorporate a recognition of the assistance that families can provide. I am aware that “confidentiality” concerns are a problem but techniques should be explored to expand the circumstances and occasions so that the patient’s consent is more readily obtained and then maintained.

Since my previous testimony, I have had an opportunity to review the provisions of Senate Bill 1640 which I find to be a big step in the right direction when a released patient stops taking their medication, and I would be happy to answer any questions you may have.

Thank you.