



**Senate Committee on Education
Testimony on House Bill 2444**

March 8, 2012

Presented by:
Rick Cagan, Executive Director

NAMI Kansas is a statewide grassroots membership organization dedicated to improving the lives of individuals with mental illness. Our members are individuals who are living with mental illnesses and the family members who provide care and support. NAMI Kansas provides peer support through a statewide network of local affiliates. We sponsor educational programs targeted at consumers of mental health services, their family members, and the general public. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We have been active participants over the years in discussions about state policy on seclusion and restraint in school and other institutional settings. We presented testimony to the State Board of Education in 2007 when they last heard this issue. We believe that the enforceable guidelines provided in this bill represent a minimal level for setting limits on seclusion and restraint which are long overdue. We remain open to additional guidelines based on input from students and their families who have been subjected to these interventions. Additional guidance might further address the involvement of administrators, the collection and analysis of data, and standardization of staff training.

We believe that restraints and seclusion should not be used in our schools except in emergency circumstances as described in the attached section on Restraints and Seclusion in Schools from NAMI's Policy Platform.

Research substantiates that more than half of children and adolescents with mental illnesses have been the victims of physical or sexual abuse or both. Many of the children and adolescents who will be restrained or secluded have a mental illness or serious emotional disorder. Any intervention that recreates that abuse is likely to re-traumatize these children.

While some have argued that school personnel must use these interventions to protect students and themselves from harm, the research data indicates that when seclusion and restraint are reduced in psychiatric treatment facilities there is a concomitant reduction in patient and staff injury.

Thank you for the opportunity to appear before the Committee today to address this critical issue.

We hope that you will act favorably on HB 2444.