



Danna E. Mauch, PhD
President and CEO

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Chairperson of MAMH Board of Directors

September 5, 2025

Submitted electronically

Honorable Jay D. Livingstone, Chair
Joint Committee on Children, Families and Persons with Disabilities
State House Room 146
24 Beacon Street
Boston, MA 02133

Honorable Robyn K. Kennedy, Chair
Joint Committee on Children, Families and Persons with Disabilities
State House Room 507
24 Beacon Street
Boston, MA 02133

Dear Chair Livingstone, Chair Kennedy, and Honorable Committee Members:

Re: Support for H.261/S.155: *An Act Relative to Supported Decision-making*

The Massachusetts Association for Mental Health (MAMH) is pleased to submit to the Joint Committee on Children, Families and Persons with Disabilities this testimony in support of H.261/S.155, *An Act Relative to Supported Decision-making Agreements for Certain Adults*. These bills would create a legal framework for supported decision-making (SDM) in Massachusetts. SDM has proven to be an important tool for persons with disabilities (including people with mental health disabilities) and elders who desire support in making decisions about their lives. On July 31, 2025, the Massachusetts Transition from Acute Care to Post-Acute Care (TACPAC) Task Force joined scores of other organizations, entities, agencies and commissions when it recommended the enactment of these bills, citing to the reduction of the need for guardianship and preservation of the autonomy of the adults who use it.¹

MAMH: Since 1913, MAMH has worked to improve understanding of mental health conditions and combat disparities in health services access. Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health

¹ Massachusetts Transition from Acute Care to Post-Acute Care (TACPAC) Task Force, Report (July 31, 2025) available at <https://www.mass.gov/doc/tacpac-task-force-report-final-7-31-2025-0/download>.

conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies. We envision a day when all individuals and families across the Commonwealth have the resources and opportunities they need to promote resilience and protect overall health.

What these bills do: By establishing a legal framework for SDM agreements, Massachusetts would join a growing number of states (and countries) that provide statutory recognition of this important decision-making tool. People with disabilities and elders may choose one or more family members, friends, or other trusted individuals to provide assistance in making decisions. While decision-making authority remains with the individual, supporters can help clarify the problems at issue, the options available, and, when needed, interpret and communicate the individual's preferences to others.² These bills create the parameters for the use of such agreements in Massachusetts, including by setting out required elements of a written SDM agreement, providing significant protections against abuse and coercion, and establishing protection for third parties who rely in good faith on SDM agreements.

SDM can produce good outcomes for people with mental health disabilities: SDM is particularly appropriate for people with mental health conditions. Research indicates that people who are engaged by their treaters in decision-making are more likely to form a therapeutic alliance with those providers.³ A therapeutic alliance is tied to good outcomes. Meta-analyses have repeatedly found a linkage between a good therapeutic alliance and positive therapeutic outcomes.⁴ Researchers have found evidence that SDM and similar decision-making tools have positive impacts on suicidal crises, mental illness symptoms, recovery, hospital admissions, treatment engagement and on the use of coercion by health professionals.⁵

² P. Blanck & J.G. Martinis, The National Resource Center for Supported Decision-making, The Right to Make Choices, Inclusion (2015), <http://supportmydecision.org/assets/tools/Supported-Decision-Making-Overview.pdf>

³ F. Knight et al., Supported Decision-Making: The Expectations Held by People With Experience of Mental Illness, Qualitative Health Research (Mar. 2018), <https://journals.sagepub.com/doi/full/10.1177/1049732318762371> .

⁴ R. B. Ardito & D. Rabellino, Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research, Frontiers in Psychology (Oct. 2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3198542/> (citing studies).

⁵ Francis, C.J. et al., Supported Decision-Making Interventions in Mental Healthcare: A Systematic Review of Evidence on the Outcomes for People With Mental Ill Health, 27 Health Expectations (2024) available at <https://onlinelibrary.wiley.com/doi/full/10.1111/hex.70134>.

SDM promotes recovery: SDM is also constructive for people with mental health conditions as SDM can aid in their recovery. It is well established that engaging people with mental health conditions in treatment decision-making promotes personal recovery. As evidenced by a comprehensive study in Australia, SDM can be an important and effective way to enhance recovery.⁶ Such findings are consistent with growing emphasis, in the mental health field and the personal recovery movement, on the benefits of connectedness, hope, identity, meaning, and empowerment.⁷ This recognition has given rise to the use of other tools to promote participation including advance statements, joint crisis planning, and wellness recovery action plans (WRAPs).⁸ Consistent with these developments, healthcare professionals have also incorporated, as part of the treatment process, means so that people can express their own preferences regarding health-related decisions.⁹

SDM may reduce reliance on coercive measures: Research also suggests that by facilitating the pursuit of services that the individual selects, SDM will likely reduce the reliance on coercive interventions, including detention in mental health settings and/or forced medication. Studying 107 people receiving outpatient care with diagnoses of schizophrenia or bipolar disorder, researchers found that when patients participate in decision-making to a lesser extent than they would like to, they more frequently had compulsory admissions.¹⁰ This is significant as coercive interventions engender distrust, avoidance, and refusal of mental health services.⁸

SDM is an effective tool to involve people in their own mental health care. Researchers note that while some individuals with mental health disabilities “may require greater support in the decision making process, the use of support to make decisions is rather similar to the typical

⁶ Kokanovic, R. et al., Options for Supported Decision- to Enhance Recovery of Persons with Severe Mental Health Problems, Univ. of Melbourne (2017), available at https://socialequity.unimelb.edu.au/_data/assets/pdf_file/0006/2701626/Kokanovic-et-al-2017-Mental-Health-and-Supported-Decision-Making-ARC-LP-Project-Report.pdf.

⁷ Knight, F. supra note 3.

⁸ Id.; Morán-Sánchez, I., et al., Compulsory admissions and preferences in decision-making in patients with psychotic and bipolar disorders, Soc. Psychiatry Epidemiol. (May 2020), <https://sci-hub.se/10.1007/s00127-019-01809-4>; M. Zinkler, Supported Decision Making in the Prevention of Compulsory Interventions in Mental Health Care, Frontiers in Psychiatry (Mar. 2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6449721/>

⁹ Penzenstadler, L. et al., Supported decision making for people with mental health disorders in clinical practice: a systematic review, International Journal of Psychiatry in Clinical Practice (Oct. 2019), <https://www.tandfonline.com/doi/abs/10.1080/13651501.2019.1676452?journalCode=ijpc20>

¹⁰ Jeste, D.V., et al., Supported Decision Making in Serious Mental Illness, 81 Psychiatry 28 (2018) available at https://www.tandfonline.com/doi/10.1080/00332747.2017.1324697?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%20pubmed.

decision making process among most adults, in which consultation with trusted partners on major life decisions is common.”⁹

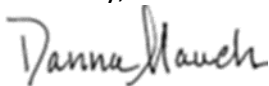
Other research suggests that having someone who can reiterate and explain information is useful. Studying the informed consent process, where patients are routinely called upon to make important personal decisions, researchers found that the repeated presentation of information and multimedia presentation of information can improve decision making in adults, resulting in greater capacity to consent.¹⁰ The findings of this research are encouraging for the implementation of SDM; individuals with mental health conditions may participate actively in decision-making with additional supportive interventions.

There is no need for an SDM registry: Section 8 of the bills would establish a special legislative commission to study the need for a registry of SDM agreements that would enable providers to verify that the SDM agreement is current. There is no need for such a registry. Establishing one would be complex, potentially expensive, and could easily violate the privacy of people who use SDM. Moreover, there is no similar registry for, for example, Health Care Proxies or powers of attorney, which are similar documents. We urge you to delete this provision. If the provision remains in the bills, we urge you to include several persons who use SDM and their supporters among the members.

The bills have significant safeguards to protect the person using them, their supporters and third parties: We urge you not to make any amendments to the bills which would add barriers to the use of SDM in the name of providing safeguards. There are significant protections in the bills. Importantly, we are not aware of any evidence in any of the 23 jurisdictions that have legal formats for SDM that it has been misused or that decisionmakers have been exploited.

Conclusion: SDM has used informally in Massachusetts since 2014. Now is the time to provide people across the Commonwealth with the legal framework for such agreements. We urge the Committee to report the bills favorably. Thank you.

Sincerely,

A handwritten signature in dark ink that reads "Danna Mauch". The signature is fluid and cursive, with the first name "Danna" being more prominent than the last name "Mauch".

Danna Mauch, Ph.D.
President and CEO

c: Senator Joan Lovely
Representatives Michael Finn and Sean Garballey