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Testimony in Support of H.B. 2281

I have been a pastor, a teacher of teenagers with MH diagnoses, a teacher of teens who were wards of the court, and am a certified family counselor. On several occasions I have had the experience of "being there" when someone was ready to do something tragic; on one occasion the individual had taken a bottle of oxycodone and called me about a matter with his pets. I sensed a serious problem, called 911, and he was treated at a hospital, and he recovered. This was during working hours, a response that was mercifully quick, but had it been late at night this may not have turned out this way.

The emergency number can be crucial for both someone who changes his/her mind after a drug overdose, or for someone who learns of a crisis and can then respond quickly. This is both about access to quick response, and the option of a response. My experience has been that crisis response is not efficient outside working hours. When Menninger's left and State Hospital closed down options for quick crisis response became few, and the presence of qualified, medical professionals to respond when the individual shows aggression even fewer.

Unfortunately, I know many stories of MH crises that ended in death. Any change to those scenarios is absolutely crucial.

The 988 number identifies a mental health crisis so is specific to a problem that can then quickly alert an appropriate response unit. When an individual experiences personal/emotional crisis to the point of harming self or others the speed of a response is the most crucial element in successfully defusing the situation.

I wish to congratulate those who have advanced this very crucial response plan to an issue that has devastated so many families who have felt helpless in crisis. This is only one way of responding, but it is an important element in the array of response needs for people who experience personal, mental health crises.