

Name: Hsin-Lun Sanft

Contact Information:

hsanft@timeorganization.org

240-687-0157

Date of Hearing: Tuesday February 16th, 2021 at 1:30pm

Committee: Health and Government Operations

Sponsored by: Delegate Sheila Ruth

Bill Number: HB0537

Full Title of the Bill: Mental Health Law – Petitions for Emergency Evaluation – Procedures

Position: In Support of Passing HB0537/SB0398

I am writing in support of passing HB0537/SB0398. I have been in the mental health profession for 15 years in the capacity of a therapist, a supervisor and as a co-founder of a mental health clinic. I have worked with children, teens, adolescent and families in the clinic setting as well as community – school and home. In the past 15 years, I have been in the midst of mental health crisis more times than I can count. In all of those incidents, I have only experienced feeling unsafe once and that was due to an angry parent and not the child in distress. When mental health practitioners are calling to seek transportation to the hospital for an individual experiencing a mental health crisis, that client is already onboard with that decision. We are trained to make the experience as smooth as possible with the goal to not escalate the situation and it is absolutely NOT supposed to be a traumatic experience. Most importantly, the main reason we ensure clients are in alignment with this decision is because if they are not honest with what their symptoms when they arrive at the hospital, they will not be admitted and ultimately will not get the care they need. Individuals want help.

Under current law, when police officers are responding to Emergency Petitions for individuals under distress, police officers are required to transport them, and they are required to do so by handcuffing individuals behind their back and transported often alone without their family member. This approach is both unnecessary in every case/incident I have personally experienced. This approach is very traumatic and creates lasting images of what it means for an individual who is seeking help and sets up barriers for an individual's willingness to seek help in the future. By the time an individual arrives at the hospital, they will deny feeling suicidal and are ultimately released. This experience not only has caused trauma, but it has also prevented the client from receiving the necessary care.

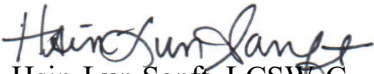
Everyone in the mental health field – clients and professionals know what it means when you say you need help. It means the police will be coming. Many will not agree to go unless they are being transported by a family member, by the provider or that they will go themselves. This has greatly reduced the number of individuals seeking the necessary help and willing to be honest about the severity of their symptoms. Their thinking is already distorted, feeling hopeless and overwhelmed.

I still have traumatic images of a 7-year-old screaming and kicking for fear of getting into a police car. The incident only escalated after having to be handcuffed. This is a child who shared she wanted to die and take pills to be with her mother who had recently passed away. I can still

hear the loud banging on the door when the police arrived, the mother grieving the loss of her 3-year-old son afraid to open her door, wanting to die. I see that image although I was not there.

If passed, HB0537/SB0398 would eliminate this requirement. There are better ways. Police Officers can be trained to treat individuals in a non-combat approach. Crisis teams can be created throughout to support our citizens. Police departments have Victim Counselors who are employed in the department who escort police officers to support victims of a crime. There are humane, less traumatic approaches. It can be done.

I urge a favorable report, please support this bill.


Hsin-Lun Sanft, LCSW-C