



Maryland is one of just five states whose mental health laws lack any definition of “danger” to oneself or others – Families call on lawmakers to pass SB928/HB1344

SB928/HB1344 – Mental Hygiene – Reform of Laws and Delivery of Services

GOAL: Define the Danger Standard under Maryland’s involuntary evaluation and hospitalization law for serious mental illnesses such as schizophrenia and bipolar disorder to promote **“treatment before tragedy,”** and **reduce violent police interactions and unnecessary incarcerations.** Timely treatment can also prevent the tragedies of suicide, homelessness, victimization, violence, and reduce the spread of Covid-19 as those with schizophrenia have the second highest death rate after those over 75.

WHY IS INVOLUNTARY TREATMENT SOMETIMES NEEDED? Severe mental illness such as schizophrenia and bipolar disorder is sometimes accompanied by a neurological deficit called **anosognosia**, causing the person to lack awareness of their illness and need for treatment. Simply put, *many in psychiatric crisis do not know they are ill.* While voluntary engagement is always preferable, involuntary evaluation and hospital admission is sometimes the only way individuals in this predicament can receive needed effective treatment. Research shows that early treatment intervention reduces brain damage, requires shorter hospitalizations, results in better long-term outcomes, and helps prevent suicides, violence, homelessness, and incarceration.

PROBLEM WITH THE CURRENT LAW: It is a barrier to timely treatment

Current law requires that to qualify for involuntary intervention, an individual must present *“a danger to the life or safety of the individual or of others.”* **There is no definition of this phrase.** Without statutory guidance, it is too often narrowly interpreted by police, outpatient & ER doctors and local court judges to require *imminent danger of suicide or violence.* This makes it impossible to secure treatment for desperately ill individuals with anosognosia who are unable to satisfy their basic survival needs or prevent further psychiatric deterioration. Families are left to helplessly wait for senseless tragedy to establish “danger.” The inability to think rationally drives many into the criminal justice system. ***Treatment delayed is treatment denied.***

HB1344/SB928 would enable timely treatment by providing a proper definition of “danger to life or safety.”

1. Clarify that the danger to self or others need not be imminent, and
2. Allow personal and medical history to be considered, and
3. Clarify that danger to self encompasses a substantial risk that because of the mental illness the person will
 - a. be unable to provide for their basic needs (food, clothing, shelter, health, or safety) OR
 - b. suffer substantial deterioration of their judgement, reasoning, or ability to control behavior (provided they are unable to make a rational and informed decision as to whether to submit to treatment).

Parity with other states: Forty-five states currently have danger standards which explicitly include the inability to meet basic survival needs, and 24 also recognize risk of psychiatric deterioration as an actionable danger. Maryland is behind in this reform.

Preservation of civil rights: All guarantees of civil liberties, so well developed in Maryland’s current law, remain in place, including legal representation and judicial hearings. Timely treatment can restore rational thought and the ability to meaningfully exercise one’s civil rights.

Budget considerations: The proposed reforms should reduce costs associated with long or repeat hospitalizations resulting from delayed treatment. Police, court, and corrections cost savings should also be realized as well as the reduction of frequent emergency room visits.

Expected outcomes: Reduction in suicides, homelessness, police interactions, criminalization, use of emergency systems, and safer communities with better treatment outcomes, with more treatment taking place in the mental health system rather than in jails or not at all.

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