

## Testimony for HB1344 Mental Hygiene – Reform of Laws and delivery of Services

House Health and Government Operations Committee

Date: March 19, 2021

From: Edward Kelley III, Howard County

**POSITION: SUPPORT**

TESTIMONY OF EDWARD F. KELLEY III SUPPORTING HB-1344/MARCH 19, 2021

My name is Ed Kelley and my son has paranoid schizophrenia. I have 21+ years real life experience dealing with the inadequacies of our involuntary commitment laws as they exist today. Whether naked in the snow in sub-freezing temperatures – living under a bridge – wandering for weeks talking to himself – or being victimized - I have watched first-hand the unbearable – seeing my son unable to access treatment because he does not believe he has an illness.

Last year Governor O'Malley and the administration acknowledged the need to intervene earlier when they announced the funding of a new center intended to get young people at risk into immediate treatment – called The Center for Excellence on Early Intervention for Serious Mental Illness . The program specifically states that 'psychosis' is the specific symptom that makes violence more likely'. **The staff at the center was quoted saying that "we need to make an effort to intervene as early as possible to perhaps salvage lives that might otherwise be lost"; and, goes on to say that "the probability that people with mental illness will become violent increases significantly if they reach psychosis"**. Maryland's leadership has acknowledged the problem exists – so let's address it.

On one hand we have groups saying the current laws are just fine. Does anyone on this Committee really believe that is true when we have these testimonies year after year? While we open our hearts and souls to you – others attack our testimony as anecdotal and emotional rhetoric. Is that what you believe when you hear us speak? **If the law is clear – why are we having these discussions year after year?** There are thousands of people in Maryland with the authority to evaluate a person for involuntary admission. Even if we were to assume everyone is well intended in that role – the current law creates confusion and a fear of liability – so they err to the side of taking chances with lives.

During the Continuity of Care sessions in 2013, in which I participated throughout, I asked the opposing groups if there was anything we could get changed - in regard to this issue – and other issues pertaining to the other Bills to be heard today - to better help families across Maryland. **Not one inch of movement. Not one word offered.** While I respect the opposing groups efforts – the fact is that change is required so everyone is on the same page and clarity exists that allows our providers and courts the opportunity to help those who cannot help themselves. This change will not create a huge dragnet. It will not increase stigma or deter persons from seeking help. This Bill is directed at that small population that does not believe they are ill and live with voices, delusions and paranoia.

Where does that leave us? Our son, like many others, does not believe he is ill. **It has been 21 years now – does anyone here really believe that someone with our son's illness will 'eventually seek treatment' – as is suggested by opposing groups?** **Would you be willing to take that risk if it were your child, spouse or parent?** Are you willing to take that risk as a legislator, after seeing tragedy after tragedy unfold? Why do we acknowledge that those with Alzheimer's at times cannot make good decisions – yet at the same time deny that same approach to someone who thought they were being hit with microwaves just prior to walking into the DC Naval Yard and killing 12 people while listening to voices?

In a February 18 2014 Montgomery Gazette, Montgomery County's County's Chief of Behavioral Health and Crisis Services is quoted saying: **We have to be able to recognize [symptoms] and treat them earlier. ... If someone comes in**

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**for a second time, we have to be able to catch that and intervene before things become violent,**” Dr. Newman, a prominent psychiatrist with Georgetown University is then quoted in the article: **“If they are refusing treatment and not considered an ‘imminent danger,’ they are allowed to sort of rot away with their rights on,” Newman said.**

There are also those who feel this can be corrected thru training/education and regulations. While I have the utmost respect for the Administration’s great leadership and talent, people come and go in administrations, and interpretations will be continually fought over based on respective people’s perspective and/or education on the matter. That is why leaving this issue up to training and education is not enough. People only believe that change has been made when something is materially changed. Those who suffer the most deserve to be treated more humanely – and they deserve the right to avoid the stigma – the labeling - that results when they deteriorate due to lack of timely treatment. . What role you as Legislators play here this session to change all that is what remains. Please do the right thing

**Attached: Baltimore Sun Article, USA Today Article, Montgomery County Gazette Article**

## **New Maryland mental health initiative focuses on identifying and treating psychosis**

By **Jonathan Pitts**, The Baltimore Sun

*5:01 a.m. EDT, October 21, 2013*

One day last summer, a former Navy reservist phoned police in Newport, R.I., to say someone was using a "microwave machine" to send vibrations through his body to keep him from sleeping. Six weeks later, the same man took a shotgun into the Washington Navy Yard, began firing and killed 12 people, including himself.

Judging from details in the Rhode Island police report, mental health experts say the shooter, a civilian contractor named **Aaron Alexis**, was likely wrestling with psychosis, a symptom of **mental illness** associated with a higher-than-usual risk for violence.

The tragedy and others like it have left those in the mental health field, along with the rest of the nation, wondering why the tragedy happened — and how to prevent the next mass shooting. Some states, including Maryland, have responded by tightening gun-control laws and augmenting programs to help the mentally ill.

But Maryland also has decided to focus specifically on psychosis. Founded using a \$1.2 million state appropriation approved this year, the Center for Excellence on Early Intervention for Serious Mental Illness has a goal of identifying psychosis in a fresh way: by taking notice in the earliest stages and providing support before symptoms spiral out of control.

"Tragedies like shootings raise public consciousness about anything we might be able to do to prevent those kinds of horrors from happening again," said Gloria Reeves, a child and adolescent psychiatrist at the **University of Maryland Medical Center** in Baltimore and a leader in the program. "And we can demonstrate plenty of information about how it helps to identify kids at early stages. I'm confident we'll be able to show that this works."

The center has no brick-and-mortar headquarters yet, as organizers work to establish a collaborative foundation. That entails beefing up three existing mental-health programs at the **University of Maryland** School of Medicine, adding a fourth that includes researchers and clinicians at the **University of Maryland, Baltimore County**, and coordinating all four under a single organizational umbrella.

Organizers say the result is a multidisciplinary service that can identify young people at high risk for developing psychosis — the center works with people between 12 and 22, a prime age for first onset — and provides a "continuum of care" for anyone who needs it.

Reeves and her colleagues say they're working to ensure patients can live normal lives by short-circuiting the possibility of a deeper psychosis that could intensify if left untreated. Psychosis is a condition that usually is a symptom of a psychiatric illness, such as **schizophrenia** or, less often, **dementia** or **bipolar disorder**.

Patients experiencing psychosis typically hear or see things that aren't there or harbor false, often paranoid beliefs — for instance, that actors on television are sending them coded messages or that loved ones are spying on them to "steal" their thoughts. Sufferers often withdraw socially, abandon activities they once enjoyed and have trouble functioning normally.

The majority of people afflicted with psychoses never commit violent acts, let alone the kinds of horrific, high-profile crimes that have left wakes of destruction at **Virginia Tech**, in Newtown, Conn., and elsewhere across the country in recent years, said Robert W. Buchanan, a professor of **psychiatry** at the University of Maryland medical school who is directing the center.

Only a few mass shooters are known to have experienced psychotic episodes — notably **Jared Lee Loughner**, the college dropout who fatally shot six people in Tucson in January 2011. James Holmes, who also had such episodes, has been charged in the deadly 2012 shooting at a Colorado movie theater.

But psychosis does leave sufferers at higher-than-normal risk for abusing alcohol and drugs, experiencing trauma and engaging in self-destructive and violent behaviors, Buchanan said, a fact that gives the subject "a critically important public-health aspect." "Mass shootings are so rare it's hard to draw definitive conclusions about causes, but the research shows that the earlier we intervene in the progression [of psychosis], the better the long-term outcome," Reeves said. "We're putting our resources together on the side of prevention."

Because the easiest time to recognize psychosis is after it has erupted into view, the tendency has been to offer medical or psychotherapeutic treatment only after it has disrupted or even ruined lives.

A growing body of research over the past two decades, however, has shown patients are much more responsive to treatment if they're diagnosed early, and there are early warning signs that suggest when a person is at risk for developing psychosis.

"If there's a theme here, it's that an ounce of prevention is worth a pound of medicine," said Jason Schiffman, a UMBC psychologist and a member of the new center's staff.

## Psychosis center aims to prevent violence

Michael Ollove, Pew/Stateline Staff Writer 10:12 a.m. EDT October 9, 2013



Former U.S. Rep. Gabrielle Giffords of Arizona, right, looks at a photo of Christina-Taylor Green. A man who may have been psychotic shot Giffords and 18 others in a Tucson mall parking lot in January 2011, killing six people, including 9-year-old Christina. Maryland recently opened a new center that aims to identify and treat people at risk of psychosis.(Photo: AP)

### Story Highlights

- Md. center aims to ID young people who are either in full psychosis or at high risk for becoming so
- Md. center focuses on getting at-risk young people into immediate treatment
- Psychosis is the specific symptom that makes violence more likely

Maryland was one of several states that [reacted](#) to last year's mass shooting at a Newtown, Conn., school by boosting mental health spending or tightening gun control laws for people with severe mental illness.

**Unlike the other states, Maryland also is focusing directly on psychosis, the specific symptom that makes violence more likely.**

The Maryland General Assembly this year approved Democratic Gov. Martin O'Malley's \$1.2 million request to establish a "Center for Excellence on Early Intervention for Serious Mental Illness." The program is aimed at identifying young people between the ages of 12 and 30 who are either in full psychosis **or at high risk for becoming so, and getting them into immediate treatment.**

The hope is that the program will contribute to a better understanding of psychosis, what triggers it, and how to treat it. **Most of all, it is an effort to intervene as early as possible, to perhaps salvage lives that might otherwise be lost.**

"There's a lot of evidence to suggest that the sooner a person with psychosis gets into treatment, the better the outcome for that person's well-being, for that person's chances of living and working in the community, for them living the life they want to live," said Jason Schiffman, a psychologist at the University of Maryland/Baltimore County and a member of the new center's staff.

The unusual aspect of the initiative is that it doesn't target a particular illness—for example, depression, bipolar disorder or schizophrenia—but a symptom associated with those diseases in their most extreme form. Most studies show that **in general** the mentally ill are no more likely to commit acts of violence than the general population. **But the probability that people with mental illness will become violent increases significantly if they reach psychosis, particularly if they are also abusing drugs.**

**Attachment #3 - TESTIMONY OF EDWARD F. KELLEY III SUPPORTING HB-606  
MARCH 4, 2014 - Montgomery Gazette Article Dated Feb 19, 2014**

When mental illness intersects with the criminal justice system

[St. John BARNED-Smith](#),

Posted: 02/19/2014 12:01 AM



**Amid a spate of unusual and violent killings in Montgomery County last month, authorities are investigating what they say is a common thread: mental illness.**

- In Germantown, **two women were accused of stabbing two young children to death** in an attempted exorcism.
- In Gaithersburg, police said, **a man stabbed a 7-Eleven clerk to death** less than a week later.
- Police said an off-duty sergeant shot his adult son to death **as the son was stabbing his mother to death.**

The two women and the 7-Eleven defendant were transferred to a psychiatric hospital in Jessup for mental evaluation and treatment. The slayings prompted Montgomery County State's Attorney John J. McCarthy to highlight local law enforcement's role in dealing with and caring for the mentally ill. He talked about the lack of funding for treatment and the need for more resources and funding. "The larger issue for us in the community is: How do we deal with people who have persistent mental health issues and intersect with the criminal justice system?" McCarthy said in a press conference last month. He said it's an "open secret" that jails are one of the largest providers of mental health care and treatment nationwide. Statistics show a growing problem.

According to data from the county prosecutor's office, the number of "intakes" — people who were arrested — at the Montgomery County correctional facilities decreased from 9,256 in 2010 to 7,879 in 2013. But the number of people who needed mental health screenings increased from 2,161 in 2010 to 2,222 in 2013. The 2,222 are 28 percent of the jail's population. Of those, 926 had to be taken to the jail's 34-bed crisis intervention housing unit, where the detention center houses the most seriously mentally ill. Law enforcement officials said they can't explain the rise. Of the 2,161 inmates in 2010 who had mental health screenings, 653 needed to be transported to a critical intervention housing unit, according to the state's attorney's office.

"Of all the issues faced by adult corrections, mental illness is by far the most challenging and difficult," said Arthur Wallenstein, chief of the county's Department of Correction and Rehabilitation. On Tuesday at the county jail's critical intervention unit in Boyds, therapist Laurie Mombay said that as many as 10 to 12 of the 34 inmates at the unit at any one time were chronic offenders. They might cycle through the jail multiple times a year on low-risk offenses, like trespassing or disorderly conduct charges. "It's difficult to intervene in a way that helps people get better," she said, citing the demands of the system, the number of inmates the unit treats, and how critically ill they often are when they arrive.

Historically, in the U.S., those with debilitating mental illness were held in institutions, including psychiatric hospitals. Decades ago, for example, Saint Elizabeths Hospital in Washington, D.C., held thousands of patients.

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Today, it holds just a few hundred. According to Dr. Alan Newman, a psychiatrist with Georgetown University, in the past, institutionalization was “too easy.”

Now, people can only be hospitalized against their will if they are “an immediate danger” to themselves or others, he said. “The flip side means that many people who are severely mentally ill, untreated and homeless, cannot be forced to get treatment because they do not meet this narrow definition of dangerous,” he said. “Some of those patients will eventually commit an offense that they wouldn’t have if they had gotten treatment,” he said. Conversely, those who committed violent acts when untreated often are not a threat to the community once they’ve received the care they need, he said.

Advocates for those with mental illness say that when Congress passed legislation emphasizing de-institutionalization in 1963, the goal was community-based treatment centers. That goal never substantially materialized, Wallenstein said. “Unfortunately we only hear about mental illness when there’s an egregious act of violence,” said Dr. Raymond Crowel, the county’s Chief of Behavioral Health and Crisis Services. “We shouldn’t be waiting until someone breaks the law before they begin to get treatment,” he said. “There’s a conflict in the way the system is structured.”

The county spends about \$34 million — including federal and state dollars — on mental health services, he said. “We don’t have all the resources for someone coming out of jail with mental illness,” he said. “We have to be able to recognize [symptoms] and treat them earlier. ... If someone comes in for a second time, we have to be able to catch that and intervene before things become violent,” he said. Programs like pre-jail diversion (which the county already uses) and longer hospital stays could help, he said. Government agencies also should look at stabilizing a person’s life through resources for education, housing and vocation, he said.

Mental health courts — in which treatment teams, prosecutors, public defenders work together to keep people out of jail — also could help, he said. People who previously might have been in the more paternalistic health care institutions of generations past are out on their own, without the protection of a safety net. “If they are refusing treatment and not considered an ‘imminent danger,’ they are allowed to sort of rot away with their rights on,” Newman said.

That has put some living with mental illness in a precarious position, advocates say. Many people who come into contact with police wouldn’t be in the criminal justice system if they had the help they needed sooner. “Mental illness includes a lot of different disorders,” said Stephanie Rosen, executive director for the Montgomery County chapter of the National Alliance for Mental Illness. Mental illness encompasses everything from mood disorders to phobias, or panic disorders, along with conditions like eating disorders, or schizophrenia, she said. The vast majority of people with mental illness are nonviolent, living successful lives, she said. According to the National Institute of Mental Health, about 25 percent of the adult U.S. population will experience symptoms of mental illness in a one-year period. Mental health advocates say that sometimes the only way a person can get the care they need is by being arrested and taken to a correctional facility.

Law enforcement and mental health professionals also find themselves in a bind, Rosen said, when a person with mental illness may be arrested, but can’t be sent to the hospital, because the person doesn’t think he or she is sick. One case Rosen was familiar with was a man suffering from schizophrenia who routinely visits a 7-Eleven even after being told not to. “He constantly comes back to the same 7-Eleven,” she said. “The same officer is constantly having to pick up the same individual — there are zero laws, and no other options than arresting him.”

Police say they have seen a jump in calls for service dealing with individuals who may be mentally ill. McCarthy said mental health has become a significant factor in how criminal cases are handled. That includes services for defendants while their cases are investigated and prosecuted, putting new pressures on jails and police officers. “The biggest challenge we face in this county is dealing with people with delusional disorders,” said Officer Scott Davis, Montgomery County Police’s Crisis Intervention Team coordinator. “They’re not ill enough to involuntarily petition, but if we let [the situation] lay the way they are, it causes non-stop calls for service.”



He and his fellow officers have had to respond to calls at one house in Bethesda 50 times over the last few months, because of constant calls by the person living there, who Davis said has a mental disorder. According to Davis, county police responded to 5,256 calls for service related to mental illness in 2013 — up from 4,449 in 2009. That number from 2013 accounts for about 20 percent of the 235,000 calls police made that year. Local law enforcement officials say the influx has strained their resources.

**“Corrections never asked to be a mental health provider and now we find more seriously and persistently mentally ill persons in our custody than ever before,” Wallenstein said, calling the issue a “crisis.”**