

Testimony for HB1344—Mental Hygiene – Reform of Laws and Delivery of Services

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From: Evelyn Burton, Advocacy Chair of the Maryland chapter of SARDAA (301-404-0680)

Position: Support

As a non-profit organization providing support, education and advocacy for individuals with illnesses that can exhibit psychosis, like schizophrenia and bipolar disorder, we constantly see the tragedies resulting from denial of critical psychiatric hospital treatment due to Maryland's outdated emergency evaluation and involuntary treatment laws. **Denial of timely treatment for psychosis results in a broad pipeline to incarceration and homelessness.** It substantially increases the risk of violence, results in brain damage and decreased recovery. **Half of the families testifying before the Continuity of Care Panel reported incarceration after denial of treatment. 36 Percent reported homelessness and 23 percent reported violence. (see attachment). County jails report up to 50% of inmates have mental illness and over 30% in the state prisons.**

WHY IS INVOLUNTARY TREATMENT SOMETIMES NEEDED? Certain biologically based illnesses, such as schizophrenia and bipolar disorder sometimes cause a neurological deficit called **anosognosia**, a lack awareness of the illness and the need for treatment. Involuntary evaluation and hospital admission is sometimes the only way they 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: A BARRIER TO TIMELY TREATMENT.

Current law requires that “The individual presents *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 toward others to qualify for evaluation and involuntary hospital admission. This narrow interpretation of “danger” often 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 constantly report being told by police and mental health professionals: “there is nothing we can do until they are suicidal or homicidal. Call us back when there is actual violence.” That is comparable to telling a cardiac patient with congestive heart failure to come back after you have a heart attack. It is blatant discrimination.**

How HB1344 Would Enable Timely Treatment: DEFINE THE MEANING OF DANGER.

1. Clarify that the danger to self or others need not be imminent, and
2. Personal and medical history may be considered and
3. Danger to self includes a substantial risk that as a result of the mental illness the individual will
 - a. be unable to provide for the individual's basic needs (food, clothing, shelter, health, or safety) OR
 - b. suffer substantial deterioration of the individual's judgement, reasoning or ability to control behavior, if unable to make a rational and informed decision as to whether to submit to treatment.

Reform in Other States: Forty-five other states have danger standards which include the inability to meet basic survival needs and 24 also include psychiatric deterioration standards. 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 exercise one's civil rights.

Budget Considerations: The proposed changes 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: **TREATMENT BEFORE TRAGEDY. PREVENTION OF INCARCERATION**

Reduction in suicides, homelessness, police interactions, criminalization, use of emergency systems and repeat hospitalizations, and safer communities with better treatment outcomes with treatment in the mental health system rather than in jails or no treatment at all.

Testimony of 22 Maryland families experiencing the Danger Standard as a Barrier to Treatment.

TESTIFIER	Location	WHO DENIED	OUTCOMES
Jennay G	Montgomery C.	Judge, MCT	Remains psychotic, Unable to Work
Karen L	PG County	ER-Dr.	2 sheriffs killed, 30 yr prison sentence
Barbara B	Montgomery C	police	homeless
Bethesda Cares	Montgomery C.	Police, MCT	2 ind. homeless, hypothermia, aggression
Swaroop R	Montgomery C.	Police, OP-Dr, MCT, ER-Dr	Many incarcerations
Paulette S	Howard C.	Police, OP-Dr	homeless, jail, Criminalization-IST, reduced med response
Dan B	Anne Arundel C.	Police, ER-Dr	eye injured
June H	Charles C.	ER-Dr	Attempted suicide-cut throat, stabbed heart & lungs, ICU for weeks
Maryilyn M	Montgomery C.	OP-Dr, Police, Judge	Attacked mother's husband, criminal record
Katy S	Charles C.	Police	Prison
Joanne C	Montgomery C.	OP-Dr	Suicide attempts, Jail, lost job, insurance, savings, son traumatized
Joe A	St. Mary's C.	Inpatient Dr.	homeless, wandering in streets
Claire W	Montgomery C.	ER-Dr	Suicide
Janet H	Calvert C.	ER&inpat Drs	homeless, Attacked 3 -caused Traumatic Brain Injury, prison
Edward K	Howard C.	Police	homeless, poisoned his mother, jail
Amy H	St. Mary's C.	Police	Harmed self, lost job, family, homeless, Jail
Jeanette F	Montgomery C.	OP-Dr	Catatonic coma, brain damage
Shantelle S	Montgomery C.	OP-Dr.	Untreated diabetes, risk of diabetic coma
Giles K	Montgomery C.	Police	Homeless, threatens gov employees
Karen M	Montgomery C.	OP-Dr	Criminal record, jail-solitary confinement
Susan K	Montgomery	OP-Dr	Injury to others, police involvement
Janet B	Montgomery	Police, OP-Dr	Attacked sev people, criminal charges, jail

KEY: OP-Dr. = Outpatient Dr MCT=Mobile Crisis Team

Summary of Family Testimony Outcomes

Professional who denied petition or involuntary admission:

Outpatient doctor (OP-Dr.)	8
ER doctor:	5
Inpatient doctor	2
Police	10
Judge	2
Mobile Crisis Team (MCT)	2

Outcomes for the 22 testimonies

8 Homeless (36%)
11 Jail/Prison (50%)
1 Suicide
2 Suicide attempts
4 individuals violent to others (23%)
12 Others harmed
2 Others killed
9 Children without parent (killed or jailed)
9 Multiple Hospitalizations
11 Criminal record
1 Catatonic coma/brain damage
7 Remain psychotic & untreated
9 Lost Job
9 individuals with illness injured or debilitated