Testimony for HB1344 Mental Hygiene – Reform of Laws and delivery of Services
House Health and Government Operations Committee
Date: March 19, 2021
From: Amy Henderson, St. Mary's County
POSITION: SUPPORT

I am the mother of an adult son who has bipolar disorder. He was diagnosed 18 years ago, at the age of 20. When he was compliant with medications, he was able to work as a machinist and a welder for several years, maintain a home and taking care of his family.

In 2011, my son's condition deteriorated, because he stopped taking his medication. He had trouble at work, was easily agitated, had difficulty sleeping and was eventually fired from his job. In January of 2012, he went to Washington, D.C., leaving his wife and two children behind. He slept on the couches of strangers who took pity on him, climbed on statues and napped in trees. He got numerous tickets for parking and moving violations and forgot where he'd left his car, which was impounded twice. Several times, he returned to St. Mary's County and was verbally abusive to friends and relatives. One night, he became enraged and threw objects through the front window of his home. Another time he took items from a gym, thinking the manager would "put it on his tab." He received at least two no trespassing orders. He refused any treatment.

My husband and I were extremely upset by all these events and the feelings of helplessness that overcame us. Family members and friends asked us why we weren't "doing something" about his bizarre behavior. We knew from talking to many other families about their experiences that the local doctors, judges, and police would not petition or order an emergency evaluation until our son threatened to harm himself or someone else. In addition local ER doctors do not certify patients for involuntary hospital admission unless there has been a threat of physical harm to self or others. They interpret the current dangerousness standard as meaning only imminent physical harm; Therefore, we were powerless to get him involuntary hospital treatment.

We believed that we would eventually get a phone call for one of three reasons: Our son would either be in jail, in an emergency room, or dead. And so we waited and dreaded what might happen. In April, the call came. Our son had climbed up onto the roof of a church and lost his footing. He broke bones in both feet, and in one wrist, which required surgery. He spent the summer recuperating and coming down from the manic high that had endangered him. His treatment cost close to $100,000. He was approved for SSDI.

I strongly believe that if the standard for involuntary evaluation and hospital treatment were changed to include "gravely disabled" language, we would have been able to access treatment for our son much sooner. We would likely have helped him avoid life-altering injuries and prolonged mental instability which to date is not resolved. Families need the language of the law changed to clarify that there only needs to be a reasonable expectation of danger, not imminent danger, and that danger includes psychiatric deterioration that leads to the inability to care for oneself, and that medical history should be considered. Then we will have something to point to when providers and police refuse to help because they still believe that threats of physical harm are required.