

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

House Health and Government Operations Committee

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From: Marianne Eichenberger, Howard County

Position: SUPPORT

I am an advanced practice mental health nurse of 39 years living in Howard County. HB1344 would improve mental health practitioner's ability to provide more timely treatment by providing a definition of "danger". The current Involuntary Treatment law does not define "a danger to the life or safety of the individual or of others". Clinicians, police, judges, and other evaluators are forced to define "danger" which has created a narrow interpretation of danger as "imminent danger". Those struggling with severe mental illness who are unable to satisfy basic survival needs such as safety, clothing, food... are not included in this limited definition.

The proposed bill would clarify that danger is not "imminent" but would include those with mental illness that are unable to provide for basic needs.

The evidence shows that severely mentally ill clients that do not receive treatment in earlier stages of their illness or that have had to have multiple re-stabilization have a poorer response to future treatment and poorer long-term outcomes. Another negative consequence is these individuals come to mental health care through the prison system. It is critical to get these individuals whose judgment, reasoning and/or inability to control their behaviors into treatment so they can make informed decisions regarding their future treatment.

I have worked with a client that was homeless, hearing voices that told them that others around them were the devil and need to be stopped. The client entered the system after robbing a store for food and threatening to harm the store's cashier. The client was able to enter the forensic system because of these charges and receive treatment even though they did not believe they had an illness at that time. This individual after treatment stated, "This saved my life." They described the horror of living on the streets, searching for food in garbage cans, and not understanding that the voices were not real. If the definition of danger had been spelled out this individual would have been able to receive treatment sooner. A lucky client as the ending was a good one, but too often that is not the case.

Involuntary hospitalization requires that at least 2 more often 3 (psychiatrist, physician and mental health provider) make the determination that involuntary care is required. Please realize that as care providers we do not make this decision for involuntary treatment lightly and that criteria are and must be followed. Our first responsibility is to our clients.

Maryland is among 5 most restrictive standards in the nation. I have worked in a state that used a clearer definition of "danger" and clinicians appreciated the guidance in the provision of care to those seriously mentally ill and unable to make rational decision because they did not understand they were ill. This bill will not cost money through earlier treatment with shorter hospitalizations and less use of the forensic system-police, courts and corrections.

I ask all members of the HGO Committee to support this bill.

I appreciate the time you have taken to consider this vital issue