



## **HB 1160 – Mental Health Law – Reform of Laws and Delivery of Services**

**Committee: Health and Government Operations**

**Date: March 9, 2022**

**POSITION: Oppose**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

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I am testifying in **opposition** to HB 1160, as the parent of a child, now 33, who was diagnosed with serious mental illness as a teen.

Since our son was a minor and frequently went into crisis, we did have the power to have him involuntarily committed to inpatient treatment, many times, with stays ranging from one week to two months.

He still will talk about how traumatic the experience was, especially since he was subject to the use of restraint and seclusion a number of times during his many hospitalizations. He was put in both four point and five point restraints on more than one occasion, and on one occasion the hospital staff used a cold wet sheet pack restraint. This was on a minor.

He says the experience of involuntary commitment forever turned him off from receiving mental health treatment. After turning 18 he refused all psychiatric treatment and medication. We must be aware that this aversion to receiving mental health services can frequently be the consequence of involuntary treatment.

Only very recently, as a 32 year old, did he seek out mental health treatment and decide to begin to take medication. He says that the results have transformed his quality of life, and he wishes that he had engaged in treatment years ago.

So my family's experience with involuntary commitment was not only did it not help to facilitate recovery, it impeded progress.

Many family members with a child or other loved one with serious mental illness value self-determination and the protection of civil liberties. What they want is for their loved one to have easy access to a broad array of quality, appealing, and readily available mental health treatments and community supports, especially when a person is in crisis. This is where the state should be focusing its efforts – on building out a comprehensive system of supports to help people with serious mental illness live successfully in the community.

BHA's Involuntary Commitment Workgroup, which was comprised of a diverse group of stakeholders (including family members), made recommendations regarding involuntary commitment. The workgroup advised:

- “Psychiatric deterioration” should not be included in the definition of dangerousness – it is highly subjective and frequently has nothing to do with a risk of danger
- Comprehensive training around the dangerous standard should be provided to a wide variety of professionals who might touch an emergency petition.
- Data should be collected and continually analyzed on the use of involuntary commitment, especially to examine if it is disproportionately impacting Black Marylanders.
- Dangerousness should be defined in regulation as opposed to statute.

HB 1160 blatantly disregards the recommendations of this wide group of stakeholders.

Therefore we urge an unfavorable report on HB 1160.

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