

I, Adam Brown, M.D., am writing to you to express my concerns and opposition to HB1177 which the Judiciary Committee will be hearing on March 2, 2022.

I am currently employed at Clifton T. Perkins Hospital Center as a staff psychiatrist and forensic evaluator. I work closely with, and greatly appreciate the input of the social workers with whom I work; however, they do not have the necessary training to complete adequate forensic evaluations or to testify on ultimate issues in a court of law.

The training required to become a board-certified forensic psychiatrist is extensive. It includes four years of medical schooling, four years of psychiatric residency (including several months of training in internal medicine and neurology), and an additional year of forensic psychiatric fellowship training, during which a fellow will work/train exclusively in a forensic role. Finally, by the time we fully complete our training, a forensic psychiatrist will have taken and passed at least five different medical board examinations (a total of three to become a medical doctor, one to be board-certified in general psychiatry, and one to be board-certified in forensic psychiatry (the last two of which require ongoing reassessment after a 10 years)).

The forensic psychiatry fellowship year is intense. During that time, I completed over 100 court ordered evaluations which included writing reports totaling more than 1700 pages. The topic of the evaluations and reports I completed included competency, criminal responsibility, presentencing, child custody, termination of conditional release, ability to work, and application for asylum and withholding of removal in immigration cases. Even then, report writing and evaluations are only half of the story. Forensic psychiatrists are required to understand the relevant case law related to forensic psychiatric issues as well as general legal information to competently function in a forensic role. To accomplish this my fellowship program required an audit of a semester of a criminal law course at the University of Maryland Law School, as well as a half-day of lectures once per week on issues directly related to the overlap of legal issues and psychiatry. All of this training was completed under the direct supervision of a board-certified forensic psychiatrist, without whom, it would have been impossible.

The in-depth education I received in fellowship training was in addition to all of the other schooling and training it required to become a competent general psychiatrist. This included four years of residency training in diagnosis and treatment of mental disorders. To accurately diagnose a psychiatric condition, one must have a medical understanding of anatomy and physiology, as well as the effects and mechanism of action of medications/substances. Without this, misdiagnosis is much more likely. Somatic issues or intoxication can masquerade as mental illness symptoms, and vice versa. The ability to accurately understand this complex interplay can only be acquired from the base knowledge attained in four years of medical school training. Simply put, social workers do not have the knowledge base or the training to function in a role in which they will testify on the ultimate issues in court cases.

I cannot stress enough that my concern on this issue is in no way a denigration of social workers' vast skills (most of which I do not have). The social worker plays an exceedingly important role in the field of psychiatry. However, testifying on the ultimate issues and providing opinions about complicated psychiatric issues is not a part of that role and never has been. The training and schooling required to become a social worker was never designed to prepare one to fill this

role. Thrusting a social worker into a role in which they do not have adequate training and expertise to competently fill is a disservice to them, as well as the defendants, patients, and courts with whom they would be working.

Ultimately, having worked at Clifton T. Perkins Hospital since 2019, I think my greatest fear is more frequent occurrences in which a defendant is adjudicated Not Criminally Responsible based upon a misdiagnosis and the testimony of a social worker. Such a scenario would potentially lead to a violent offender being prematurely released from commitment into the community after 50 days per statute because they do not actually have a mental illness or require mental health treatment at our facility. Once an NCR outcome is adjudicated by the court, there is no going back and no do-over. That is why the appropriate level of training, education, and skill is a necessity when one is assisting the court in answering complex forensic questions.

In conclusion, becoming an expert in a court of law requires expertise on the matter at hand; social workers do not (and have never before been expected to) have that expertise. Simply writing such into the law would not change this fact.