

Testimony for SB480

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From: Amanda Woodward, 8469 Hill Street, Ellicott City, Maryland 20143.

Position: SUPPORT

Good afternoon to members of the Senate Finance Committee. My name is Amanda Woodward, and I am a Registered Nurse with 24 years of extensive experience in acute care psychiatry, emergency medicine and the criminal justice system. Over the course of my career, I have witnessed lives wasted and families torn apart by serious mental illness (SMI). I have seen the same SMI individuals repeatedly cycling through Jails, ERs, and psych units. Had I worked with the police, I would have also seen them dead or homeless. I am convinced that had my patients had a supportive AOT program, their outcomes would have been so much better.

One argument against AOT is that it limits the individual's freedoms or choices. My response is psychotic illnesses themselves hold minds hostage by preventing full expression of personality and humanity. According to the Treatment Advocacy Center, about half of those with Bipolar 1 and Schizophrenia are affected with anosognosia. (TAC, By the Stats) This is the inability of the mind to understand it is hijacked by delusional thoughts and hallucinations. This explains why 50 percent of those with SMI live unmedicated. Would any of us take medication if we didn't think we were sick? A quality AOT program for these people involves caring, supportive clinicians and a wise civil court judge to monitor progress and make use of the black-robe effect, which studies have shown to keep individuals engaged in the program.

Some individuals with SMI may testify that they were maltreated in a hospital setting or by community mental health agencies. Their lived experience is valid. In the same way, some cancer patients say their treatment makes them question their choice to live longer. Still, we do not withhold their life-saving treatment. For the best outcomes, AOT programs must be formed from high quality models such as that of SAMHSA, which has been proven to work by many studies across the nation. Kindness, dignity, and support go a long way...

In the absence of such AOT programs, loved ones of those with SMI are left to care for their sick relative when laws and health systems fail them. These families endure unbearable stress. I have seen both the heroics and exhaustion of mothers. Approximately 1/3 of family homicides involve a person with SMI. (TAC, By the Stats) AOT like this would preserve the family peace by freeing caregivers from the clinician's role and allowing them to do what families do best.

The altruistic implementation of AOT will stop the down-stream problems we see today, making the

effort worthwhile, in addition, studies have shown state expenditures on these current issues would dramatically decrease. These savings could, in turn, cover the costs for wide-spread implementation of upstream solutions.

I support SB480.