



ON OUR OWN  
OF MARYLAND

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## WRITTEN TESTIMONY IN SUPPORT OF SB 154 - Mental Health Advance Directives

Thank you committee members for your work to improve the quality and accessibility of healthcare services for Marylanders. On Our Own of Maryland (OOOMD) is a statewide behavioral health (BH) education and advocacy organization, operating for 30 years by and for people with lived experience of mental health and substance use challenges. Our network of 20+ affiliated peer-operated Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to nearly 6,500 community members.

**OOOMD is in strong support of SB 154, which would require the Maryland Department of Health to create a public awareness campaign to promote the use of Mental Health Advance Directives (MHADs), and task the administration with studying how MHADs can be accessed by first responders and crisis service providers during a BH crisis.**

Maryland law states that individuals have the right to make decisions regarding treatment in advance, including mental health treatment decisions, through the process of creating an advance directive.<sup>1</sup> MHADs include important medical history, specific guidance on acceptance/refusal of certain types of treatment (e.g. medication, modalities, treatment settings), and appointment of a health care agent to legally make treatment decisions on their behalf. MHADs may also include helpful support information, such as effective self-help practices and delegated responsibilities for the care of family members or household management.

MHADs protect autonomy and prevent unintended harm by empowering individuals to thoughtfully plan and express what works, what should be avoided, and who to contact in an emergency. MHADs have been shown to increase treatment adherence and even improve the patient-provider relationship.<sup>2</sup>

Unfortunately, there are significant current barriers to effectively and efficiently completing and utilizing MHADs stemming from lack of awareness. Even within behavioral health service environments, professionals may not understand the requirements for appropriate use or have access to MHADs, especially in time-sensitive or emergency circumstances.<sup>3</sup>

<sup>1</sup> Maryland Department of Health & Mental Hygiene. Advance Directive for Mental Health Treatment. <https://www.wmhs.com/wp-content/uploads/2018/04/md-mental-health-advance-directive.pdf>

<sup>2</sup> Elbogen EB, Van Dorn R, Swanson JW, Swartz MS, Ferron J, Wagner HR, Wilder C (2007). Effectively Implementing Psychiatric Advance Directives to Promote Self-Determination of Treatment Among People with Mental Illness. Psychol Public Policy Law. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3816514/>

<sup>3</sup> Shields LS, Pathare S, van der Ham AJ, Bunders J. A review of barriers to using psychiatric advance directives in clinical practice. Adm Policy Ment Health. 2014 Nov;41(6):753-66. <https://link.springer.com/article/10.1007/s10488-013-0523-3>



In Maryland, there is currently no centralized or standardized process for making MHADs available to any relevant treatment provider who may be involved in responding to a mental health-related emergency. Instead, contact must somehow be made with a loved one or other provider in possession of the MHAD. This lack of ready access means MHADs are more likely to be ignored, or critical time and resources may be lost in the attempt to obtain the MHAD.

We support the proposal for the administration to study the feasibility and cost associated with increasing access to MHADs in the event of a mental health related emergency. However, we strongly recommend robust stakeholder involvement in any feasibility study, especially people with lived experience of a mental health crisis in which a MHAD was or could have been used. Stigmatizing attitudes about mental and behavioral health conditions can create very real harms and barriers to quality care in all healthcare settings, and so the protection of this confidential medical information must be scrupulously maintained. Additionally, we hope that the Department will seek to study not only the feasibility of implementing a centralized database, but will consider the need for adequate training on implementation and use for relevant stakeholders.

**MHADs help to protect individuals' safety, honor their choices, and avoid preventable harm and traumas. The public awareness campaign proposed through this bill would increase awareness and subsequent use of MHADs. We urge you to vote in favor of SB 154.**