
TESTIMONY IN OPPOSITION OF SENATE BILL 453
Mental Health - Emergency Evaluation and Involuntary Admission Procedures and
Assisted Outpatient Treatment Programs
Finance
February 20, 2024

Social Work Advocates for Social Change strongly opposes SB 453, which will significantly impact the procedures for emergency evaluation and involuntary admission, as well as establish so-called Assisted Outpatient Treatment (AOT) programs. This legislation seeks to respond to real challenges caused by an inadequate behavioral health care infrastructure, but it does so in a way that raises concerns regarding the welfare and rights of individuals undergoing emergency evaluation. If enacted, the bill would mandate peace officers to transport individuals experiencing mental health symptoms to nearby emergency facilities, grant psychiatric nurse practitioners the authority to assess individuals for involuntary admission, and empower the Maryland Department of Health to require individuals be admitted immediately. Additionally, each county would be compelled to establish AOT programs, with the Maryland Office of the Public Defender (MOPD) tasked with providing representation in related proceedings. Some of these provisions will cause considerable harm by causing increased involuntary treatment, overburdening the already strained mental health system, and negatively impact the relationships between mental health care providers and clients.

SB 453 will result in coerced mental health care. AOT requires patients to adhere to court-ordered mental health care or face incarceration. Indeed, individuals in AOT report feeling more forced into treatment than individuals receiving care as part of a mental health court ruling.¹ A core aspect of successful psychiatric treatment is the therapeutic alliance between providers and patients.² Coercion undermines the therapeutic alliance, making it harder for individuals to engage meaningfully in their treatment and recover. The resulting trauma of forced mental health treatment lingers for years, causing individuals to avoid and delay seeking help.³

SB 453 does not address the mental health provider shortage. Two-thirds of Maryland counties are classified as mental health professional shortage areas.⁴ Establishing AOT programs would refer more individuals to Maryland's already strained mental health

¹ Munetz, M. R., Ritter, C., Teller, J. L. S., & Bonfine, N. (2014). Mental Health court and assisted outpatient Treatment: perceived coercion, procedural justice, and program impact. *Psychiatric Services*, 65(3), 352–358. <https://doi.org/10.1176/appi.ps.002642012>

² Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55(4), 316–340. <https://doi.org/10.1037/pst0000172>

³ Molodynski, A., Rugkåsa, J., & Burns, T. (2010). Coercion and compulsion in community mental health care. *British Medical Bulletin*, 95(1), 105–119. <https://doi.org/10.1093/bmb/ldq015>

⁴ 2023 Behavioral Health Crisis Prevention Platform — Equal Treatment MD. (n.d.). Equal Treatment MD. Retrieved February 16, 2024, from <https://www.equaltreatmentmd.org/platform#:~:text=Maryland%20has%2063%20federally%20designated,serving%20community%20behavioral%20health%20programs.>

system. This will result in individuals who are voluntarily seeking help being turned away due to the influx of court ordered patients. In May of 2022, over 30% of individuals experiencing symptoms of anxiety and/or depressive disorders reported being unable to receive the counseling they needed.⁵ Before we can even consider implementing AOT programs in Maryland, the significant shortages in the mental health care system must be addressed.

SB 453 will damage the provider-client relationship. A key part of the social work code of ethics is promoting the right of clients to self-determination.⁶ AOT goes against this principle by requiring providers to either enforce treatment or report a client's non-compliance to the court system. This coercive approach undermines trust and collaboration between providers and clients, hindering the effectiveness of mental health interventions and potentially leading to disengagement from care.

SB 453 is likely to target racial minorities disproportionately. Only 12% of Maryland's population is Black,⁷ yet they have the highest rate of receiving emergency petitions. Recent data collected by MOPD found that 51% of special emergency petitions for court ordered involuntary hospitalizations were for Black individuals.⁸ The implementation of AOT will magnify this disparity, perpetuating systemic racism within the mental health care system and exacerbating existing disparities in access to care and outcomes.

SB 453 fails to address the underlying issues contributing to involuntary admissions and instead exacerbates harm to vulnerable populations while undermining fundamental principles of ethical and effective mental health care. We need to create a more robust and responsive behavioral health infrastructure that includes outreach and wraparound supportive services that meets people where they are. AOT is a top-down shortcut that values the comfort of our communities at the expense of the health and safety of the community members with mental health issues. **Social Work Advocates for Social Change urges an unfavorable report on SB 453.**

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

⁵ Mental Health and Substance Use State Fact Sheets | KFF. (2023, March 20). KFF. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/#:~:text=Unmet%20Need%20and%20Barriers%20to%20Care,-Unmet%20need%20refers&text=As%20shown%20in%20the%20figure%20below%2C%20in%20May%202022%2C%20among.the%20U.S.%20average%20of%2028.2%25>.

⁶ National Association of Social Workers. (n.d.). *Social workers' ethical responsibilities to clients*. Retrieved February 10, 2024, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-Clients>

⁷ U.S. Census Bureau. (2023, July 17). *Maryland's Population Grew 7% to 6,177,224 Last Decade*. Census.gov. <https://www.census.gov/library/stories/state-by-state/maryland-population-change-between-census-decade.html>

⁸ State of Maryland, Dept. of Health Behavioral Health Administration. (2021). *Involuntary commitment Stakeholders' workgroup report*. Maryland Department of Health. Retrieved February 10, 2024, from <https://health.maryland.gov/bha/Documents/Involuntary%20Commitment%20Stakeholders.Final%20report%208.11.21.docx.pdf>