

SB453 SUPPORT

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Assisted Outpatient Treatment
Feb. 20, 2024, Senate Finance Committee

My name is Swaroop Rao. I am an Internist living in Rockville, Maryland. My son who has Paranoid Schizophrenia, has been ill for the past 25 years. I ask you to support the Assisted Outpatient Treatment bill for Maryland as I believe this resource might have made my son's prognosis much better and would have helped him avoid multiple incarcerations.

My son, diagnosed at age 12, has demonstrated all the signs of paranoia, including suspicions of being poisoned, hallucinations, anxiety, and insomnia. Over the years, because he has anosognosia and does not understand that he is ill, he often refused to take his medications and even refused to go to appointments that I arranged.

My background as an Internist afforded me no advantage in accessing care for him. The eventual result was that he encountered the Criminal Justice System again, and again, and again. Jail cells do not provide a safe therapeutic environment for needed psychiatric care.

Today my son is a 32-year-old man who lives with his mother. Although he takes his medications now, he is still chronically frightened. He has no friends and has had no meaningful life since middle school.

Research indicates that more frequent and prolonged periods of psychosis are directly related to decreased response to treatment and worse clinical and social outcomes. Timely Assisted Outpatient treatment might have helped my son avoid multiple prolonged psychotic episodes, stabilize earlier, recover, and become a useful member of society.

I ask you to support SB453 and Assisted Outpatient Treatment (AOT) in Maryland. This would commit the State Mental Health System to provide an outpatient treatment option for those with anosognosia who refuse voluntary treatment. It would also address the current lack of coordination between the primary care physician, psychiatrist, social services, the criminal justice system, and the caregiver. My son might have cooperated earlier and avoided multiple incarcerations and psychotic episodes if a judge had told him that he must accept outpatient treatment to avoid hospitalization.

Serious mental illnesses require long-term treatment. AOT provides the long follow-up period needed to determine the best treatment for those unwilling to accept voluntary treatment. AOT provides integration in the community and preferable to the isolation of repeated hospitalizations and incarcerations and makes financial sense.