

## SB453 Testimony

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3<sup>rd</sup> Congressional District

Our family has lived in Maryland for the last 30 years. Our son, now almost 40 years old, began showing obvious signs of a mental illness in the fall of 2009. He was interning on Capitol Hill and started expressing beliefs that he could influence legislation with his eye movements. Unfortunately, my son had a neurological deficit called anosognosia that prevented him from understanding and accepting his illness. We knew that even if we were able to convince him to go to a Maryland hospital, it was unlikely he would be admitted nor be ordered to begin and continue treatment. Maryland requires people with serious mental illness to be of obvious danger to themselves or others nor does Maryland have Assisted Outpatient Treatment laws. In fact, it is only one of three states that do not have AOT laws.

After several months of trying to convince our son that he needed treatment, we made the difficult decision to ask him to leave our house. It was extremely risky to ask our son to leave home knowing he was very ill but we were not making any progress getting him into treatment and we needed to try something different. My son ended up in New York City in the middle of a snow storm without any outer garments to protect him from the weather. We found him in Penn Station and convinced him to go to an emergency room because he believed he had stomach cancer. Once inside the triage area, the NYC hospital was able to legally keep him for 72 hours for evaluation purposes and then involuntarily committed him within 24 hours based on his inability to take care of his basic survival needs. This process is very difficult to accomplish in Maryland because of the high bar for establishing a dangerous standard and the lack of court ordered Assisted Outpatient Treatment. Ultimately, he was kept in the hospital for almost a month where he was finally stabilized on medications.

We believe that if Maryland had less restrictive laws governing involuntary commitment and strong, efficient AOT laws, we would have pursued treatment sooner for our son. The earlier treatment starts, the better the long term outcome will be. That was true for my own psychiatric emergency almost 40 years ago. I was fortunate to have been placed in a psychiatric hospital within weeks of my first psychotic break, kept for almost three months and have never had another mental health incident. My son, unfortunately, was not as fortunate and will likely spend the rest of his life battling this horrendous illness. Please give a favorable report to SB453.