Lauren J. Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor

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TO: An Open Letter to the Maryland Legislature Memorandum of Opposition to HB1019 UNF HB1019

FROM: Lauren J. Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor

DATE: March 26, 2024

RE: Letter Informing Legislature of Submitted **Memorandum of Opposition UNFAVORABLE UNF HB1019** and any subsequent laws court ordering or compelling psychiatric treatment or oversight over expressed objection of any individual.

I am a psychiatric survivor, research psychologist, and mental health policy expert. I oppose HB1019 and request an UNFAVORABLE response to HB1019 by you and your committee. I highlight the oppressive nature of coercive psychiatry, its disproportionate harm to marginalized communities, and the need for community-based alternatives. I criticize the expansion of state control over mental health decisions and emphasize the importance of upholding human rights and autonomy. I raise concerns about the potential emotional impact on individual targeted by HB1019 can question the support it receives from various stakeholders. I urge legislators to prioritize alternatives to coercion and punishment that respect individuals' dignity and autonomy.

Key Concerns:

1. **Use of Force by Peace Officers:** One out of four people killed by the police are killed during a wellness check. To have a law that indicates that police force is allowed puts all people in Maryland who might be subject to this law in danger. The serious risk of abuse or excessive force is etched into HB1019 and violates human rights standards via police involvement in psychiatric interventions.
1. **Ethical, Legal, and Practical Concerns:** Forced treatment by court order presents ethical, legal, and practical challenges, including uninformed compliance and potential violations of individuals' rights.
2. **Justice Should Not Be Based on Guesswork:** Legal professionals lack the expertise to assess mental health conditions accurately, raising questions about the reliability of psychiatric assessments in court proceedings.
3. **Absence of Clear Criteria for Extension:** Vague criteria for extending petitions raise concerns about arbitrary decisions and human rights violations, necessitating clearer standards and justification.

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4. **Extended 'Emergency' Evaluation:** Extending emergency evaluations up to 30 days lacks clarity and may lead to discriminatory assessments, undermining individuals' rights and well-being.

Additional Points:

- **Human Rights Concerns:** Coercive psychiatric practices risk human rights violations and adverse consequences, including iatrogenic effects of psychiatric treatment.
- **Deceptive Psychiatry Narrative:** Misinformation surrounding psychiatric treatment persists. There is not a shred of biological evidence for any psychiatric diagnosis and tremendous evidence for the biological damage and death that psychiatric treatment causes.
- **Racial Disparities:** Coercive psychiatric interventions disproportionately affect marginalized communities, exacerbating existing racial disparities.
- **Iatrogenic Effect:** Psychiatric treatments often result in unintended adverse effects, necessitating caution and informed consent in their applications.
- **Advance Directives:** Advance directives should be followed to respect individuals' references and autonomy.
- **Medical Evaluation:** Only qualified medical professionals without financial interests should assess individuals for emergency and/or involuntary commitment.
- **Data Collection:** No where does the bill indicate how data will be collected on the use of this extended state power and data collection on respondents and petitioners ought to be tracked, particularly concerning race, ethnicity, age, gender, sex, sexuality, religion, and occupation.

Thank you for your time and attention. Please return an UNFAVORABLE response to HB1019.

Please find below my written testimony.

Kind regards,

Lauren J. Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor

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Memorandum of Opposition UNFAVORABLE HB1019

Thank you for allowing me to testify today, on my fifty-second birthday, March 27, 2024.

My name is Lauren Joy Tenney. I have a PhD in Psychology with a specialization in Environmental Psychology, a Master's Degree in the Philosophy of Psychology, a Master's degree in Public Administration, and a Bachelor's degree in the Professional Studies of Human Services. I have more than thirty years of experience working in the field of public mental health policy, regulation, and rights protection and advocacy. I worked as a professor of psychology at the undergraduate level for nearly two decades. I am also a psychiatric survivor who was first institutionalized at fifteen years old in 1988. I have been working to end these types of laws since 1995, when at the time, I qualified to be subject to them.

I am personally concerned about the effects of this law on my own life as well as the lives of people in Maryland.

Coercive psychiatry is oppressive and violates autonomy. Marginalized communities face disproportionate harm. We ought to resist state control over mental health decisions and advocate for community-based alternatives. We must reject the expansion of coercive laws and prioritize human rights and autonomy, empowering communities, and people to address their own needs. Community support over confinement ought to be our goal. There is no justification for adding the use of force to legislation that is already designed to arrest one's liberty and freedom. Due process matters and there ought to be dignity in crisis, not a blank check for the use of force. Where in the legislation are consequences of force addressed? Is there a transparent evaluation process? What is the accountability for law enforcement if force is utilized against a person who likely has not committed any crime, but is escaped on psychiatric parole?

HB1019 perpetuates coercive practices within the public psychiatric system, which are inherently oppressive. The use of involuntary detention and forced treatment violates individuals' autonomy and extends systems of control and domination.

HB1019 will exacerbate existing inequalities and injustices within the public psychiatric system. Marginalized communities, including People of Color, LGTBQI2SA+ individuals, and those experiencing poverty or who do not have anywhere to live are disproportionately targeted by coercive psychiatric interventions.

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HB1019 expands the power of the state to detain and treat individuals against their will, further entrenching systems of surveillance and control. We ought to resist state control and intervention in people's lives, particularly when it comes to matters of mental health.

HB1019 could evoke a range of emotions and reactions from individuals who may be targeted by it including fear, anger and frustration, discrimination and shame, anxiety and distress, and trauma and re-traumatization. Especially if individuals believe that our rights are being violated or if we disagree with the necessity of intervention, we may feel powerless and resentful towards the authorities or individuals involved in the process. The fear of losing control over our own autonomy and decision-making processes can be deeply distressing. We may further internalize discriminatory messages and perceive ourselves as not being welcome in society, further isolating us from the support networks that we all need. The anxiety of not having control over medical decisions is not limited to the possibility of loss of liberty and freedom, the iatrogenic effects of treatment, and impact on personal and professional lives. The loss of agency and control over one's own body and mind can re-traumatize an individual and further undermine our sense of safety and well-being. It is essential to consider the impact of coercive psychiatric interventions and prioritize approaches that respect our autonomy, dignity, and human rights.

Law enforcement, families and caregivers, mental health professionals, public safety advocates, and politicians and policy makers might support HB1019 because they are pressured to or because they are prey to the deceptive psychiatry narrative and see psychiatric response as necessary to protect public safety, which will lead them to prioritize use of force over concerns about individual rights and autonomy. However, this analysis precludes underlying power dynamics, potential harms, and alternative approaches. Relying on law enforcement professionals who do not have mental health expertise increases risk and moves away from community-based, alternative crisis response and trauma-informed approaches. What is needed are support networks that empower individuals and respect their autonomy. A collaborative, rights-based approach on the part of the mental health professional would eliminate the idea of them contacting the police to catch their client. Public safety advocates question the effectiveness and ethical implications of involuntary evaluation and treatment and would rather seek holistic approaches to public safety that address underlying social inequalities and prioritize non-coercive crisis intervention strategies. Politicians and policy makers who rely on coercive measures as a response to public concerns about mental health crises and public safety are being irresponsible. Instead, people in power should address root causes of mental distress, such as poverty, trauma, and social isolation, rather than further entrenching punitive approaches that exacerbate harm and marginalization.

I urge you to respond unfavorably to HB1019 and to prioritize alternatives to coercion and punishment that uphold the dignity and autonomy of individuals with psychiatric histories.

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In short, this bill or any one like it supporting any type of court ordered psychiatry, in the community or in an institution ought not be passed legislation in Maryland. The following are specific concerns presented in the bills:

2. **Use of Force by Peace Officers:** Police interactions turn deadly when police are sent to pick up people with psychiatric histories. One out of four people killed by the police are killed during a wellness check. To have a law that indicates that police force is allowed puts all people in Maryland who might be subject to this law in danger. The risk of abuse or excessive force is etched into HB1019 that violates human rights standards.
3. **Ethical, Legal, and Practical Concerns:** Any proposed law that would support forced treatment by court order or compulsion or coerced or uninformed compliance presents serious ethical, legal, and practical challenges.
4. **Justice Should Not Be Based on Guesswork: Keep Legal Professionals Out of Mental Health Assessments:** People in the legal profession, including judges, do not possess the training or licensure to determine whether someone "has shown the symptoms of a mental disorder" and it well known that there is no predictive algorithm for assessing future danger. Legal expertise does not equal competency in mental health assessment.
5. **Absence of Clear Criteria for Extension:** "Good cause" is a vague and evasive description that can lead to human rights violations and unnecessary and costly involvement with the public psychiatric system. HB1019 does not specify clear criteria or standards for determining when such extensions are warranted. The lack of clarity could lead to arbitrary decisions and increase the risk of human rights violations, particularly if extensions are granted without sufficient justification or consideration of the individual's right and well-being.
6. **Extended 'Emergency' Evaluation: Discriminatory Assessment Concerns:** Extending a petition for 'emergency evaluations' up to 30 days raises questions about the true meaning of 'emergency' and suggests potential discriminatory assessment. To extend a petition for someone to be kidnapped for "emergency evaluation" by five-day increments, for up to thirty days, requires the average person to question what is meant by "emergency" as surely, an emergency is ordinarily thought of as an imminent situation of crisis, trauma, tragedy. A predicament of difficulty that presents an urgent situation, a disaster. An order to pick someone up for an emergency that lasts 30 days in itself shows that the unnamed, undefined pending "emergency" is likely rooted in discriminatory assessment rather than reality.

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Key Points:

Human Rights Concerns: This bill presents human rights violations and concerns risking people to death via police interaction as well as potential iatrogenic consequences of psychiatric treatment and torture.

Deceptive Psychiatry Narrative: Misinformation and the harmful nature of psychiatric treatments raise serious questions about the effectiveness of forced psychiatric treatment.

Racial Disparities: There is a great potential for creating further racial disparities in a system that already shows racialized trends.

Iatrogenic Effects: Unintended adverse effects or complications caused by a medical intervention. Psychiatric treatments consistently cause iatrogenic effects as well as intentional damage, such as in the situation of intentional brain damage by coursing electricity through the brain.

Advanced Directives: Advance Directives ought to always be followed.

Medical Evaluation: Only medical doctors without financial stakes should be allowed to evaluate individuals for involuntary commitment, and even then, the practice is questionable and problematic.

Data Collection: There needs to be stricter ongoing independent external data collection on respondents, and petitioners, including demographics, psychiatric history, and outcomes of investigations. I

Thank you for your time and consideration. I am available to discuss any of the information for which I provided as written testimony below. I request you to submit an UNFAVORABLE response to HB1019.

Kind regards,

Lauren J. Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor