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House Health and Government Operations Committee

Room 241

House Office Building

Annapolis, Maryland 21401

Re: OPPOSE -HB 576- Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs

Dear Madame Chair and Members of the House Health and Government Operations Committee:

I am submitting this testimony in strong opposition to HB0576, which would authorize the creation and implementation of Assisted Outpatient Treatment (AOT) across the state, putting many of my clients at risk of being subject to forced treatment by family members or other clinicians who don't take the time to consider the valid concerns many may have about various mental health treatments. As a licensed psychologist with over 20 years of experience treating the very individuals AOT is targeting, I am appalled that this bill is even under consideration.

AOT is merely a form of legally compelled treatment. Forced and/or coerced treatment is rarely beneficial and has caused the most harm to my clients of all the traumas they have experienced in their lifetime. It has harmed them psychologically, in that they are left completely demoralized, humiliated, and full of shame, it has increased suicidal ideation and attempts during and following coerced and forced treatment, and has led to significant mistrust and reluctance to engage with any mental health treatment. As mental health professionals, our most sacred ethical obligation to any potential client is to do no harm. Forced and coerced treatment such as AOT causes significant harm that far outweighs any potential benefit.

We are also obligated to treat every potential client with respect, dignity, autonomy, and to include them in treatment with their fully informed consent. In my experience treating adolescents in residential settings, adults in inpatient facilities, and adults in outpatient settings and private practice, individuals are at the most desperate when they believe there are no other options and resources to help them, and that is precisely how this bill frames severe mental illness. Forcing individuals with severe mental illness into treatment is not a viable option; it is a threat. And when under threat, we are all going to respond accordingly, by fighting or resisting, fleeing or avoiding, or by freezing and shutting down. This is not conducive to anyone benefitting from mental health treatment.

The criteria proposed to identify those whom this AOT is meant to 'help' is incredibly pathologizing (one incident of harm or threat of harm to self or other, and/or 2 inpatient stays in the past 3 years) and victim blaming (failure to protect oneself from danger). First, this criteria is incredibly broad and would likely encompass a significant number people in ongoing mental health treatment, making it susceptible to misuse by perpetrators of interpersonal or family violence. These criteria also punish people for struggling, especially those with complex needs who are not adequately served by existing resources made available in our public mental health system. Furthermore, the use of the phrasing 'lacking insight or awareness' is also being used out of context and is a dehumanizing way of justifying forced treatment for anyone that declines treatment or disagrees with treatment recommendations. Forcing treatment onto individuals is also a set up for mental health treatment to be adversarial and gives power to the provider over the client. How can anyone be open and receptive to help under those conditions? Aren't we just swapping out mental health provider for parole officer? Is AOT the new prison minus the locked door? AOT is effectively criminalizing the struggles of individuals in their most vulnerable states when what they most need is compassion, understanding and to be included in conversation about what they need.

Mental illness is a disability just like any other and warrants the same approach we give to any other disability. People with mental illness deserve to be treated with the same respect, dignity, and given the same autonomy and inclusion in treatment decisions as any other type of disability and illness. Is Maryland claiming to be a safe state for individuals seeking abortions and gender affirming care but not a safe state for THOSE people, the mentally ill ones who by the language of this bill seem to be presumed to be other, rather than members of our communities? And who do you really think AOT is targeting? It's the most marginalized and vulnerable groups-Black and Brown people, transgender and gender non-conforming people, and disabled people. The same people who are already targeted in other systems for mistreatment, abuse and misunderstanding. THOSE people, who are members of our communities, deserve access to choice-based mental health supports, and to be included in decisions about what care they need and receive, and with whom they receive it. If we put financial and systemic resources into mental health programming that values self-determination, informed consent, cultural competence, and trauma-informed care, we are much more likely to sustainably engage people in mental health treatment long term. And that is the approach our ethical obligations require.

If you have any questions, please don't hesitate to contact me at (443) 377-6440 or KimberlyBrenninkmeyerPhD@gmail.com.