

Testimony for SB0707

February 24, 2026; Senate Finance Committee

From: Roger S. Russell Jr, Montgomery County, Maryland

Position: Support

I believe the revision of the dangerousness standard in this legislation would best serve those suffering from severe mental illness, their families, and the general public. **It might have helped prevent my wife's severe psychotic deterioration which resulted in her death.**

People with schizophrenia or schizoaffective disorder, such as my late wife, typically lack awareness or insight into their disease and do not know how seriously their illness is. They must be treated for psychosis to prevent the permanent worsening of their illness. Current law is often interpreted by doctors as meaning that a person must be imminently suicidal or violent at this very moment in time before they can be involuntarily hospitalized to receive needed treatment. This legislation would allow the family members to get medical care for desperately ill loved ones.

My wife of 33 years died in France after a long struggle with schizophrenia in Maryland. She had gone to France to escape paranoid fears that people or unknown forces were trying to harm her in Maryland. **She waded fully clothed, carrying her passport and family photos, into the Mediterranean Sea and swam out until she was overcome by hypothermia and drowned.** She left no note, but on the preceding day she told me of being "persecuted" and wanting to seek "asylum." Her speech was excited, at times incoherent, and reflected the feelings of extreme paranoia she often experienced.

The paranoia was simply the last episode in her long history of mental illness. She first began to experience auditory hallucinations, i.e., voices that criticized and threatened her. At that time, she willingly sought treatment for her condition and had multiple voluntary hospitalizations.

Later, she began to refuse to see her doctor and to take medications. Left untreated, her symptoms of paranoia and delusions greatly increased. She became convinced that people were trying to harm her, that intruders were entering our house at night and that menacing messages were being sent to her from pipes in the bathroom. **She would barricade the house doors, dial 911 or call human rights organizations to seek protection, or wander the neighborhood seeking someone to protect her.**

This behavior greatly disturbed me and my son. We decided to lock our bedroom doors at night. At the same time, I repeatedly sought treatment for her. Once I drove her to a hospital, but they would not admit her unless she willingly consented, which she would not do. Thus, while she was clearly significantly debilitated by her illness, lacked the capacity of rational thought, and could not make a responsible decision regarding her own well-being, she was allowed – under current state law – to remain untreated.

This revision would permit persons, like my wife, to receive essential treatment when they are at their most vulnerable and unable to make rational decisions for themselves. It would protect family members – especially children, and the public from individuals who are not aware of the consequences of their behavior. **It could help prevent the severe psychiatric deterioration that can lead to suicide.**