

Testimony for the February 24, 2026 meeting of the Senate Finance Committee

Topic: SB 707 Mental Health Law – Danger to the Life or Safety of the Individual or of Others – Definition (Right to Treatment)

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My support for Senate Bill 707 comes from my prior work as a psychiatrist at Spring Grove Hospital for over thirty years. When I started in 1989, criminally-involved patients were in the minority. Now, although the patients are no more violent, virtually 100% of newly admitted patients carry criminal charges, too often for non-violent crimes. Sadly, patients' charges significantly increase their hospital stay, longer than clinically justified, and often longer than they would have served in jail if found guilty. These lengthy admissions have also made the mental health system less efficient. Compared to years past, the hospital now serves fewer patients per bed per year. Most importantly, with respect to this legislation, criminal charges of the mentally impaired, could often be prevented if a patient whose psychotic illness was clearly out of control, had been civilly certified for treatment before their increasingly erratic behavior became criminal in nature. In my view, Maryland's overly restrictive definition of "dangerousness," has made it easier for authorities to deal with a psychotic patient's disruptive behavior by jailing them for a crime rather than hospitalizing them for treatment.

Broadening the dangerousness criteria could diminish an individual's presumed right to not be hospitalized against their will. But there are safeguards to the civil commitment process, including a hearing before an Administrative Law Judge, the right to appeal, and time limits on the judgment. Once clinically stable, the civilly committed patient can be discharged without judicial review. Ironically, a patient who is protected from civil commitment because he is not judged to be "imminently," or "right now" dangerous," which is how the standard is currently interpreted, risks far greater loss of liberty if arrested on even minor charges. And tragically, it is often the ill patient's family members who are put at risk of violence if the danger becomes "imminent," in this restrictive sense. For the patient, delayed treatment worsens long term prognosis in terms of functioning, and treatment responsiveness. Persistent illness can also destroy a person's life, in terms of lost jobs, relationships, and previously accrued savings. A surgeon does not wait for an inflamed appendix to burst before operating. Delaying treatment until danger is imminent is waiting too long, both for the patient, and for the community.

Recognizing signs of mental impairment is not hard. Judging whether a person's behavior poses a risk of harm is far more complicated. That would depend on the nature of the person's thoughts. Do they believe they are being followed by enemies. Do they feel that strangers intend to attack them. Are their hallucinated voices warning them of danger from their previously trusted family. Are they able to control their behavior while experiencing extreme emotional fluctuations. Are they able to plan for their welfare. These questions require the careful, tactful, and knowledgeable interviewing of a trained clinician. The police, who have the necessary but unenviable task of intervening with mentally impaired individuals, do not have the expertise to decide whether or not someone could be a danger. Deciding that a person is not certifiable based only on the absence of immediately observed dangerous behavior and the person's denial of suicidal thoughts is just not valid. Psychiatrists don't presume to be able to precisely predict who will become violent, but we are trained to elicit the information needed to predict potential for harm. And ultimately, it is the Administrative Law Judge who decides whether the patient meets the criteria for involuntary admission.

Senate Bill 707, by specifying that “imminent danger” is not required for involuntary treatment, could reduce the number of patients who are burdened by criminal charges, while also reducing the risks inherent in delayed treatment. It would also acknowledge the complexity and importance of a careful consideration of an individual’s potential for harm beyond what is immediately observable.

I respectfully request that the committee approve SB 707.

Thank you.

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