SB 707 & HB 1014

Margaret Go

Position: Support

My eldest son died by suicide at college after attempting suicide by accessing the roof of a building at his college and threatening to jump off head first. When he went to see a counselor the next day he said he had changed his mind and did not want to go to the hospital. He continued to struggle and the mother of the friend in whom he confided that he was still struggling with thoughts of suicide called the counseling office to tell them to do more for him. He was so clearly a danger to himself and to others, as he could have injured someone if he had jumped off the roof of their building. Because privacy laws are very strict in California, we were not called. He killed himself a few days later by accessing yet another of the college building's rooftops. Older trained psychiatrist medical doctors have told me that before strict privacy laws and higher standards for involuntary commitment, patients were given more time to become stabilized, diagnosed, and given preliminary treatment to observe the efficacy of medication or talking therapies while they were hospitalized. This takes time and can be done in a humane way, without excessive restraint or any at all.

SB 707 and HB 1014 make needed clarifications to Maryland's standard for emergency evaluation and involuntary psychiatric hospitalization— clarifications that will allow individuals with severe mental illness to receive treatment before they reach a point of crisis or tragedy.

Right now, the requirement that a person be "a danger to the life or safety of the individual or others" is often interpreted so narrowly that families and clinicians cannot act until harm is imminent. For people who lack awareness of their illness, this delay can lead to homelessness, victimization, incarceration, irreversible deterioration, or death.

These bills clarify that:

Danger does not need to be imminent.

Personal and medical history should be considered.

“Danger to self” includes inability to meet basic needs or substantial deterioration in judgment when the person cannot make an informed decision about treatment.

These changes do not expand who can be hospitalized—the y simply ensure that the existing standard is applied consistently and humanely. They allow intervention at the point when treatment can still prevent suffering, protect safety, and preserve lives.

I beg you to usher in a new era of more enlightened and effective standards to help the many people who suffer from mental illness, who are not receiving the humane care they need, and whose families suffer terribly trying to help their loved one receive the care they need when the patient suffers from anosognosia and refuses treatment.

Thank you,

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