Comments for Commission to Study Mental and Behavioral Health in Maryland Meeting of Dec. 8, 2020
From Marilyn Martin, Calvert County, Solomons, MD

My 37-year-old son has schizophrenia, a severe Neurological psychotic disorder. Over the years, I have been unable to obtain timely treatment for him because the danger standard for emergency evaluation is not defined in statute. Too many community psychiatrists, police, and judges have interpreted the danger standard to mean imminent danger of bodily harm without consideration of his grave disability or his history. According to recent research, untreated psychosis, results in structural brain damage and worsening outcomes. However, structural brain damage and worsening outcomes can be prevented by expedient treatment.¹ Also, according to Dr. Thomas Insel, former Director of the National Institute of Mental Health, “[There is] a fifteen fold reduction in the risk of homicide…with treatment.”²

Just three examples of denied and delayed treatment due to Maryland’s current Danger Standard:

In 2009 when my son’s delusions included a threat to kill someone, the judge denied my petition for an emergency evaluation for lack of “immediacy,” although our undefined danger standard does not state that imminent danger is required.

In April 2013, my son became extremely belligerent. His psychiatrist failed to petition for evaluation. Two months later, a neighbor reported his threats to the police, who also failed to petition.

In January 2016, when his psychiatrist was told of deteriorating psychotic, belligerent behavior, she failed to petition for emergency evaluation. The result was my son picked up my 70-year-old husband by his neck repeatedly pounding his fist into my husband’s head, accusing him of being responsible for the 9-11 attack. Now my son has a criminal record.

I had high hopes that the danger standard might at last be defined in statute to specifically include grave disability when the Youth and Families Subcommittee of this Commission established a work group to study and report on the topic. However, I was bitterly disappointed when the Subcommittee, after hearing the extensive report from the workgroup, declined to vote on the workgroup’s proposed resolution to support a new statute defining danger to include “failure to meet basic survival needs, inability to protect oneself from harm, or failure to seek needed medical or psychiatric treatment to prevent physical or psychiatric deterioration due to mental illness.”

Once again, as happened in 2001, 2002, and 2014, the Mental Health Association made objections to thwart and delay action that would improve outcomes for people like my son. I do not doubt they mean well, but frankly they appear unaware of recent research and just do not understand the devastation caused to individuals and families by the current danger standard. This time, in addition to claims without evidence about the position of Maryland judges and inappropriate petitions, they also objected by:

1. Again casting doubt on the existence of anosognosia (disease-based lack of insight), despite recent MRI evidence and broad national acceptance by the American Psychiatric Association.
2. Doubting that non-treatment causes homelessness and criminalization which ignores years of research and family testimony, and
3. Suggesting training as a solution, which was tried extensively in 2002 without solving the problem.

In the past, legislators have failed to act because there was not unanimous agreement among mental health advocates. I hope this does not happen again with this commission. If it does, I hope the administration will listen to families like mine and will be bold enough to act on its own to promote legislation to help desperate families and devastated individuals, and prove wrong the title of Ron Powers’ book, that “Nobody Cares about Crazy People”.
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