

MARYLAND PSYCHIATRIC SOCIETY



OFFICERS 2021-2022

Virginia L. Ashley, M.D.
President

Jessica V. Merkel-Keller, M.D.
President-Elect

Carolina Vidal, M.D., M.P.H.
Secretary-Treasurer

Mark J. Ehrenreich, M.D.
Council Chair

EXECUTIVE DIRECTOR

Heidi Bunes

COUNCIL

Theodora G. Balis, M.D.
Jennifer M. Coughlin, M.D.
Catherine L. Harrison-Restelli, M.D.
Tyler C. Hightower, M.D., M.P.H.
Ronald F. Means, M.D.
Paul Nestadt, M.D.
Rachna S. Raisinghani, M.D.
Michael A. Young, M.D.

EARLY CAREER

PSYCHIATRIST COUNCILOR

Marissa A. Flaherty, M.D.

RESIDENT-FELLOW

MEMBER COUNCILOR

Karen Dionesotes, M.D., M.P.H.

PAST PRESIDENTS

Marsden H. McGuire, M.D.
Patrick T. Triplett, M.D.

APA ASSEMBLY

REPRESENTATIVES

Annette L. Hanson, M.D.
Elias K. Shaya, M.D.
Brian Zimnitzky, M.D.

MEDCHI DELEGATE

Enrique I. Oviedo, M.D.
Idris Leppla, M.D. (Alternate)

July 9, 2021 Feedback to Involuntary Commitment Stakeholders' Workgroup

The Maryland Psychiatric Society appreciates the efforts of the Involuntary Commitment Stakeholders' Workgroup and its June 24, 2021 draft Report Refining the Definition of Dangerousness in Maryland. Our member psychiatrists are integrally involved in caring for people with severe behavioral illnesses and involuntary commitment may be the best course for some of those individuals. We agree that there are times when people are at significant risk to themselves or others, yet they are not retained. This serious problem can lead to reluctance to even begin the emergency petition process or to rely on voluntary commitment (which can result in premature discharge) when there is concern that others may interpret the statute differently. In some very heart wrenching instances, the result is tragic. The workgroup has explored what can be done to improve the outcomes for at risk patients in Maryland and drafted three recommendations.

The Maryland Psychiatric Society supports the recommendation to provide more information and training around the *current* dangerousness standard, which readily accommodates a range of gray area situations involving serious risk to the individual or others. Highly trained forensic psychiatrists generally have success with the current statute, but others with less knowledge and experience would benefit from comprehensive education in applying the law under various scenarios. This recommendation is aimed directly at the problem of understanding, which is at the root of misapplication of the statute.

We also support the recommendation to gather more data about how the current system is working. It appears that the data available are new and being revised based on current priorities. We would welcome an opportunity to partner to design a data system that can shed light on why there are a small number of cases where the system fails an individual so that effective corrective measures can be taken.

Although it is initially appealing, we disagree with the recommendation to refine the dangerousness standard in regulations. This gives the appearance of addressing the conflict between civil liberty and public safety but would not provide a comprehensive solution in our view. Even if the description of "danger to the life or safety" is more detailed and prescriptive there will still be instances when the individual is not retained but should have been.

This report does not address another serious concern, which is inadequate resources for people suffering acute mental health crises. Maryland needs more inpatient beds at both private and state hospitals. This deficiency can lead to individuals being inappropriately released from the emergency department when there is an ambiguous situation and no bed availability. We also need more specialized, high quality, community-based alternatives to hospitalization.

Thank you for the opportunity to provide input. Please email heidi@mdpsych.org with questions.

Sincerely,

Virginia L. Ashley, M.D.
President