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March 4, 2020

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RE: SB 624 & HB 1140 Health - Mobile Response and Stabilization System for Children and Families in Maryland – Study - SUPPORT

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Dear Chairs Kelley and Pendergrass,

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The Maryland Psychological Association represents over 1000 doctoral level psychologists throughout the state. We support SB 624 and HB 1140, developing and implementing a comprehensive mobile response and stabilization system for children and families in the State. We also support the bills requiring research on what the current services are, their effectiveness, and their costs.

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Mental health crises, (severe emotional distress, lack of control, but no imminent threat to self or others) are often erroneously treated as mental health emergencies, (imminent danger to self or others), where the treatment is to go to an emergency room (ER) and often be hospitalized. (For adolescents, sometimes jailed.) (1). This problem of misdiagnosing the level of the problem and the appropriate intervention needed can create even more problems and life dysfunction.

Ethics

Cindy Sandler, PhD

For example, children/ adolescents sent to the ER and maybe hospitalized are often traumatized by this experience, feeling more loss of control, loss of attachment to family and home, and loss of support, when maybe those losses would not be necessary with a trained mobile crisis response (1,2).. Even in the scenario where the child/adolescent does need to go the ER/ be hospitalized, a specially trained mobile response unit can help make that transition as least traumatic as possible for the individual and the family (3), leading to better outcomes.

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There are common hypotheses are to why the ER is used for mental health crises that are not emergencies. These include: Too few alternatives for mental health care, especially for poor or rural people who have limited access to the outpatient care to help prevent escalation of problems.

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Also: Too few personnel specially trained in helping with mental health crises – these personnel need skills in nuanced assessment of the situation, problems and strengths with the individual, special communication skills; and skills in planning follow up actions (1). Your typical Ph.D. psychologist would need heavy duty special training in these skills to be effective – these skills are too complex to be just an addition to your regular police/ ambulance person.

Thus, establishing Mobile Response and Stabilization Systems with staff well trained on research-based protocols should help children and families have more effective and less traumatizing treatment, which will also help their ability to have more successes and less problems in the future. And reduce costs of ER visits and hospitalizations (4)

Thank you for considering our comments on SB 624/HB 1140. We urge a favorable report for this legislation. If we can be of any further assistance as the Senate Finance Committee and the House Health and Government Operations Committee consider these bills, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Sincerely,

Kimberly Y. Campbell
Kimberly Y. Campbell, Ph.D.
President

Julie Bindeman and Nicole Newhouse

Julie Bindeman, Psy.D. and Nicole Newhouse, Psy.D. Co-Chairs, MPA
Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
J. William Pitcher, Esq., and Greg Snyder, MPA Government Affairs

SOURCES

- 1) Core Elements for Responding to Mental Health Crises. U.S. Department of Health and Human Services Administration, Center for Mental Health Services, SAMHSA, 2009
- 2) The Effects of Hospitalization on Children: A Review. Bonn, M. 1994, 6/7, PubMed/
- 3) Making the Case for a Comprehensive Children's Crisis Continuum of Care. Association of State Mental Health Program Practitioners. National Association of State Mental Health Program Directors, 2018
- 4) Elizabeth Manley. Making the Case for a Comprehensive Children's Crisis Continuum of Care. National Association of Mental Health Program Directors. 2018