



***Testimony to Support SB 398:
Mental Health Law - Petitions for Emergency Evaluation - Procedures***

***Senate Finance Committee
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I raised two boys in Montgomery County, one of which has severe mental health / substance use (MH/SUD) co-occurring disorders –bi-polar, unspecified mood disorder, chronic depression, anxiety disorder, oppositional defiant disorder, substance-use disorder, including opioid addiction, exacerbated by poly-drug use and alcoholism. This is a dangerous combination of disorders and without support and training for parents –which, of course, is often non-existent and/or difficult to access in this state, parents are at times left to deal with a very volatile and violent situation on their own with very little support or knowledge of best practices for addressing their child’s issues. Unsafe situations often occur without warning –when some unidentified trigger ignites the fuse attached to this behavioral time bomb and suddenly a peaceful household erupts into chaos, violence and danger.

When this occurs, the need for family members to call for external assistance to restore safety becomes a priority. Unfortunately, often the only person who is designated to arrive to provide this assistance are the police. Even in Montgomery County, where mobile crisis has been in existence longer than other counties and jurisdictions, this service is typically unavailable. I have called for a mobile crisis response team on several occasions –only to be told that the mobile crisis unit is responding to other calls and it will take a couple hours for them to get to me –as if I can push a pause button on the dangerous and violent meltdown occurring before me. Even though there is a special police unit trained in responding to behavioral health calls of this nature –often those trained officers are also unavailable.

Family members, like myself, have been hit with heavy blunt objects, witnessed furniture thrown through glass windows and doors, woken up in the middle of the night with a knife being held to their throat, watched small pets being punted across the room, stood helplessly by as decorative ornaments, electronic equipment, and household appliances are kicked and smashed, and covered in fear until the family members’ episode has subsided. These individuals, diagnosed with a mental health disorder, fueled by substance use, can often spiral out-of-control for several hours at a time.

Police, unfortunately, often exacerbate the problem –inaccurately perceiving that the only way to deal with the situation is by a display of brute force and by exhibiting a higher degree of violence than the MH/SUD impacted individual in order to overcome them. With no surprise to the by-standing parent, this course of action typically only serves to further rile the would-be patient into an increasingly anxious, combative, and aggressive state.

One father described a situation where the officer tased his burly high-school linebacker and wrestling champion son, who then pulled the taser out of his arm and leaped upon the officer, pinning him to the floor. An accompanying officer pulled his gun, and the Dad actually had to jump in front of the gun demanding that the officer lower it, until he (not either of the officers) could talk his son down into a relatively calm state, where he then left peacefully with the officers to the hospital.

I once heard a Mom speak at a Keep the Door Open Rally, right here in Annapolis, about her experience calling for emergency assistance for her son. She described a situation where several squad cars pulled up to her home, hopped out of their cars and an officer with a bullhorn ordered everyone inside to come outside –which they did. Upon witnessing the MH/SUD impacted son stomping around and yelling on the front porch, officers aimed their firearms at the porch, and ordered the entire family including small children, to lie down. When the out-of-control teenager refused to follow the police directive, continuing to rant and scream at the SWAT team on the front lawn, the police then decided that tear gas was the best option, and tear-gassed the entire family, as well as the entire suburban block.

Similarly, at a Montgomery County homeless shelter for women, one schizophrenic resident began talking to her imaginary partner during the night, waking up other residents. A SWAT team showed up and about a dozen armed officers in combat gear poured into the women's bedroom, where about twenty women were in their cots wearing pajamas. The officers formed a line down the entire length of the room in the space between the cots. As they debated what should be done, it became clear that not one of the officers had any experience at all in de-escalating the situation or resolving it. Some officers began to make jokes about the woman, while another officer, presumably tired of standing, sat down at the foot of a resident's bed. The officers refused to allow anyone to exit or enter the room –meaning that some of the County's most vulnerable citizens –some with unaddressed mental health issues and poor coping skills, were subjected to this blatant example of mental health ineptitude, for more than an hour. The officers finally decided that because the woman was not a danger to herself or others, they were not going to yank her out of bed and take her to the ER by force.

Or police may take the opposite route –in my case, police showed up in response to a call when my son had lost control, was delirious and had obviously been using substance(s). Despite the blood streaming out of a deep gash in my head and trickling down my face, and both my other son and myself imploring the officer to invoke an emergency petition order and take him to the nearest hospital, they simply took him outside in the middle of the night, and told him that he could not re-enter our home until he “sobered up”. But at 3:00 o'clock in the morning, with nowhere else to go, and out-of-his mind on substances, he came in through an upstairs window and jumped on top of his sleeping brother, threatening to kill him. Once again, the police arrived and took him back out of the house, advising him not to re-enter. This scenario continued repeatedly, all night long, until my son was finally exhausted and whatever concoction of drugs had worn off. Only then could I safely allow him back into the house where he collapsed on the floor and slept until I could get an emergency petition filed by the Commissioner and a new unit of officers to come pick him up. When he awoke later that day, he remembered none of the prior night's events.

These harrowing scenarios could be prevented, as well as the profound harm perpetrated on both the caller and the MH/SUD-impacted individual by untrained police officers, if behavioral health specialists arrived instead to assist in dealing with the very scenarios that they have been professionally trained, credentialed, and experienced in dealing with.