The Washington Psychiatric Society is a District Branch of the American Psychiatric Association. Our membership includes psychiatrists who live and/or practice in Montgomery and Prince George's County. In collaboration with the Maryland Psychiatric Society, we represent the views and interests of Maryland Psychiatrists.

We strongly support Bill 43-23 Crisis Intervention Teams-Established. Like in most other areas of the country, the mentally ill in Montgomery Country face a crisis in treatment. Resources are limited, and the network of treatment providers is fragmented. In the ongoing aftermath of deinstitutionalization, many very ill patients attempt to live in the community. With the contraction of inpatient, partial hospitalization, and intensive outpatient services along with funding mechanisms inadequate to ensure adequate treatment, it is inevitable that crisis-level, disruptive, and possibly dangerous illness exacerbations will occur.

Montgomery County has established elements of the Crisis Intervention Team approach. We clinicians have had positive experiences with dedicated, humane law enforcement officers and members of the mobile crisis intervention team. However, the system within which they work is rudimentary and incomplete, leaving open the possibility that patients will not be directed to the appropriate treatment, that their illness could progress leading to more suffering and disruption, or, worse, a tragic outcome.

For example, when they feel they need immediate help for someone experiencing a mental health crisis. families will often call 911. Most often, a police officer or a group of officers will be dispatched to the scene. Just this scenario can have harmful consequences First, being confronted with the police can be intimidating for the patient, leading them to resist help. Worse, they could become agitated in response to what they experience as a threat. A dangerous physical confrontation can ensue.

Further, police appear to be tasked with controlling a dangerous situation and then determining if the patient is dangerous enough to seek involuntary hospitalization. It's a binary action. If judged dangerous, the police will transport the patient according to a protocol that requires they be placed in handcuffs and transported in a squad car—sometimes necessary, but often experienced as traumatic and dehumanizing. If the patient is not judged to be dangerous, the interaction is ended, with no referral for treatment or follow-up. The patient is still very ill and could get worse-- and the family is left in the exact same, impossible situation.

Clearly, such complex scenarios cannot be quickly resolved. But if the intentions of Bill 43-23 were to be realized, a team consisting of police and clinicians with an established working relationship, all with clearly defined roles, would be present. The threatening nature of the encounter would be dispelled. A clinical assessment would, based upon an established protocol, determine an appropriate course, either referral to outpatient resources or for inpatient care. It would be more likely that a patient would achieve an optimal outcome.

To be sure, the mental health crisis is daunting here and elsewhere. The Crisis Intervention Model embodied in Bill 43-23, and in operation around the country, represents the best way of addressing a critical element of this crisis. By emphasizing an ongoing collaborative relationship between clinicians and law enforcement, robust protocols for responding to and resolving crisis events, ongoing outcome assessment and expert oversight, one could envision its implementing system where patients could be helped to overcome the burden of their illness and embark on a more positive life course. For these reasons, we strongly urge passage of Bill 43-23.

Thank you very much for your consideration.

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