

# The Emergency Petition Process in Maryland

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Maryland's Emergency Petition statute allows a violent or suicidal person with a mental disorder to be brought to an emergency facility for rapid evaluation regarding the need for emergency treatment. Although many states have similar laws, little has been written in the psychiatric literature about the emergency petition process. The investigators evaluated emergency petition documents, demographic data, and the adequacy of emergency room records for all patients brought to a large county hospital in Prince Georges County, Maryland, by emergency petition during a one-month period. All emergency petition patients in Prince Georges County are brought to this hospital site. Of 94 petitioned patients examined during the study period, 92 records were available for review. The emergency petition was found to meet appropriate legal criteria in 94 percent of cases. More than half of all patients evaluated were intoxicated on alcohol or illicit drugs, and the majority of these patients were released from the emergency room as no longer dangerous after their acute intoxication resolved. In contrast to previous studies most of the patients evaluated were affluent, had health insurance, and were employed.

With the deinstitutionalization of thousands of chronic patients in the past two decades, psychiatric emergency departments in general hospitals have become a primary treatment source for mentally ill persons. Police officers frequently refer individuals believed to be mentally ill to psychiatric emergency departments for evaluation and treatment. This process has been described in reports from urban, suburban, and rural communities.<sup>1-7</sup> A police officer may act on his own initiative or by request of an interested citizen or a treating health

care professional. The police then act as transporters and official confirmers of the need for emergency intervention. Teplin *et al.*<sup>2</sup> reported that the police devoted as much as 90 percent of their time to "social service" calls. They described the urban police officer as a "front line 24-hour urban psychiatric GP." Durham *et al.*<sup>5</sup> reported that police involvement was the primary factor in determining that an emergency room referral would result in commitment.

Maryland's Emergency Petition statute permits lay persons, police officers, and mental health professionals to initiate an emergency psychiatric evaluation provided that the person "has a mental disorder and that there is clear and imminent danger of the individual doing bodily harm to the individual or another."<sup>8</sup> Lay persons (but not physi-

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This article was presented at the Annual Meeting of the American Academy of Psychiatry and the Law, Washington, DC, October 21, 1989.

cians or police officers) must have the petition document approved by a judge who issues a custody order authorizing a law enforcement officer to detain and transport the person to the nearest psychiatric emergency facility. The patient is then examined by a physician who determines if the patient in fact requires further psychiatric services. Guidelines for detention by Maryland police offers in a emergency situation closely follow guidelines for Legislative Action On The Psychiatric Hospitalization Of Adults as outlined by the American Psychiatric Association.<sup>9</sup>

It has been previously reported that a person's prior history of mental illness favorably influences a police officer's decision to bring a citizen to psychiatric attention.<sup>2,10</sup> Lieberman<sup>11</sup> also reported that a significantly higher proportion of patients who were referred to the emergency room by the police were schizophrenic or had other major personality disorders than was the case with patients who were brought to the emergency room by friends, relatives, or a nonpolice agency.

Many states have similar laws that allow a violent or suicidal person with a mental disorder to be brought by a police officer to an emergency facility for rapid evaluation and assessment of need for emergency treatment.<sup>12</sup> Little data have been collected regarding the emergency petition process. Only one study in North Carolina assessed the process, noting that the majority of detention petitions executed by law enforcement officers did not provide adequate evidence of meeting the required criteria.<sup>13</sup>

The authors studied the Emergency Petition process in Prince Georges County, Maryland (P. G. County). P. G. County borders Washington, DC, on the northeast and is 37 miles south of Baltimore. Business is largely clustered in the northern part of the county. As one moves south and east, the county becomes more suburban than rural. The county has foreign trade zones and an enterprise zone. It is the second largest county in the state and has an average household income (\$35,944) that exceeds the average in both the state of Maryland (\$30,687) and the nation as a whole (\$24,632).<sup>14</sup> P. G. County has the second highest number in the state of persons 25 years of age and over who have completed a high school education.<sup>15</sup> About three-fifths of the population of the county is white.<sup>16</sup>

The adult mental health needs of Prince Georges County are serviced by four Community Mental Health Centers under the Directorate of Mental Health. Emergency care is provided for almost all the county residents at the Emergency Psychiatric Service of the largest county hospital. The clientele varies in socioeconomic status from low income to middle class. A unique feature of this county is a six-member Sheriff's Department Team specially trained "to carry out all police functions and responsibilities in emergency petition cases."<sup>17</sup> Among their performance objectives and requirements of training are the knowledge and ability to identify health care professionals authorized by state law to initiate petitions, and to recognize symptoms and behavior that may be

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indicative of mental disorder and potential dangerousness.

### Methods

To assess the emergency petition process in Maryland, the two of the investigators (G. J. and J. S. J.) examined the emergency psychiatric service records of all patients brought in on an emergency petition to P. G. County's largest hospital during January, 1988. Patients were identified through a review of emergency petitions and emergency room records. The actual emergency petition document as well as the emergency room psychiatric records were coded and evaluated independently by the investigators. Forms were coded to protect patient confidentiality. Because the study was a records review that did not identify individual patients, the investigators did not obtain informed consent from the subjects. Tests of statistical significance were applied using the chi-square statistic with Yates' correction for continuity.

### Results

During January 1988, 94 patients were examined through the emergency petition process in P. G. County; 92 records were available for review. Among the 92 examined patients, there was a higher representation of nonwhites (55%) than is found in the general population of the county (45%). Three-quarters of patients were male. The patients ranged in age from 15 to 69 years with the mean age being 31.6 years (median age 28.5 years). Only four percent were under 18 years old and only one individual was over 65 years old. On average, men were younger than

women. One-third of men compared with less than one-fifth of women were aged less than 25 years.

Seventy percent of patients were not married at the time of evaluation. Men (33%) were slightly more likely to be married than women (23%) but of those patients unmarried at evaluation, men (87%) were significantly more likely to have never married than women (53%) ( $\chi^2 = 6.21, p \leq .01$ ). The educational level appeared to be relatively high, with more than two-thirds being high school graduates. These findings are consistent with the county rate of completed secondary education, but as educational data were available for only a third of patients, this finding should be interpreted with caution.

The employment status of 66 patients was available. About three-quarters of patients were employed. Men (79%) were slightly more likely to be working than women (64%); no racial differences in current employment were evident.

Three-fifths of the patients evaluated through the emergency petition were insured with no apparent differences in insurance status by race or sex. Among insured persons, however, whites (91%) were more likely than nonwhites (64%) to be insured through a private carrier rather than enrolled in a public program such as Medical Assistance. Men (88%) were more likely than women (64%) to be privately insured, owing, perhaps, to their greater participation in the work force.

The mental health treatment history of 87 patients was documented in the records. Half of the patients were re-

ported to have had prior psychiatric hospitalization. Less than a third of patients brought in on an emergency petition were in treatment at the time of evaluation, with fewer than a quarter currently taking psychotropic medication. No differences were found by race or sex.

The records provided evidence of substantial substance abuse among the evaluated patients. Previous or current drug abuse was documented in the records of more than half (51%) of the patients. Drug abuse appeared to be more common among nonwhites and males, but differences were not statistically significant. Phencyclidine (PCP) was the most frequently reported drug of abuse (39%). Alcohol abuse was reported for more than two-fifths of the evaluated patients. Men (48%) were nearly twice as likely as women (26%) to have alcohol abuse documented in their records.

More than half (51%) of the patients brought in by emergency petition were reported to be intoxicated at the time of evaluation. Males (58%) were intoxicated nearly twice as often as women (30%) ( $\chi^2 = 4.23, p \leq .05$ ). No racial differences were found in likelihood of intoxication.

The disposition of the emergency petition-examined patients was assessed. About half (52%) of the patients were admitted to a hospital for further treatment. Nonwhites (67%) were significantly more likely to be admitted than whites (34%) ( $\chi^2 = 8.58, p \leq .001$ ); women (65%) were admitted more frequently than men (48%), but the difference was not statistically significant. Of persons admitted to hospitals, nearly

three-quarters (72%) were admitted involuntarily regardless of race or sex. Historical and demographic correlates of disposition decisions are presented in Table 1.

The appropriateness of the emergency petition document, the thoroughness of the emergency room evaluation, and the appropriateness of the patient's disposition was assessed through independent ratings by two of the investigators (G. J. and J. S. J.). The investigators found that the emergency petition met legal criteria for demonstrated mental illness as well as imminent danger to self or others in 94 percent of cases. The investigators concurred with the disposition decision of the emergency room physicians in 89 percent of cases.

### Discussion

The large number of intoxicated patients at the time of evaluation is significant. Intoxication accounted for a large part of the dangerous behaviors noted on the emergency petitions, as well as for the rapid recovery after assessment and emergency room treatment. Strikingly, intoxication at initial emergency room evaluation predicted release from the emergency room after the initial intoxication resolved. A history of alcohol use or execution of the emergency petition by a family member rather than police also predicted a release decision.

Insurance status and level of education were higher than expected for this population. There was also no evidence of the evolution of a dual system of care for patients with and without insurance.

The absence of elderly among peti-

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**Table 1**  
**Correlates of Disposition**

	Insured		Alcohol Related*		Drug Noted		Intoxicated†		Police Referred‡	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Admitted (%)	59.2	46.9	32.4	66.0	63.6	41.3	32.6	74.4	42.6	72.4
Released (%)	40.5	53.1	67.6	34.0	36.4	58.7	67.4	25.6	57.4	27.6
n	49	32	37	53	44	46	46	43	61	29

\*  $\chi^2 = 8.65, p < .004$ .

†  $\chi^2 = 13.96, p < .001$ .

‡  $\chi^2 = 5.85, p < .02$ .

tioned patients was noteworthy. It is possible that those elderly who require emergency intervention are referred to the Geriatric Evaluation Service of the county, which then appropriately assesses needs and determines disposition.

Schizophrenia was the most common diagnosis among the chronically mentally ill evaluated. Few of these patients were registered in Community Mental Health Centers or were in active psychiatric treatment at the time of their evaluation. Noncompliance, chronic drug abuse, and acute intoxication with no desire for voluntary treatment could all be likely causes.

Unlike other studies that found a high rate of police referral for mentally disordered people living in "the decaying parts of the city, among lonely isolated people often from minority communities,"<sup>18</sup> our study indicated that this population was relatively affluent, had insurance, and was employed. A picture emerged of the typically petitioned patient in Prince Georges County. It was of a young black male with 12 years of education or more, employed at the time of evaluation, with a history of illicit drug use, most probably of PCP. This

person generally carried private insurance. He was also most likely not to be registered in psychiatric treatment, and likely to be intoxicated at the time of admission to the emergency room. Surprisingly, he was also likely to be released from the emergency room after a period of observation rather than being hospitalized. This could be due to rapid recovery from drug or alcohol use.

The emergency petition process did not appear to be abused by the police, citizens, or the court. Unlike Miller and Fiddleman's previous study,<sup>13</sup> we found the emergency petition met the legally defined criteria in 94 percent of cases.

There are several questions that remain unanswered at the conclusion of this pilot study. A closer look at those patients whose families petitioned the court, but whose petitions were denied would be appropriate. Furthermore, it would be advisable to perform a toxicology screen on all patients petitioned to accurately determine the prevalence of drug use, and to confirm the clinical impression of intoxication. Alternatives to hospitalization in the treatment of this population need to be explored and described. The readmission rate was not

measured in this study because only one month of data were examined. It was not clear from the data how patients' previous noncompliance affected their current admission and whether patients were in fact compliant with the recommended treatment on discharge from the emergency room. Whether arresting the patient was ever considered as an alternative is also unclear. The study did not address the patient's living condition at the time of evaluation. We therefore, did not identify those evaluated patients who were homeless. Finally, the study did not attempt to reach those patients who were admitted to assess outcome.

More frequently than any other area of medicine, psychiatry has been asked to deal with a variety of serious social problems. The Emergency Petition process places psychiatry at the interface between the criminal justice and mental health delivery systems. It allows police to divert citizens displaying socially unacceptable behavior to the emergency room to avoid arrest. However, further study is needed to indicate directions for changes in mental health care delivery systems to more optimally treat petitioned patients.

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