

Baker Act:

A Dementia Dilemma

In 1971, Maxine Baker was a state representative from Miami, Florida. She had a heart for mental health issues and this concern led her to sponsor a bill in the legislature. This bill soon became a Florida statute, aptly named, "The Baker Act." "Baker Acting" has become a slang word used across the U.S. though the original intent was and is more pure. The primary purpose of this law is to allow for involuntary examination ordered by law enforcement officials, judges and physicians, of at-risk individuals suspected of having possible mental illness (as defined in "The Baker Act"). There must be a strong concern that these individuals may harm themselves or others.

Having spoken to hundreds of families in crisis, I have a deep concern regarding when it is or is not an appropriate time to "Baker Act" family members struggling with dementia. After all, it is a 72-hour mandatory commitment for a psychiatric evaluation. This may, depending on the outcome, result in strong resentment and anger that can last a lifetime.

Unfortunately, I have seen Baker Acting used practically as a babysitting tool. This is abuse of both the individual and the system. Again, the outcome can and probably have a lifetime influence.

When I started working on the Alzheimer's/Dementia Hospital Wristband Program, I sat down and directly addressed this problem with hospital administrators. Often, I would just get a quizzical look and nothing further would be done about it. But, after concluding the first six-month pilot program at Brooksville Regional, now Bayfront Health Brooksville Hospital, we called a meeting and the first thing the chief of nursing said was, "My goodness! We have had dementia patients coming out of care facilities, being Baker Acted, when the only real problem was that they were suffering from a urinary tract infection. They simply needed to be on the correct antibiotics."

During the required 72-hour period, which according to Department of Children and Families actually averages 4.5 days, and even longer for those living with dementia, the person ordered for evaluation is not allowed any family contact and is many times physically and/or medically restrained. What's important to realize here is that those diagnosed with Lewy body dementia are severely sensitive to neuroleptics, which are commonly prescribed throughout the time of being Baker Acted. Now, imagine yourself going through that process while afflicted with a cognitive impairment!

Considering the many questions about doing such a radical thing, as caregivers, we should only request Baker Acting as a last resort when it comes to those with dementia. I acknowledge that occasionally there will be a time and place

when the mandatory psyche evaluation is necessary, but we need to consider all other options first.

Unfortunately, the general public and even many first responders do not usually understand the difference between “cognitive impairment” and a mental illness. Again, Baker Acting can only be initiated by law enforcement officers, physicians or circuit courts. There has been a 50% increase in these orders in the past ten years in Florida. The state has a budget as of 2013 of 77.5 million dollars for these specific beds.

I have been doing quite a bit of first responder training on dementia care and I have run into the same conversation during every class I teach. For example, in the past when I taught a couple of classes to the Hillsborough County Sheriff's Department, they stated that when they get a call out to a home where there's a situation with dementia involved, they really don't have a choice—the dementia person ends up getting Baker Acted. Many times the caregiver has hardly slept and his or her exhaustion is actually the instigator of the situation. I truly feel for the officers who explained that if they leave both parties at the scene and another call comes in from the same residence, they could be looking at their own suspension or even worse.

Let's look for another option. I believe that instead of Baker Acting there should be a 48 hour respite available in, let's say, a skilled dementia care facility. This would serve to defuse the

situation, instead of it escalating—and would save an intensive amount of money.

There are aftereffects that nobody sees except the family. I can't tell you how many times the courts step in to tell the family, "Obviously you can't handle your loved one." The next thing you know a legal guardian is appointed and the family's rights are removed. It doesn't matter if you have power of attorney or not. Your loved one could be placed in a facility 100 miles away and there is nothing you can do about it. More times than not, if he or she is Baker Acted out of an assisted living or nursing care community the patient is most likely not going to be allowed to return. This leaves families scrambling to find a facility that will take in their loved one with a Baker Act now on record, or worse, a new psychological diagnosis such as bipolar disorder. We have to find other options.

Florida law does not have a mechanism to expunge the Baker Act from your health records. We need to be extremely careful that we don't let our loved ones with dementia be immersed within this type of dilemma.