Why We All Oppose
An Act to Provide Continuum of Care for Severe Mental Illness (H.1801/S.1115)

What this involuntary outpatient commitment (IOC) bill does:

This bill allows a judge to compel an adult to participate in involuntary medical treatment while living in the community. Individuals can be compelled to accept "critical community mental health services," an undefined term which most often includes the involuntary administration of antipsychotic medication. A judge could consider an involuntary treatment plan upon finding that the person has "severe mental illness" and is "gravely disabled" – another vague term that could apply to anyone a mental health provider believes is not taking adequate care of themselves, including people who are unhoused. The judge could order such a plan for a person with a mental illness who had been involuntarily hospitalized or incarcerated in the past three years OR a person who had made one or more acts of serious violent behavior or threats of, or attempts at, serious physical harm. (The other criteria for an order – services would prevent serious harm to the individual or others, likelihood of benefit, and lack of voluntary participation in outpatient services – are subjective and would be easy to argue.) This bill would affect thousands of people, not just those who, under current law, are incompetent to make treatment decisions.

The court-ordered plan could include not only compliance with medication, but also requirements regarding mental health supervision, employment, food, clothing, and shelter. The order will identify the person's residence and supervisor – an invasion of privacy. **Importantly, the bill does not require that court-ordered mental health services, employment, or housing actually be available or funded.** Thus, ordered services might not exist.

Once an involuntary treatment plan is in place, if a judge finds the person non-compliant, they would require an evaluation of whether failure to hospitalize would create a likelihood of serious harm. This would potentially result in involuntary hospitalization. This means that people who, under current law, could not be involuntarily admitted to a psychiatric hospital would be forcibly transported and institutionalized against their will.

The Massachusetts Behavioral Health Roadmap has created new voluntary, community-based behavioral health services. The Roadmap meets those in crisis with immediate and ongoing services. This bill will divert funds from fulfilling those goals and instead, be used to pay for involuntary mental health programs. This bill will not help, but instead will hurt people with mental health conditions.

Involuntary outpatient commitment (IOC) is bad public policy:

- Studies of IOC *do not show* that it improves mental health outcomes, results in more people receiving more care, or reduces homelessness. Multiple studies *do show* that benefits of IOC derive not from the new coercive orders, but from new funding of services infused in some of these laws.
- Twenty years of studies in other states show that BIPOC communities are disproportionately subjected to IOC orders.
- IOC relies on coercion. Fear of forced (and thus traumatizing) treatment dissuades people from seeking voluntary mental health services.
- People who live with behavioral health conditions widely oppose IOC as it threatens autonomy, dignity, and liberty. IOC is inconsistent with the principles of the disability rights and recovery movements.
- Adding a new legal standard for involuntary treatment and a new judicial enforcement procedure is an inefficient and costly way to provide services. This bill creates an unfunded mandate that will place extensive burdens on courts, hospitals, and law enforcement.
- IOC will divert money, resources, and precious workforce from the roll out of urgent care, outpatient services, and crisis responses in the Commonwealth.
- The bill raises significant constitutional law issues and may well ultimately be deemed illegal.

FAQ on Involuntary Outpatient Commitment (IOC) in Massachusetts

Will IOC help people who refuse to take antipsychotic medication?

IOC forces people to take antipsychotic medication but does not necessarily help them or successfully treat their mental illness. People with mental illness may have legitimate reasons for not accepting powerful and potentially harmful medications. For the following reasons, IOC will not necessarily cause people who are refusing medication to change their minds or to benefit them if they do take medication:

- Individuals may already have tried antipsychotics and found them to be ineffective or to cause intolerable side effects and/or withdrawal symptoms.
- Alternative forms of treatment are often more effective than forced medication.
- Addressing the underlying social, economic, or legal problems at the root of emotional distress (e.g., by providing housing) is often the most effective approach to reducing the symptoms of mental illness.
- Many people with mental health conditions have experienced trauma from forced medication and government intervention in the past, with harmful outcomes.
- Forcing treatment may deter people from seeking care.
- Therapeutic alliances between health providers and people with mental illness, which are critical to treatment acceptance and adherence, are placed at risk when caregivers force people to accept treatment.

What alternatives to IOC exist for people not engaging in treatment?

- The Massachusetts Behavioral Health Roadmap sets out a broad range of new, community-based behavioral health services, including culturally and linguistically responsive interventions for individuals who are in crisis, require urgent care, or need longer term services. These services can address the problems of poor or delayed access to care that now drive some individuals' reluctance to accept care.
- Peer services are evidence-based alternatives, including peer respites, peer supports embedded in traditional services, peer-led Recovery Learning Communities, Living Room programs, and peer recovery coaches (for people with substance use needs).
- There are a wide range of voluntary forms of treatment, such as traditional and alternative mental health and substance use services, housing, and other social supports.

Are there alternatives in Massachusetts for people who really do need protection or court-ordered treatment due to likely serious harm to self or others arising from mental illness?

- When failure to hospitalize would create a likelihood of serious harm by reason of mental illness, there are existing judicial processes for emergency detention and civil commitment.
- For people found incapable of making medical treatment decisions, including use of antipsychotic medication, there is a judicial substituted judgment decision-making process.

Contact: Jennifer Honig, Dir. of Law & Policy, Mental Health Legal Advisors Comm. **|** jhonig@mhlac.org or 617-391-9733

Arise for Social Justice, Springfield	Massachusetts Advocating for Change Together	National Coalition for Mental Health Recovery
A Tribe Called Black	Mass. Assoc. for Mental Health	National Empowerment Center
Center for Public Representation	Mass. Psychiatric Rehabilitation Collaborative	NE Recovery Learning Community
Committee for Public Counsel Services	Mental Health Legal Advisors Committee	Prisoner Legal Services
Disability Law Center	Metro Boston Recovery Learning Community	SE Recovery Learning Community
Disability Policy Consortium		Wildflower Alliance
Kiva Centers		Wild Ivy Social Justice Network

Rev. 10/23/25