



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 a person 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 approves an involuntary treatment plan if the court finds 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. An involuntary treatment plan would be ordered for any a person with a mental illness who had been involuntarily hospitalized or incarcerated in the past three years, OR to any person who had made threats or attempts of serious physical harm or acts of serious violent behavior. This would affect thousands of people, not just those who, under current law, are incompetent to make treatment decisions.

The court ordered treatment plan includes not only compliance with medication, but also requirements concerning mental health supervision, employment, food, clothing and shelter. The order will identify the person’s residence and supervisor – a serious invasion of privacy. **Importantly, the bill does not require that the court-ordered mental health services, employment, or housing actually be available or indicate who will provide or pay for them.** Thus, under the bill, the court-ordered services may not exist.

Once an involuntary treatment plan is in place, if the court finds the person non-compliant, it would require an evaluation of whether failure to hospitalize would create a likelihood of serious harm, potentially resulting in involuntary hospitalization. This means that people who could not be involuntarily admitted to a psychiatric hospital under current law would now 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 benefit them if they do:

- Antipsychotics may have been tried and found ineffective or caused 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 the trauma of forced medication and government intervention in the past, with harmful outcomes.
- Forcing treatment may deter people from seeking care that would meet their individual needs.
- Therapeutic alliances between health providers and people with mental illness, which are the key to treatment acceptance and adherence, are placed at risk when caregivers get involved in forcing 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.

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