



Mental Health Association of San Francisco

1421 Involuntary Outpatient

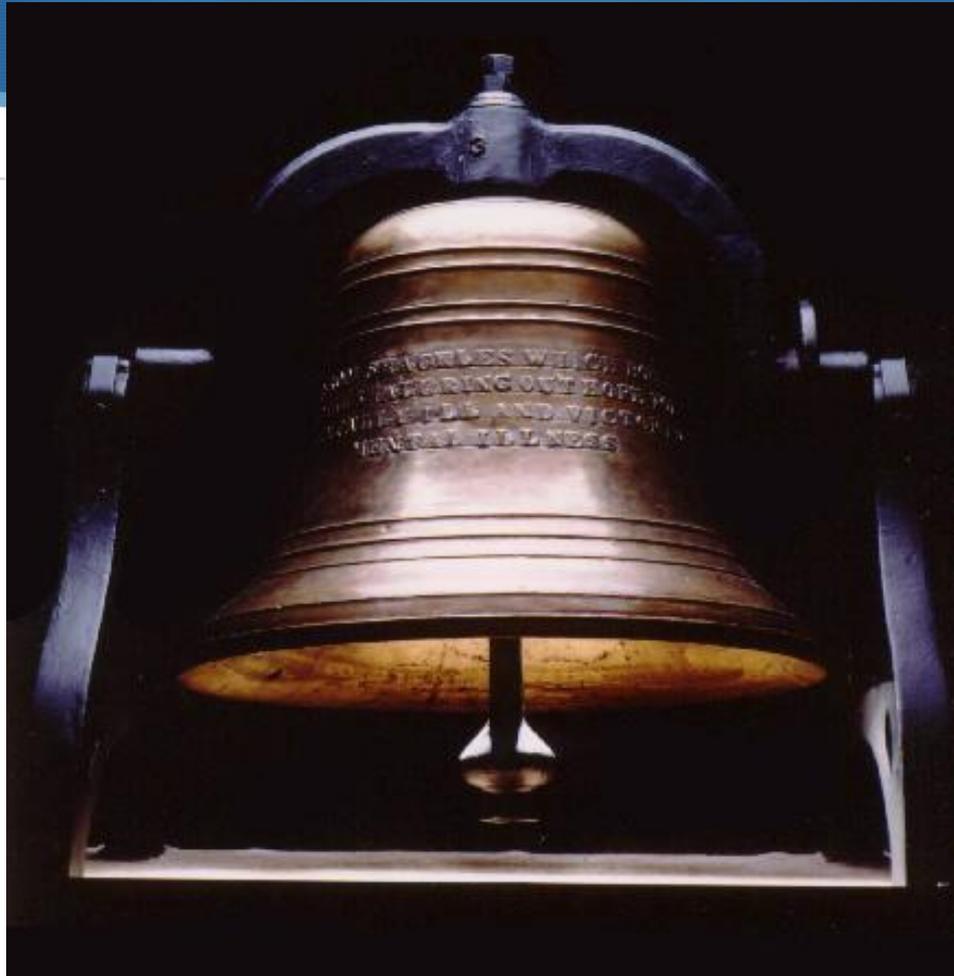
Commitment/AOT/Laura's Law

Ineffective, redundant, discriminatory

June 20, 2013

CA MH Planning Council
San Francisco Airport Hotel

MHA Legacy



1921 and 2009



Neglect - even in progressive States. This picture was taken in an eastern hospital.

6200 lives (Oregon State Hosp)



A portrait of Nicole Plata, a woman with long brown hair, smiling and looking slightly to the right. She is wearing a red top and a gold hoop earring.

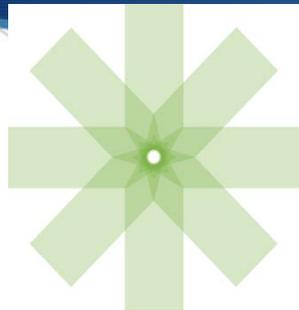
I have PTSD and depression,
and I love who I am.
I have much to offer my community
and am excited about my future.

[Find out more about the Center](#) 

NICOLE PLATA

MHASF Mission

The Mental Health Association of San Francisco advances the mental health of the people of San Francisco and leads the global community in advocacy, education, research and supports that promote recovery and wellness while challenging the stigma associated with mental health conditions.



THE CENTER FOR DIGNITY, RECOVERY & STIGMA ELIMINATION



*We can find recovery everywhere.
Wellness translates into all cultures.*

I have seen it in my own.

[Find out more about the Center](#) 

KHATERA ASLAMI



www.dignityandrecoverycenter.org



History of involuntary “treatment” and involuntary outpatient commitment in CA

California Community Mental Health
Act (1962)

National CMHA (1963)

Lanterman-Petris-Short
(1967) (1972) Welfare and Institutions
Code (W&IC) section 5000, et seq.

5150, 5250 etc.

Lanterman-Petris-Short

- ❖ To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons, people with developmental disabilities, and persons impaired by chronic alcoholism, and to eliminate legal disabilities;
- ❖ To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism;
- ❖ To guarantee and protect public safety;
- ❖ To safeguard individual rights through judicial review;
- ❖ To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons;

ADA, P&AA, Olmstead, etc.

- ❖ **Americans with Disabilities Act (1992)**
- ❖ **Protection and advocacy for people with disabilities (PAIMI) established**
- ❖ **2001 Olmstead decision upholding rights of people with psych and developmental disabilities to live in community**
- ❖ **2001 President's New Freedom Commission**

Teasing it out in California

Under the mandated report filed with the state of California 4 people were “treated” in 10 years

“Involuntary outpatient commitment” (IOC)– the legal process for court order to outpatient treatment, is distinct from services

“Assisted outpatient treatment”- AOT, a term used by advocates for programs that are based in IOC

IOC in California

- ❖ **Initial Laura's Law program as 10-year pilot (2002)**
- ❖ **MHSA passed (Nov 2, 2004)**
- ❖ **2008 Nevada county program begun**
- ❖ **DMH report produced (July 2011)**
- ❖ **SB1569 approved 5 year (2017) extension**

Involuntary commitment Standards

I. Presumption of Competency.

II. Declaration of Incompetency.

III. Informed consent is required for all medical care provided

IV. Standard: Serious Risk of Physical Harm to Themselves or Others in the Near Future.

V. Least Restrictive Alternative.

VI. Procedural Protections.

VII. Qualified Right to Refuse Treatment.

Who Supports 1421 and similar programs

National Treatment Advocacy Center

Some but not all NAMI affiliates/family advocates

California Psychiatric Association

NAMI California?

Others?

Who Opposes 1421 and similar programs

National Bazelon Center for Mental Health Law

National Mental Health America

Most but not all Mental Health America/Mental Health Associations in the US

All national consumer/client advocate groups

All disability rights organizations

Who Opposes 1421 and similar programs

All disability rights organizations

National Disability Rights Network

National Empowerment Center

United States Psychiatric Rehabilitation Association

Who Opposes 1421 and similar programs- California

California Council of Community Mental Health Agencies (CCCMHA)

Disability Rights California

California Network of Mental Health Clients

Other consumer-run programs, recovery driven support services agencies

Who Opposes 1421 and similar programs- California

Mental Health Association of California

6 of 7 MHA organizations in the state (1 neutral)

California Association of Mental Health Patients Rights Advocates (CAMHPRA)

California Association of Mental Health Peer-Run Organizations (CAMHPRO)

Why do Community Mental
Health systems, MHAs, Disability
Rights organizations and most
providers oppose
Laura's Law?

TECHNICAL CONCERNS

I. EFFECTIVENESS/REDUNDANCY

II. CUMBERSOME AND COMPLEX

III. LEGAL QUESTIONS

IV. STIGMA/COERCION/DETERRENCE

V. COSTLY AND UNFUNDED

VALUES/PRACTIC CONCERNS

- I. Relationships trump all in treatment**
- II. Criminalization and dehumanization of people w/psychiatric disabilities/MI**
- III. Positive engagement**
- IV. Recovery findings (Harding, et al)**
- V. Dignity, Stigma, death**

OTHER CONCERNS

- I. Wrong cure for the right problem
“bleeding”**
- II. Misleading/manipulation by fringe
advocacy groups with a specific agenda
to expand coercive practices**
- III. Promulgation of public fear and stigma**
- IV. Manipulation of traumatized families,
media, legal systems etc.**

Effectiveness

- A 2009 study of New York's "Kendra's Law", a comparable law to California's AOT law, was unable to conclude that the court order, as compared to the underlying services, improved outcomes. As the report notes:

"However, unless we compare AOT recipients to similarly situated individuals who did not receive AOT, it is difficult to assess whether the court order was a key ingredient in promoting engagement or whether comparable gains in engagement would have occurred over time with voluntary treatment alone" (Swartz, Steadman, et al., p. 17).

http://www.macarthur.virginia.edu/aot_finalreport.pdf

Lack of Effectiveness

- Mandatory treatment has not been shown to add to the effectiveness of community mental health services and, indeed, may interfere with recovery by compromising personal responsibility and lowering self-esteem.
- In New York where Kendra's Law was implemented benefits were seen as a result of added services, not the IOC process

Lack of Effectiveness

- In the 10 years since it was passed, four (4) individuals in Nevada County (one of California's smallest with a total population under 100,000) have been court-ordered to a program in the AB1421 model. Attempts to replicate that measure in larger communities have failed or presented such technical challenges (such as that of Los Angeles County) that only projects which remove the coercive court-order process have been able to be implemented at all.
- The State of California's Senate Committee on Rules in 2001 commissioned the RAND corporation report on the evidence-basis for involuntary outpatient commitment which found that no benefit over and above similar voluntary services could be proved for involuntary programs, and which definitively stated that "there is no study that proves that a court order for out patient treatment in and of itself has any independent effect on outcomes"
- The ultimate burden of enforcing these programs falls to the courts, local police and threatens people who are disabled with more hospitalization, homelessness, loss of benefits, incarceration and indignity when they are in need of community-based treatment and support.

Lack of Effectiveness

- Involuntary services under the AB1421 model have not been shown locally or in international research literature to have ANY benefit above and beyond those same services provided on a voluntary basis. Indeed coercive solutions to mental health challenges promote stigma, fear of service provider systems and loss of personal rights and deter people who need them from mental health services overall, resulting in worse illness and long-term outcomes for our communities.

Lack of Effectiveness

- Forced programs push people away from services and cut at human dignity, reducing hope and personal resources for recovery for people with mental health conditions. What is more, there is real danger that these coercive approaches drive people away from help, away from services that would make a difference, while promoting stigma and discouraging others from seeking the help of proven psychiatric rehabilitation and recovery services that are being provided.
- California's Lanterman-Petrus-Short Act established excellent parameters, and the national model, for those extreme occasions on which involuntary hospitalization is required as a result of psychiatric symptoms. These parameters and the due process measures put into place to ensure that people get the help they need while maintaining the highest priority on constitutional rights have served our communities well.

Relationships are the real tx.

Coercion seriously undermines the therapeutic relationship between a client and his/her therapist.

Trust is essential

Outreach, persistent positive engagement

Choice is Essential for Recovery

- ✓ Choice is so important a concept to human kind and human dignity, that medical interventions, with only the exception of psychiatric, are soundly based on choice, including extensive consent policies and procedures.
- ✓ Informed choice about treatment and control over one's own individualized path to health, is necessary for recovery.
- ✓ Treatment and civil rights are not antithetical to each other; in fact, good treatment can only occur in an atmosphere of choice and freedom. (SZ)

Thoughts?



Contact

Eduardo Vega, M.A.

Executive Director & Principal Investigator

eduardo@mentalhealthsf.org

870 Market Street, Suite 781

San Francisco, CA. 94102

Phone: (415) 421-2926