Principles: Involuntary Mental Health Treatment

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These principles relate to all individuals receiving or at risk of receiving involuntary mental health treatment, whether at a state hospital, a correctional facility, an Institute for Mental Disease (IMD), or in a community setting. Because legislation and regulatory proposals or changes can impact involuntary mental health treatment rights, Disability Rights California (DRC) proposes the following principles for use in policy advocacy in this area.

DRC Opposes

1. Expansion of involuntary mental health treatment to anyone who is not imminently dangerous to self or others, or gravely disabled.

2. Any interference with access to judicial review of commitment to a state hospital, regardless of the type of commitment. Access to the judicial system includes: the process for the commitment; burdens and standards of proof; right to legal representation; rules for obtaining and presenting evidence; and the time period for review.

3. Attempts to inappropriately confine individuals in a county jail.

DRC Supports

1. Increased access to voluntary mental health treatment and community supports that enable individuals to live in the community and avoid institutionalization.

2. Ensuring state hospital patients receive humane, effective, client-centered, culturally competent care and treatment services with adequate staffing levels.

3. Treatment in the least restrictive environment that is most protective of personal dignity and privacy.

4. Development of appropriate community services and supports for patients transferring out of state hospitals.
5. Protecting personal rights of state hospitals’ patients with any psychiatric diagnosis or commitment status. Personal rights include, but are not limited to, the right to: freedom from abuse and neglect; confidential communications with an attorney or patients’ rights advocate; reasonable access to confidential telephone calls, mail, education, social interaction, personal visits, religious freedom and practice, recreation, medical treatment; and informed consent to medical or psychiatric treatment, including the right to refuse treatment.

6. The receipt of appropriate, voluntary mental health and medical treatment that protect personal rights when individuals are transported to and from, or are confined in, the county jail.

7. Treatment that relies on the recovery model, including but not limited to those involving self-direction, individualized and person-centered treatment, empowerment, holistic measures, non-linear and strength-based treatment, peer support, respect, responsibility, and hope.

6600 Commitments

1. Disability Rights California does not oppose the appropriate and reasonable use of monitoring systems designed to address safety concerns regarding community placement of individuals committed under Welfare & Institutions Code Section 6600, such as surveillance, polygraph examinations, global positioning devices, increased supervision through random visits, and sexual offender registration. However we oppose efforts to restrict further community placement of patients who the Department of State Hospitals (DSH) deems ready for community placement under appropriate supervision.

Lanterman-Petris-Short Act (LPS) Commitments

1. LPS individuals include those on short-term psychiatric holds (WIC §§5150, 5250) and temporary and permanent conservatorships under WIC §5300 et seq. DRC advocates for the legal rights of individuals committed under these sections, regardless of where they reside. Individuals living in IMDs are included.
2. DRC supports
   a. The rights of individuals under LPS conservatorship or commitment to an individualized assessment of any limitations or deprivations imposed by the conservatorship or commitment.
   b. Increasing individuals’ ability under LPS conservatorship or commitment to receive voluntary services in the least restrictive setting appropriate to meet their needs and consistent with their choice.

Assisted Outpatient Treatment (AOT)
1. DRC opposes implementation of involuntary AOT, also known as “Laura’s Law.” AOT is a costly program of court-ordered treatment that is of doubtful effectiveness. Any possible benefit is likely due to the enhanced services, rather than the court orders.
2. Forced treatment such as AOT often undermines the therapeutic relationship between client and treatment provider and may cause individuals to avoid treatment.
3. AOT interferes with the personal autonomy rights of individuals who are not dangerous to make decisions about their own medical care based solely on mental health history and speculation about future behavior. Under AOT individuals who are not a danger to themselves or others nor gravely disabled may be subject to court-ordered treatment.
4. AOT perpetuates discrimination and stigma by promoting the “violent” mental health client myth and stereotype.
5. AOT is inconsistent with the recovery model of mental health treatment which emphasizes self-direction, choice, and empowerment.
6. Mental Health Services Act funds and other public dollars should be used to expand voluntary recovery-based community mental health programs such as Full Service Partnerships, peer support, and affordable and supportive housing, rather than for AOT.