

Issues of involuntary intervention with core values and principles

Perhaps the most controversial question in the mental health arena is whether people diagnosed with mental illness should be treated against their will. It has been the object of endless debate among these individuals as well as among family members, advocates, service providers, professionals, and administrators. On the one side are those who would outlaw involuntary treatment, more properly called involuntary intervention, because it is often dangerous and drives people away from treatment from which they might benefit. On the other side are those who believe that there are times when such intervention may be beneficial.

With the understanding that the only thing that works is a system of care that truly involves people as partners in their treatment, the following core values and principles are suggested:

- “Involuntary treatment” is an oxymoron: treatment administered against one’s will is not treatment at all, but coercion and a violation of civil rights.
- The involuntary intervention standard must be narrowly defined as “dangerousness to self or others.” Individuals may be held against their will to prevent them from doing harm to themselves or others only when there is an immediate threat of such harm.
- Involuntary intervention must consist only of custodial care. In other words, an individual who has been committed may not be subjected to any treatment, including medication, against his or her will.
- The individual against whom there is a commitment order must immediately be provided with information concerning his or her rights — including the right to refuse treatment, such as medication — and with the opportunity to talk with an external advocate.
- Before an individual is subjected to an involuntary intervention, he or she must receive due process. That is, there must be a coherent judicial proceeding, with the individual receiving adequate representation as guaranteed under the U.S. judicial system.
- Seventy-two hours must be the maximum period of a commitment order. The renewal of such an order must require an impartial judicial hearing, with the individual provided with adequate representation.

- When involuntary interventions are employed, primary consideration must be given to protecting and preserving patients' rights, dignity, and well-being, and restricting their liberty as little as possible.
- Alternative services must be considered instead of involuntary interventions.
- The use of involuntary intervention must be perceived as a failure of the system to provide the kinds and quality of services necessary so that there would be no need to resort to restrictive services.
- Every such intervention must lead to tailoring the system's response in order to better meet the individual's needs so that involuntary intervention would not be necessary in the future.
- People who receive mental health services must be encouraged to file an advance directive, to indicate what they would and would not accept in the way of treatment.
- Since involuntary intervention does not constitute treatment, the recipients of such an intervention should not be responsible for its expense. Since the state has taken the initiative to intervene, the state should bear responsibility for the costs of such an intervention.
- The model must be a system of care that would render involuntary interventions obsolete. Such a system would adhere to Community Support Program principles, which call for treating every individual with dignity and respect. It would include a broad array of integrated and coordinated community-based services, including peer-run services and outreach services. It would recognize the importance of choice and the participation of the individual in treatment decisions. States must be required to provide resources adequate to develop and implement such a system.
- People must not be committed to programs; programs must be committed to people.

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