



Public Policy Priorities

The overarching priority of the National Coalition for Mental Health Recovery (NCMHR) is to advocate for a recovery-focused mental health system that prevents crisis, protects rights, and promotes social justice, wellness, economic empowerment, and social inclusion.

Goal 3: Increase Alternatives to Forced and Coercive Treatment

Increase the availability and accessibility of alternatives to forced and coercive treatment by advocating for the funding and development of peer-run programs; promoting appropriately funded accessible, affordable, and safe housing; and addressing the cycle of poverty.

Coercion and force do not work in mental health services and crisis response situations.

In fact, a 2017 Cochrane review found that involuntary commitment does not result in a "difference in service use, social functioning or quality of life compared with voluntary care" [1].

Instead, forced and coercive mental health services, like involuntary commitment, cause harm and further traumatize people with psychiatric disabilities, especially Black, transgender, and multiply marginalized people with mental health conditions [2]. Despite this:

- Politicians and legislators continue to prioritize involuntary hospitalization and other coercive measures for unhoused people and people with mental health diagnoses [2].
- Mental health policy initiatives and services associate psychiatric disabilities with violence, which leads to the prioritization of coercive measures that make it extremely difficult for people with mental health diagnoses to participate in their communities and live full lives [3].
- Federal policy continues to focus on the "narrow theme of 'access to treatment'" instead of, and with no regard to, "supported employment, supported housing, and peer support services" – all things that are critical to successful community living [3].

Increase mental health services developed and delivered by peers with lived experience.

78%

of people who participated in the peer respite program, Second Story, in Santa Cruz, California, were less likely than non-respite users to use inpatient and emergency services in the future [4].

100%

of people who attended the peer respite program Afiya in Massachusetts reported that, compared to their psychiatric inpatient stay, their experience was positive, welcoming, and offered opportunities for them to connect with others with similar experiences [4].

It is clear that mental health peer-run respite programs should be prioritized over inpatient hospitalization.

Critical Actions

- 01.** Advocate for the funding and development of peer-run programs, including peer-run crisis respites, jail diversion programs, and hospital diversion programs.
- 02.** Encourage the development of peer-led engagement strategies to prevent the development of coercive interventions that infringe on civil liberties.
- 03.** Address the cycle of poverty through employment and educational opportunities.
- 04.** Promote appropriately funded accessible, affordable, and safe housing, such as Housing First, peer-owned housing, and collective ownership models.
- 05.** Provide technical assistance at the state and local levels, with attention to sustainability of the nonprofits that administer these activities.

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