

State of Connecticut Department of Mental Health & Addiction Services

OUTPATIENT COMMITMENT FACT SHEET

1. While at least 44 states do have laws that may be used to mandate treatment that can be seen as relating to outpatient commitment, only about a dozen or so of these laws have provisions **specifically** for outpatient commitment. The remaining laws are general, involuntary commitment laws which focus on hospitalization, **but** which call for commitment to the “least restrictive alternative” (LRA).
2. Because commitment under these laws requires a finding of “dangerousness,” or “imminently dangerousness” commitment almost always is to an inpatient setting.
3. In Connecticut if you are a danger and you have a mental illness you are committed for emergency treatment in a hospital. If you have a family member who is a danger to themselves, you call 911, the person gets picked up and taken to the hospital for evaluation, and we can hold that unsafe person for 72 hours to do an assessment and medicate them in an emergency. The laws for IOC in these other states use this same process, it is still required that medical staff hold and assess a mentally ill person before they are inpatient or outpatient committed.
4. There is no consensus on the efficacy of involuntary outpatient commitment; our research has shown data related to the subject is either inconclusive or may be manipulated to make a variety of incongruous points
5. The representative sample of states with outpatient laws that CT DMHAS has surveyed over the last weeks reveals the difficulties in enforcing this sort of law. The states we have looked at address civil rights issues by mandating that, while a patient may be brought in for re-assessment if they refuse to comply with their treatment plan, barring an emergency situation in which the person qualifies for inpatient treatment, **the person cannot be hospitalized and forcibly medicated or restrained.**
6. IOC violates principles of self-directed care, at the core of the President’s New Freedom Commission on Mental Health. Advanced directives for mental health care provide a more acceptable alternative.
7. Without additional resources, many believe IOC may be counter-productive, diverting scarce resources from consumers seeking services voluntarily and further alienating those committed to unwanted and inadequate care.
8. Outpatient commitment laws are sometimes passed in reaction to violent events. However, studies published by the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) show the link between mental illness and violent behavior is questionable

9. Reports issued by the American Psychiatric Association shows quite clearly that the vast majority of those who commit violent crimes do not suffer from any form of mental illness, in fact, a study done by Duke University showed that persons with mental illness like schizophrenia, bipolar disorder and psychosis (who do not also suffer from a substance abuse problem) are more than two and a half times as likely to be victims of crime.
10. Connecticut has a strong system and has been recognized nationally for many of its programs as well as its commitment to a recovery oriented system of care.
11. We have ACT teams and psychosocial clubs. We have group treatment, individual counseling, and employment and housing programs. We intervene with low-income and no-income persons with mental health and substance abuse problems and offer them treatments
12. The State of Connecticut has been committed to decreasing stigma and discrimination against the mentally ill. An outpatient commitment law in our state, where we have a strong system of mental health care, represents a set back in our struggle to reduce stigma.