



NARPA

NATIONAL ASSOCIATION FOR RIGHTS PROTECTION AND ADVOCACY

Re: House Bill 576 (Unfavorable)

The National Association for Rights Protection and Advocacy is an independent member-supported organization of advocates, people who have experienced psychiatric intervention, lawyers, civil rights activists, academics and mental health service providers. For forty years our mission has been to protect people's right to choice and to be free from coercion, and to promote alternatives so that the right to choice can be meaningful. We believe outpatient commitment is inherently violative of people's autonomy, dignity and choice. We are writing to voice our opposition to the proposed legislation that would introduce it to the State of Maryland.

The euphemistically mis-termed "assisted outpatient treatment" is not about assistance but rather, coercion and force through the vehicle of civil commitment. The bills' proposed findings refer to people who "struggle to engage voluntarily in treatment." In our experience people often struggle to effectively refuse unwanted and unhelpful treatment — or conversely, to access wanted but unavailable services.

Despite its federal listing as an evidence based practice there is significant evidence suggesting outpatient commitment is ineffective in practice. What has been successful is the intensive services provided rather than judicial coercion accompanying them. Nor has it been demonstrated to be cost effective. One systemic review (Compulsory community and involuntary outpatient treatment for people with severe mental disorders, Kisely et al, 2011) concluded: "In terms of numbers needed to treat, it would take 85 outpatient commitment orders to prevent one readmission, 27 to prevent one episode of homelessness and 238 to prevent one arrest."

(<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004408.pub3/full>)

Framing the choice to reject proposed treatment and avoid the mental health system as a result of lack of insight denies even a possibility of reasonable refusal.* But for many people psychiatric treatment is ineffective or harmful or both. A system of care that overrides choice, incorporates community coercion and diverts scarce resources to effect it undermines the therapeutic alliance between providers and clients and drives people further away from services. Transforming carers into enforcers and creating a self perpetuating system of monitoring and control will not create high quality equitable care.

We ask that you closely examine the evidence and reconsider this proposed legislation. If you decide to move forward we urge you to narrow it to a pilot project in one county, with an independent study of its outcomes to be reported back. Thank you for your consideration.

Bill Stewart, Board President, National Association for Rights Protection & Advocacy
320 Sycamore Rd, Lexington KY, 40502

* Please see the accompanying brief article Anosognosia: How Conjecture Becomes Medical "Fact" by psychiatrist Sandra Steingard

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P.O. Box 855 | Huntsville, AL 35804 | narpa@aol.com