The relationship between voluntary and involuntary outpatient commitment programs
An Assessment of the Scientific Research on OPC Implementation

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Conclusions from Behavioral Science Research, National Disability and Mental Health Organizations

- **A review of the studies on outpatient commitment finds benefit from the enhanced services with implementation. Although those studies exhibiting a benefit for involuntary outpatient treatment have been determined, by the Rand Corporation and other researchers, to have faulty research designs such that the conclusions drawn are not supported by the studies. (Rand, 2001. Steadman, et al, 2001, 2009).**

- **Acceptable scientifically controlled studies illustrated that the same benefits accrue with enhanced voluntary assisted community outpatient treatment services as with OPC. (Steadman, 2001, Cochrane Review, 2011)**

- **There is no relationship between dangerousness or violence and mental illness.**

  "The prevalence of violence among people who have been discharged from a hospital and who do not have symptoms of substance abuse is about the same as the prevalence of violence among other people living in their communities who do not have symptoms of substance abuse." (Steadman, Monahan, et al. (1998) The Macarthur Foundation Community Violence Study)

- **While, according to SAMHSA, 20%-25% of the homeless population can be diagnosed as mentally ill, an unpublished randomized study, at NYU, found that a program permitting the tenants of subsidized housing to control whether or not they receive services, compared with a program that linked housing to treatment adherence, reduced homelessness without increasing psychiatric symptoms or substance abuse. (Shinn, M., et al, NYU (2003). *Effects of housing first and continuum of care programs for homeless individuals with a psychiatric diagnosis*)**

- **These National organizations strongly oppose implementation of OPC laws: The National Mental Health Association, the Bazelon Center, the California Network on Mental Health Clients (2001), the National Association for Rights Protection and Advocacy ; and the National Council on Disability (2000) have all expressed strong negative opinions regarding OPC laws, as have a few professional associations, such as the International Association of Psychosocial Rehabilitation Services.** *(Geller J. (2006) International Journal of Law and Psychiatry, 29, 234–248.*

Compulsory community and involuntary outpatient treatment for people with severe mental disorders (Cochrane Review)

Kisely S, Campbell LA, Preston N (2005)

"Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognized as the highest standard in evidence-based health care."

- **One research group found that "although patients who received prolonged involuntary community treatment had reduced hospital readmissions and bed days, it was difficult to separate out how much of the improvement was due to compulsory treatment and how much to intensive community management." (North Carolina studies, Swartz 1999)**

- **The authors "found little evidence to indicate that compulsory community treatment was effective in any of the main outcome indices…"including readmissions to a hospital or jail, quality of life, social functioning, mental state and homelessness. There may be a decrease in risk of victimization (Risk of the consumer being the victim of a crime), but it is difficult to discern if it is due to the OPC or enhanced services.**

- **"In terms of numbers needed to treat, it would take 85 OPC orders to prevent one readmission, 27 to prevent one episode of homelessness and 238 to prevent one arrest."**

- **"It appears that compulsory community treatment results in no significant difference in service use, social functioning or quality of life compared with standard care."**

- **These internationally recognized reviews argue against the need for Laura's law.**

- **"OUTPATIENT COMMITMENT DEBATE: New Research Continues to Challenge the Need for Outpatient Commitment**
- New England J. Criminal and Civil Confinement, 2005
- 4740 Words.
- 31 N.E. J. on Crim. & Civ. Con. 109
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LEXISNEXIS SUMMARY:

- ... Outpatient Commitment ("OPC"), a mechanism to compel individuals with mental illness to comply with treatment in the community, has been analyzed repeatedly from many perspectives. Proponents argue that OPC keeps psychiatric patients on medication and thereby out of hospitals. Since the RAND report was released, a 2004 Australian study of 754 subjects found that OPC alone failed to reduce psychiatric hospitalization admission rates in the first year after the introduction of community treatment orders. Although one of the principal rationales for outpatient commitment is that it improves compliance with medications, "few previous studies have directly addressed the issue of whether OPC improves adherence with prescribed medications and scheduled mental health appointments. A number of recent new studies examine the effects of involuntary outpatient commitment on the subjective quality of life experience in persons with severe mental illness, whether these individuals endorse OPC as a positive benefit in their lives and whether they perceive it as coercive. ... Too often, the services absent from a community's mental health care continuum (e.g., incentivizing programs) are precisely those services that would most likely engage the consumer in voluntary treatment...
- Conclusion
- This article updates research into several frequently examined issues related to OPC. This research is important, but there are still further topics of research to be explored. As one observer has suggested, studies should evaluate the success of OPC as measured in ways other than reduction of hospital days, lengths of hospital stays, and number of arrests such as the impact of OPC on the individual's connection to community life, satisfaction with living arrangements, and feelings of empowerment. n50
- Researchers should examine potential harms as well. For example, new data suggests that racial bias may skew the implementation of OPC toward black individuals. n51 In the research underlying many of the studies cited in this article, over two thirds of the individuals under outpatient commitment were African-American. Although this figure matches the proportion of severely mentally ill individuals in the state hospital, it is not clear whether the proportion holds true for the surrounding community population. Researchers

also should evaluate the impact of OPC on the service delivery system - how using coercion affects service providers, the impact in terms of resource allocation, and the impact on consumer empowerment and anti-stigma campaigns. Additionally, as OPC statutes age, researchers should evaluate their long-term impact.

- The fact that outpatient commitment appears to be of limited effectiveness should certainly give pause to policymakers. However, even effective strategies to induce desired social goals - confessions of criminals, for example - may sometimes bow to greater social values of privacy, liberty and independence. Social science researchers cannot make and do not pretend to make these judgments. The Supreme Court did not strike down school segregation in Brown v. Board of Education because it was educationally ineffective but because it was unequal. Likewise, our drive to provide mental health treatment to people who do not want it must be constrained not only by concerns that to do so is ultimately ineffective, but also by the realization that to do so may violate their rights."

Budgetary Factors

- **Without the additional expense and DMH oversight, enhanced, effective services approximating those mandated by Laura's law can be delivered, voluntarily, for an additional budgetary expense of approximately 50% less than the costs incurred if Laura's law were to be implemented in Orange County.**

- **If the County enhances Assertive Community Treatment team programs (PACT) by changing clinical staff/consumer ratios from the current 1:15 to 1:10 (Laura's law mandate) and standard care clinical staff ratios from the current 1:65 to 1:35, and enhances supportive housing and associated services it will, according to research, accomplish, the same effect as implementation of Laura's law. Of most importance is the development of a program of incentivizing consumers with effective, positive incentives to attend clinics and treatment appointments. This will likely result in less hospitalization, less dangerousness, less law enforcement involvement, increased positive staff/consumer relationships, increased compliance with treatment recommendations, and less homelessness.**

Kendra's Law is Racially Biased

Contrary to what the NYS 2009 Program Evaluation Report of Kendra's law cites, a look at 10 years of statistics of racial characteristics, clearly indicate racial bias in application of the law. This will likely be the subject for constitutional challenges in the Federal Courts, representing an additional, unanticipated cost to the counties who choose to adopt Laura's law or Article 9 of WIC.

NYC Census:
African-Americans = 15.9% r. White = 1::4
Latino(a) = 17.6% r. White = 1::3.7
Asian = 12.7 % r. White =1::5
White =65.7%

NYC AOT Commitments 1999-2010
White: 23%
African American 36%
Latino(a): 38%
Asian: 3%

Racial Characteristics	Current NYC Census Data	Kendra NYC Commitments
African Americans	15.9%	36%
Latino (a)	17.6%	38%
Asian	12.7%	3%
White	65.7%	23%