Position Paper on MA House Bill 1792 & Senate Bill 906, Assisted Outpatient Treatment

Authored by the Council on Recovery and Empowerment (CORE)
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We, the Council on Recovery and Empowerment (CORE), an advisory committee to the Department of Mental Health composed of people who have received mental health services, are writing to inform you of our position on Massachusetts House Bill 1792 and Senate Bill 906 on forced community commitment, referred to often as Assisted Outpatient Treatment (AOT). To be succinct and forthright, CORE is opposed to this bill.

The reasons for our position are as follows:

Forced community commitment is the antithesis of supporting people with lived experiences of extreme distress to live a full and rewarding life. It is a "solution" which disregards civil liberties.

Successful treatment plans can be made by a careful, intentional and strategic collaboration between an individual in recovery and his/her treatment team. Ideally, the team includes one or more people in the role of peer support. Individuals should have a right to determine what is helpful and acceptable for their own lives.

Over time, forced treatment can undermine the recovery process by creating an atmosphere of mistrust and forcing further traumas into a person's life. A prominent example of this is the story of Nathaniel Anthony Ayres. Ayres was diagnosed as a person living with schizophrenia. The violence of his treatments—forced hospitalizations and electroconvulsive therapy (ECT)—made him choose homelessness over continued "care" in the medical system. A gifted musician, he was chronicled in a documentary film titled *The Soloist* by filmmaker Steve Lopez. Ayres still has experiences that would be considered symptoms of schizophrenia but can manage them by using self-dialogue. He does not trust medical interventions due to the violence of his forced treatment.

This is one of many examples of how coercive treatment can deter people, with good reason, from seeking help from the mental health system. When "treatment" relies on the use of distressing and traumatic experiences to force an individual to comply do we even continue to call it treatment?

There is absolutely no need for new legislation concerning forced treatment in the form of Assisted Outpatient Treatment (AOT). The two legal tools already on the books are: commitment to a psychiatric hospital and Community Roger's Guardianship. In both of these legal options a person must be adjudicated through a civil court proceeding to be dangerous to self or others, or incompetent to make decisions about his or her own life. Under the proposed Assisted Outpatient Treatment legislation a person who is capable of

weighing the costs and benefits of treatment options can be deprived of making treatment decisions. He or she can be threatened with serious repercussions if he or she disagrees with and resists someone else's decision. For example, the person can be forced into inpatient hospitalization without a hearing.

In summary, the problems with Assisted Outpatient Treatment include both those of civil liberties and of efficacy. Under this proposed legislation individuals lose legal rights without meeting the requisite criteria that considers them immanently dangerous to themselves or others. Meaningful and lasting recovery does not emerge from relationships of control and coercion but instead involves supportive relationships and the power and potential to heal oneself.