Involuntary Civil Commitment

NAMI Public Policy Position

National Alliance on Mental Illness

Where We Stand:

NAMI believes that all people should have the right to make their own decisions about mental health treatment. However, in rare instances where voluntary engagement is not possible, NAMI supports involuntary civil commitment only when used as a last resort and only when it is believed to be in the best interests of the individual.

Why We Care:

When people with serious mental illness (SMI) are unable to access quality mental health treatment, it can have profoundly negative consequences on their short- and long-term health and wellbeing. For people who experience clinical deterioration and an increase in symptoms, they may be unable to get treatment due to a lack of available mental health care or, in some cases, due to an unwillingness to voluntarily receive treatment. Not accessing timely and quality treatment – regardless of the reason – can put a person's long-term mental and physical health at risk.

Involuntary civil commitment refers to the legal process by which a judge orders an adult with severe symptoms of mental illness, such as delusions or paranoia that may contribute to an unwillingness to receive treatment, to receive inpatient psychiatric treatment or supervised outpatient treatment without the individual's consent. Each state has laws that regulate involuntary civil commitment and often include options for law enforcement or mental health providers to initiate an initial hold for evaluation that lasts for a set period of time, typically between 24 to 72 hours. NAMI believes that involuntary civil commitment should be used in instances where all other options have been exhausted, or as an "option of last resort."

One form of involuntary civil commitment is known as Assisted Outpatient Treatment (AOT). AOT legally mandates participation in outpatient treatment, which may include services such as case management; specialty, intensive services like assertive community treatment (ACT); and psychopharmacological services via medication management. Nearly all states have AOT laws, and some studies have shown AOT to be associated with short-term improvements in treatment engagement, clinical functioning, and social outcomes. While state laws vary, to be eligible for AOT, an individual must be 18 years of age or older and be eligible under the state's law, which often requires that the individual have a diagnosed SMI and a record of repeated consequences of not engaging with treatment, such as repeated hospitalization, arrest, or homelessness.

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However, involuntary civil commitment does not produce positive results for everyone, and NAMI recognizes that discussions about involuntary civil commitment and its use can be challenging and emotionally charged for both peers and family members. Ideally, the need for involuntary civil commitment would be reduced as the availability of effective, comprehensive, community-based systems of care for people with mental illness increases. This is supported by evidence that engaging someone in their own mental health care is key to recovery and treatment satisfaction. This is why early intervention, engagement of the individual (as well as the family, where possible), and robust community mental health services should be in place to support people with mental illness in every community, and why involuntary civil commitment should only be used as a last resort for the small percentage of people that require this type of intensive intervention.

To learn more about NAMI's work on this issue, visit **www.nami.org/Advocacy/Policy-Priorities**