

# INVOLUNTARY OUTPATIENT COMMITMENT

INFORMATION FOR MASSACHUSETTS RESIDENTS



**INVOLUNTARY OUTPATIENT COMMITMENT (IOC)** is better known as “Assisted Outpatient Treatment” (AOT) or a “Community Treatment Order”. Massachusetts is currently one of only two US states and territories that do not have an IOC law. **H.1801/S.1115, “An Act to Provide Continuum of Care for Severe Mental Illness”**, has been introduced by Representative Bradley H. Jones and Senator Cindy F. Friedman as the latest effort to bring IOC to the state.

**It is essential to make sure you are aware of what this would mean so that you can make an informed decision, and let your voice be heard.**

## **QUICK FACTS ABOUT IOC:**

- There is little evidence that IOC laws improve outcomes in the absence of an influx of funding for quality voluntary supports
- Where IOC exists, it is disproportionately used on Black and Brown individuals
- There is a growing body of evidence that suggests that the use of force increases the risk of suicide and other negative outcomes
- The treatments that IOC would most commonly be used to force are often ineffective and sometimes harmful
- IOC laws frequently create unfunded mandates on police and other systems
- Where there is funding, it diverts money away from the creation of more effective alternatives

### **Anosognosia (ann-oh-sog-nose-ee-uh)**

is a neurological condition associated with people who’ve had a stroke or other similar medical conditions that impact the brain.

It is an unproven theory that is incorrectly applied by proponents of IOC to people with psychiatric histories to explain what they interpret as ‘lack of insight.’

This is an attempt to convince others that refusal of treatment is rooted in a medical condition that will not otherwise improve, and to manipulate the public into believing that there is no other choice but to support IOC.

***See back for more on reasons people refuse treatment or deny psychiatric diagnoses***

**For more information, visit the IOC Info Center: [tinyurl.com/IOCinfo](https://tinyurl.com/IOCinfo)**

**There are lots of reasons why people deny they're struggling that are separate from "lack of insight" including (but not limited to):**

- Risk of loss of liberty is too great.
- Risk of experiencing discrimination (in housing, employment, child rearing, and more) is too great.
- Loss of power and control in one's own life is usually scary and/or demoralizing (which can worsen distress).
- Cultural beliefs and practices related to emotional distress may be incompatible with mainstream perspectives.
- Treatments most readily available are often ineffective, and sometimes harmful (and clear harm is often not reason enough for providers to concede that they should be stopped).
- Even if someone wants help, they may not want it from the person(s) offering help at that time.
- The person being diagnosed often has significantly less power than those diagnosing them, and denial and resistance may seem like the only choice.
- Past experiences in the psychiatric system (or any system) have too often been alienating and traumatic and led to broken trust.

**Learn how to let  
legislators know what  
you think about H.1801/  
S.1115 and Involuntary  
Outpatient Commitment  
at the IOC Info Center:**

**[tinyurl.com/IOCinfo](http://tinyurl.com/IOCinfo)**