

STOP H.1801/S.1115 INVOLUNTARY OUTPATIENT COMMITMENT IN MASSACHUSETTS

H.1801/S.1115, "An Act to provide continuum of care for severe mental illness" seeks to violate bodily autonomy and coerce psychiatric treatment, against the will of the person receiving it.

Currently, Massachusetts is one of two states which protects people's right to autonomy when they do not wish to participate in outpatient treatment.

FORCED TREATMENT IS TRAUMATIZING!

This bill seeks to change that by introducing a pathway to Involuntary Outpatient Commitment/IOC (misleadingly called "Assisted Outpatient Treatment" or "AOT" by proponents). Involuntary Outpatient Commitment is a legal process which allows various clinicians, DMH, a person's family members, spouses, the police, and others to petition courts to **coerce, and essentially commit individuals to outpatient treatment, against their will**, under the threat of possibly being involuntarily committed to a psychiatric facility and removal from their community if they do not comply.

FORCED TREATMENT DOESN'T WORK!

Conditions of this "treatment" could include things like:

- Forced drugging
- Forced attendance at a day program or in person therapy, multiple times per week, preventing people from working
- Living in a group home
- Not being allowed to leave the state

*Instead of forcing people into complying with expensive treatment orders they did not agree to and diverting money away from proven alternatives, **Massachusetts should invest in voluntary supports like Peer Respite, and strengthen the 6 fundamental rights** of people in DMH licensed, funded, and operated facilities!



HELP ISN'T HELP IF IT DOESN'T HELP

"BUT IT'S VOLUNTARY" (NO IT'S NOT)

If you were given the choice between being incarcerated in your own home or in a prison, would you feel that your decision represented a voluntary choice which you made on your own? Or would that decision be coerced?

This is essentially the choice given to people under IOC orders.

IF YOU'RE GIVEN THE OPTIONS TO KEEP SOME OF YOUR FREEDOM OR NONE, YOU'RE STILL LOSING YOUR FREEDOM.

IOC ORDERS RELY ON FEAR FROM THE THREAT OF HOSPITALIZATION.

Involuntary Outpatient Commitments place people under harsh treatment conditions, similar to a probation.

If a person does not comply with even just one of these strict conditions, (like missing a therapy session, or leaving the state even briefly) that could lead to a petition being filed to commit them to a psychiatric facility under Section 12.a, against their will.

THIS REPRESENTS AN EXPANSION OF THE CRITERIA THAT COULD LEAD TO A SECTION 12 COMMITMENT

RESULTS AND COMPLIANCE BASED ON FEAR AND THREATS ARE NOT A SIGN THAT A TREATMENT WORKS!

For more information, please contact fern@wildfloweralliance.org

Click [here](#) or scan the QR code for citations & to get involved

IOC/"AOT" DOES NOT WORK.

Evidence does not support IOC or the treatment methods often used in them. (1-4)

- There is a growing body of evidence that suggests that the use of force increases the risk of suicide and other negative outcomes (5, 6)
- The treatments that IOC would most commonly be used to force are often ineffective and sometimes harmful (7)
- Researchers preparing reports on Kendra's law for the NY legislature have shared that IOC does not improve outcomes (9)
- Many of the studies proponents of IOC point to only measure outcomes such as compliance with medication and reduced hospitalization, **but do not measure outcomes related to quality of life** (10)

IOC DISCRIMINATES.

IOC orders target marginalized people who are already overdiagnosed and pathologized—Trans people, Disabled people, BIPOC, etc. (11) Due to bias in how the diagnostic criteria are manufactured:

- Black people are **4x more likely** to be diagnosed with a 'psychotic disorder' than white people (12)
- Trans people are more likely to be diagnosed with Borderline Personality Disorder (13)

Where IOC exists, it is disproportionately and racistly used against Black and Brown people. A study of New York's 'Kendra's law' found that **42% of people under IOC orders were Black**, meaning that Black individuals were twice as impacted by IOC as they are represented in NY's population. (10)

Abuse survivors are especially vulnerable to this as a tactic of control when their spouse or family member can petition for an IOC order.



Wildflower Alliance / Wild Ivy Social Justice Network Involuntary Outpatient Commitment (IOC) Fact Sheet - Citations & Notes

1. Involuntary Outpatient Commitment: A Legal and Policy Analysis, Bou-Rhodes et al. 2025 <https://www.centerforpublicrep.org/news/cpr-contributes-to-opc-white-paper-involuntary-outpatient-commitment-a-legal-and-policy-analysis/>
2. Assessing the New York City involuntary outpatient commitment pilot program, Steadman et al. 2001 <https://pubmed.ncbi.nlm.nih.gov/11239100/>
3. The Effectiveness of Involuntary Outpatient Treatment, Ridgely, Borum & Petrila, 2001 https://www.rand.org/pubs/monograph_reports/MR1340.html
4. Compulsory community and involuntary outpatient treatment for people with severe mental disorders, Kisely, Campbell & Reilly, 2017 <https://pmc.ncbi.nlm.nih.gov/articles/PMC6464695/>
5. Suicide after involuntary psychiatric care: a nationwide cohort study in Sweden, Grossmann, et al. 2026 [https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(25\)00296-0/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(25)00296-0/fulltext)
6. Risk of suicide is insufficient warrant for coercive treatment for mental illness, Callaghan, Ryan & Kerridge, 2013 <https://www.sciencedirect.com/science/article/pii/S0160252713000757>
7. Patient adherence to medical treatment: a review of reviews, Van Dulman et al. 2007 <https://pubmed.ncbi.nlm.nih.gov/17439645/>
- 8.
9. Human Services Research Institute is conducting research on IOC/AOT outcomes in New York for the NY State Legislature, and has indicated preliminary findings which are not favorable to IOC.
10. Assessing Outcomes for Consumers in New York's Assisted Outpatient Treatment Program, Swartz et al. 2009 <https://psychiatryonline.org/doi/10.1176/ps.2010.61.10.976>
 - a. Note: While other findings of this study seem at first glance to indicate that IOC is effective, it is important to ask, effective at what? The measures being studied are measures that one would expect to see increase with an IOC law in place— compliance with medication increased when that medication was forced, hospitalization decreased when strict outpatient services were coerced under the threat of hospitalization. These measures DO NOT make any indication about outcomes such as improvement to a person's quality of life, independence, coping strategies, etc. This makes us question: is the purpose of an IOC order to coerce treatment for life?
11. The Protest Psychosis: How schizophrenia became a Black disease, Metzl 2010
12. Racial disparities in psychotic disorder diagnosis: A review of empirical literature, Schwartz & Blankenship 2014 <https://pmc.ncbi.nlm.nih.gov/articles/PMC4274585/>
13. Transgender and Gender Diverse Patients Are Diagnosed with Borderline Personality Disorder More Frequently Than Cisgender Patients Regardless of Personality Pathology, Rodriguez-Seijas, Morgan & Zimmerman, 2024 <https://pubmed.ncbi.nlm.nih.gov/39735379/>