



March 17, 2022

Assembly Member James Gallagher
P.O. Box 942849
Sacramento, CA 94249-0003

RE: AB 2020 Mental health services: gravely disabled. - OPPOSE

Dear Assembly Member Gallagher,

Although we are in agreement with the need for increased mental health supports, the California Association of Mental Health Peer Run Organizations (CAMHPRO) opposes AB 2020 and the efforts in reforming the Lanterman-Petris-Short Act (LPS Act). AB 2000 would loosen the definition of grave disability to include lack of ability to make an informed decision relating to medical care, violating the legal principle of choice in medical treatment. The bill also describes lack of informed consent as being due to “anosognosias.” CAMHPRO does not believe that anosognosias which is a physical malfunctioning of the brain, usually as a result of stroke, can be repurposed into the mental health/illness world. This essentially reduces a person’s refusal of treatment to a brain disease, nullifying choice in treatment. This bill is a clear expansion of forced treatment. The solution to supporting individuals living with mental illness is not in creating an easier pathway for providers to force treatment on individuals. Rather, the antidote is expanding access and increasing the capacity of quality, community-based, peer-run services that people want, and thus will participate in voluntarily.

CAMHPRO is a nonprofit, statewide organization consisting of mental health consumer-run organizations, programs, and individual consumer members. CAMHPRO’s mission is “to transform communities and the mental health system throughout California to empower, support, and ensure the rights of consumers, eliminate stigma, and advance self-determination for all those affected by mental health issues, by championing the work of consumer-run organizations.”

In December 2021, the Assembly Health and Judiciary Committees held a Joint Informational Hearing to discuss LPS reform. Majority of the panelists testified that the issues with LPS are that it needs more oversight and a stronger infrastructure. The Department of Healthcare Services stated their inability to allocate the staff, time, and resources necessary to effectively implement the LPS Act. The current system fails in ways that cause individuals to cycle in and out of the services because these spaces are not designed to support a person’s mental wellness effectively.

CAMHPRO is against the expansion of forced treatment for the following reasons:

This bill generalizes individuals living with mental illness and assumes they lack insight into their illness: “... *a person, as a result of a mental health disorder, is incapable of making*



informed decisions about, or providing for, their own basic personal needs for food, clothing, shelter or medical care...” (Section 5008. C) Most people with mental disabilities are competent to make decisions about their own recovery and would, if available and respectful, would opt in to treatment.

The unsheltered and homeless population is not the result of mental illness.

Too often, people with mental health issues are scapegoated for economic and social problems that continue to permeate our society. The problem is lack of affordable housing, and political will, not people diagnosed with mental illness.¹ Scapegoating people with mental health issues is a political answer to public pressure in addressing homelessness.

The options should not be between homelessness and locked facilities. There is an array of voluntary services that are currently available, beginning to be available, and should be imagined. The behavioral health system has to invest in innovation beyond the infrastructure framework they have always used that has led to the current problems to solve homelessness.

People living with mental illness have insight into their diagnosis and are competent to make their own decisions.

The myth that people diagnosed with mental illness are incompetent to make decisions about their recovery continues to be the basis for the expansion of forced treatment laws. When individuals choose to opt out of treatment, it could be for a various number of reasons including unwanted side effects from treatment, lack of communication and collaboration between the service provider and client, and fear from past experience with forced treatment.

According to the MacArthur Treatment Competence Study, “Most patients hospitalized with serious mental illness have abilities similar to persons without mental illness for making treatment decisions. Taken by itself, mental illness does not invariably impair decision making capacities.”² In the Surgeon General’s words, “Typically, people retain their personality and, in most cases, their ability to take responsibility for themselves.”

Major research indicates that enhanced community services produce positive results, while there is no evidence that court-ordered care does so.

Major comparative research studies looking at outpatient commitment have suggested that it is the services, not the court-ordered treatment, that produces positive outcomes in recovery.

In 2000, a study was commissioned by the California Senate Committee on Rules in the middle of the outpatient commitment battle in California. The Report found that, “There is no evidence that a court order is necessary to achieve compliance and good outcomes, or that a court order, in and of itself, has any independent effect on outcomes.” The Rand Corporation additionally

¹ Homelessness Task Force Report. (2018). League of California Cities, California State Association of Counties, Institute for Local Government. <https://www.cailg.org/post/homelessness-task-force-report>

² MacArthur Treatment Competence Study. <http://www.sys.virginia.edu/macarthur>



reported that “alternative community based mental health treatments can produce good outcomes for people with severe mental illness.”³

In March 2013, the Lancet reported on a randomized controlled study that found forced treatment does not reduce readmission rates of patients with psychosis and does not justify the “significant curtailment of patients’ personal liberty.”⁴

It is enhanced community services that make the difference and produce positive results.

CAMHPRO encourages you to consider alternative solutions in providing care for California’s most vulnerable communities. Instead, we ask you to divert your legislative efforts away from the expansion of forced treatment and instead invest in expanding peer-run services. Peer respites are voluntary, short-term, overnight programs that provide community-based, trauma-informed, and person-centered crisis support and prevention in a homelike setting.

If you have questions or would like to discuss further, we would be pleased to set up a meeting with you at your office or a Zoom call.

Sincerely,

Andrea Wagner, *Interim Executive Director*
Avery Hulog-Vicente, *Advocacy Coordinator*
California Association of Mental Health Peer Run Organizations (CAMHPRO)
2000 Embarcadero Cove Suite 400 Box 80
Oakland CA 94606
530-354-3024

³ Ridgely, M., Borum, R., and Petrila, J. 2001. *The Effectiveness of Involuntary Outpatient Treatment: Empirical Evidence and the Experience of Eight States*. RAND Institute for Civil Justice.

⁴ Burns T, Rugkåsa J, Molodynski A, et. al, *Community treatment orders for patients with psychosis (OCTET): a randomized controlled trial, Lancet 381:1627-33, 2013.*