



Position Statement Compulsory Treatment

Compulsory care options, including involuntary hospitalization and assisted outpatient treatment (AOT), are important treatment routes that can benefit people living with schizophrenia.

Systemic barriers prevent many people living with schizophrenia from receiving adequate treatment. **Less than half of those with schizophrenia are receiving any sort of treatment and only 5% are receiving the comprehensive services necessary for optimal long-term outcomes.**¹⁻³ A key failure of our healthcare system is our inability to effectively recognize and address anosognosia, a common disease symptom in which a person is unable to understand that they have schizophrenia.^{4,5} Anosognosia frequently acts as a barrier to seeking or accepting lifesaving medical care. People with anosognosia often decline care even as they experience some of the worst consequences of untreated schizophrenia, including suicidality, homelessness, incarceration and causing harm to others.⁸⁻¹⁴

While not all people with anosognosia lose decision-making capacity, anosognosia can significantly impair a person's ability to make fully informed treatment decisions. When all other avenues have been thoroughly explored and found unfeasible, time-limited compulsory treatment may be the most compassionate long-term option. **When used appropriately and with due process and competent representation, compulsory care can restore a person's decision-making capacity and as a result, their ability to make choices about their own treatment.**

Compulsory care should be considered only as a last resort, when a comprehensive assessment has determined that all voluntary treatment options have been exhausted and are not viable.

Ideally, compulsory treatment would never be necessary. However, it can be warranted and provide significant benefits in specific circumstances, such as when a person has a qualifying condition, persistent or acute disability, poses a risk to oneself or others, may benefit from treatment and will likely deteriorate without treatment. At least two independent mental health professionals who specialize in schizophrenia should conduct assessments in each case.

It also is imperative to ensure that people have full access to due process, including clear communication of their rights, avenues to appeal decisions and the opportunity to be heard and collaborate in their treatment process to the fullest extent possible.

To maximize the benefits of compulsory care, robust, uniform compulsory evaluation and treatment protocols are critically needed.

Only a few state legislatures have dedicated funding specifically for AOT, and the extent of funding for involuntary psychiatric hospitalizations varies considerably from state to state. This leads to inconsistencies in the criteria and procedures governing compulsory care and a lack of

adherence to best practices. For example:

- AOT is not uniformly formalized through written treatment plans by the courts.
- Clinicians have varying levels of training to deliver compulsory treatment.
- There are lapses in participant identification and monitoring, data tracking and interagency collaboration (e.g., between mental health systems and courts).

Such inconsistencies may explain why some people with schizophrenia report significant positive transformations after compulsory treatment, while others are subjected to inadequate or even harmful practices, discharged too early without proper ongoing care, trapped in a cycle of repeated involuntary treatment and left traumatized by their experiences. This also likely explains the varied findings regarding the long-term benefits of compulsory treatment, specifically its impact on medication adherence and overall patient outcomes.¹⁵

Call to Action

S&PAA advocates for increased funding and resources to achieve the following:

- 1. Standardize and fund federal protocols and legislation regarding assisted outpatient treatment and hospitalization.** We advocate for the creation and execution of uniform best-practice standards across states that are informed by a variety of stakeholders, including people with schizophrenia and their caregivers. This should include enough beds, staffing and training to maximize the dignity, autonomy and recovery of those with schizophrenia undergoing compulsory care.
- 2. Increase support and education for caregivers.** Families play a critical role in the lives of people with schizophrenia. We advocate for increased support, education and resources for families who may be involved in the involuntary treatment process.
- 3. Increase research and innovation.** Comprehensive studies are needed that identify best practices to maximize the long-term benefits of compulsory care for people with schizophrenia, including strategies that integrate treatments for anosognosia, evidence-based planning for the number of specialized care beds relative to population size and methods to minimize trauma and maximize recovery.
- 4. Fund community-based services for schizophrenia.** While this will not prevent the need for compulsory care, significantly improving voluntary community-based services is crucial to ensure that alternative options to compulsory care are as effective as possible. Services should include early detection and treatment and emphasize autonomy and recovery, as outlined in our position statement on one integrated system of care.
- 5. Reduce discrimination.** To help ensure compulsory treatment is available for those who could benefit, education campaigns are needed to combat discrimination against both schizophrenia and compulsory treatment.

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