INVOLUNTARY CIVIL COMMITMENT

Get the Facts

COALITION FOR DIGNIFIED AND EFFECTIVE CARE

About Us

The Coalition for Dignified and Effective Care is a group of Washingtonians with personal and professional expertise navigating the Involuntary Treatment Act (ITA), Washington State's involuntary civil commitment (ICC) system. Our coalition includes people who have experienced ICC themselves, family members, advocates, services providers, and policy experts. **We believe policymakers should hear about involuntary civil commitment directly from people like us.**

What is Involuntary Civil Commitment (ICC)?

ICC is the legal process used to force someone into treatment for a behavioral health condition without their consent. Treatment is usually inpatient psychiatric hospitalization that can last for a brief period or for many years, and can continue in an outpatient setting. ICC is Washington's most restrictive and costly form of treatment.

MYTH	FACT
✗ ICC is a necessary pathway to treatment and recovery.	✓ **Research and lived experience show that ICC is often more disruptive than supportive. It does not achieve its goal for many people.** ICC disrupts employment, education, housing, benefits, healthcare, and relationships. It worsens already pervasive stigma about mental health and can undermine treatment effectiveness. Far too many people are cycling back through ICC, sometimes multiple times. This means that our most restrictive, expensive, and disruptive form of treatment fails many people, generally for an extended period of time.
✗ People with serious behavioral health conditions lack insight into their condition, and therefore will not engage in treatment without ICC.	✓ **People always have valuable insight into their own lives and treatment needs that are key to long-term engagement in treatment.** People with serious behavioral health conditions are often described as "lacking insight" into their need for treatment. This concept is frequently used to justify ICC without exploring why a person is resistant to the specific treatment being offered. Ignoring a person's experiences and preferences can increase alienation and distrust, making it less likely that someone will continue with treatment after release from ICC.

MYTH	FACT
✗ People need coercion, accountability, and consequences to get better.	✓ **Research shows that coercion, punishment, and removal of supports lead to poor treatment outcomes.** Treatment is most successful when people have access to person-authored care, meaningful choices and services they trust that meet their long-term needs. There is not clear evidence of court orders and coercion leading to better treatment outcomes.
✗ ICC serves everyone equally.	✓ **The impacts of civil commitment are not experienced equally across communities.** Like in the criminal legal system, people of color are over-represented in the ICC system—another carceral intervention that restricts individual liberty. People of color are more likely to receive more serious behavioral health diagnoses and be subject to ICC orders than their white counterparts. Systemic inequities across race, disability, class, gender, and other identities shape how people experience behavioral health systems; affecting access to services, interactions with providers, exposure to coercive interventions, and recovery trajectories.

"The system costs the state millions of dollars — $63.7 million last year for bed and court costs." - *Seattle Times*

It's time to stop asking, "How can we force treatment on more people better?"**and start asking, "How can we provide meaningful help earlier?"**

What Can Policymakers Do?

✓ **Stop expanding ICC without evidence of effectiveness.** First, require better data reporting in Washington and contend with existing data showing poor ICC outcomes.

✓ **Invest in voluntary, holistic, community-led, evidence-based services.** These approaches consistently produce better outcomes than our current restrictive and costly ICC interventions.

✓ **Contend with the harms and inequities of the current ICC system.** This includes confronting the diverse and often negative experiences of people affected by ICC and addressing the disparate impacts across race, class, disability, and other identities.

✓ **Support person-authored treatment approaches** that maximize choice and participation in treatment decisions, recognizing the value of people's and individuals' insights into their own treatment needs.

Scan to **visit our website** for sources, additional reading and more information about our coalition.