Citations for "Involuntary Civil Commitment: Get the Facts"

Myth: ICC is a necessary pathway to treatment and recovery

Fact: 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.

Citations:

Federal Reserve Bank of New York Staff Reports, A Danger to Self and Others: Health and Criminal Consequences of Involuntary Hospitalization, 2025

https://www.aeaweb.org/conference/2026/program/paper/AQ62Yzyr

Summary of the full report by Psychiatric News: The researchers leveraged differences in hospitalization rates to identify "judgement call" patients where a decision to seek involuntary civil commitment might not be clinically unanimous. They found that 43% of patients in their sample fell into this gray area. For this group, involuntary hospitalization didn't reduce danger. Rather, it nearly doubled their risk of being charged with a violent crime and likewise nearly doubled the risk of dying by suicide or overdose over the next three months.

Furthermore, when compared with patients who were evaluated and not held, the group that was involuntarily admitted wasn't more likely to participate in ongoing outpatient behavioral health care, at least for the subset of patients whom researchers were able to study because they received county assistance or Medicaid.

The researchers offered a theory about the reasons for the poorer outcomes: The involuntary admission triggered a 19% drop in people's earnings on average in the months that followed as well as a risk of housing loss, as seen by an increase in usage of homeless shelters among those who had not used a shelter in the prior year.

Nev Jones et al., *Investigating the impact of involuntary psychiatric hospitalization on youth and young adult trust and help-seeking in pathways to care*, 56 Social Psych. and Psychiatric Epidemiology 11 (2021), https://pubmed.ncbi.nlm.nih.gov/33751175/

> This study conducted in-depth interviews with 40 youth and young adults who experienced at least one prior civil commitment. Three quarters of the youth reported negative impacts of civil commitment on trust, including unwillingness to disclose suicidal feelings or intentions. Selective non-disclosure of suicidal feelings was reported even in instances in which the participant continued to meet with providers following discharge. Factors identified as contributing to distrust included perceptions of inpatient treatment as more punitive than therapeutic, staff as more judgmental than empathetic, and hospitalization overall failing to meet therapeutic needs. Conversely, participants reporting more mixed experiences of hospitalization and simultaneously strong indirect benefits, including greater family support, diminished family judgement members and greater access to care.

Xu, Z et al., *Involuntary psychiatric hospitalization, stigma stress and recovery: a 2-year study*, 28 Epidemiology and Psychiatric Sciences 458 (2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC6998976/

> Summarizes research on the links between compulsory hospitalization and increases in stigma and disempowerment. Longitudinal study found that stigma stress may have a lasting detrimental effect on recovery among people with mental illness and a history of involuntary hospitalization. Anti-stigma interventions that reduce stigma stress and programs that enhance empowerment could improve recovery.

Tara Seed et al., *The experience of involuntary detention in acute psychiatric care: A review and synthesis of qualitative studies*, 61 International Journal of Nursing Studies 82 (2016), https://www.sciencedirect.com/science/article/pii/S0020748916300633

> Study participants varied in how they experienced involuntary detention. Some people experienced a sense of sanctuary, whereas others experienced loss, fear and trauma. People's experiences were influenced by the degree of actual or perceived person-centered and empowering care, which also had an impact on their coping style. Development of a therapeutic bond with clinicians was a key factor which influenced positive experiences of involuntary detention.

Ernest Owusu et al., *Readmission of Patients to Acute Psychiatric Hospitals: Influential Factors and Interventions to Reduce Psychiatric Readmission Rates*, 10 Healthcare (Basel) 1808 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9498532/

Estimates that about one-third of patients admitted to psychiatric services will probably be readmitted within a year. High rates of readmission may adversely impact healthcare spending. This study suggests a need for focused health policies to address readmission factors and improve community-based care.

David Mancuso, Quality Indicators and Outcomes for Persons Discharged from State Psychiatric Hospitals, 2015, https://www.dshs.wa.gov/sites/default/files/2026-08/research-3-41.pdf

This 2015 Washington study found that one-third of civil commitment patients discharged from a state psychiatric hospital were readmitted to a state hospital within 540 days. Extending the metric to include community psychiatric hospital or evaluation and treatment facility settings, 44 percent of discharged persons were readmitted within 540 days.

King Co. Auditor's Office, Involuntary Treatment Act Court: Reentry and Court Outcomes, 2019, https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/auditors-office/reports/audits/2019/ita-court/ita-2019.pdf?rev=131b3da6a41f41d495747ac10f1bcf9b&hash=3571893296962A4AF711FC18ED135174

This 2019 King County study found that 28% of patients discharging from involuntary civil commitment have a new civil commitment case within one year; 40% within three years. It also found that, in 2017, 57 percent of civil commitment court cases involved people who had prior civil commitment court cases. Of these cases, 24 percent involved people who had already been in more than three prior cases.

Myth: People with serious behavioral health conditions lack insight into their condition, and therefore will not engage in treatment without ICC.

Fact: 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.

Citations:

See above-listed citations, especially Tara Seed et al., *The experience of involuntary detention in acute psychiatric care: A review and synthesis of qualitative studies,* and Nev

Jones et al., *Investigating the impact of involuntary psychiatric hospitalization on youth and young adult trust and help-seeking in pathways to care.*

American Psychiatric Association, APA Commentary on Ethics in Practice, Topic 3.2.5 Involuntary psychiatric treatment, https://www.psychiatry.org/getmedia/98ee85de-07c6-4b59-8ccf-3082c4f2449c/APA-Commentary-on-Ethics-in-Practice.pdf

> Enforced treatment contains an inherent ethical tension among several values: respecting the individual's autonomy, providing care for that individual, and protecting the community. To exercise this coercion while balancing these competing values calls for great sensitivity on the part of the psychiatrist. When involuntary treatment is imposed, it should ensure the least restrictive clinically appropriate alternative and, to the extent possible, respect the informed consent process and the patient's decision-making capacity. With any involuntary treatment special attention should be paid to avoiding bias and discrimination.

Morgan C Shields et al., *Patient-centered inpatient psychiatry is associated with outcomes, ownership, and national quality measures*, 1 Health Affairs Scholar (2023), https://doi.org/10.1093/haschl/qxad017

> Survey of 739 former involuntary civil commitment patients found that psychiatric patients' reports of person-centered care (PCC) were associated with improvements in trust and post-discharge engagement with care. PCC was also positively associated with many facility-level quality measures, such as 7- and 30-day follow-up rates and patients' continuation of medications post-discharge. PCC was higher among patients who received care at nonprofit facilities than at for-profit facilities. These are the first known findings demonstrating a relationship between PCC in inpatient psychiatry and patient-reported post-discharge outcomes. To our knowledge, this is also the first study to examine and demonstrate a relationship between PCC and ownership type, as well as PCC and performance on national quality measures.

Mary Chambers et al., *The experiences of detained mental health service users: issues of dignity in care*,15 BMC Medical Ethics 50 (2014), https://pmc.ncbi.nlm.nih.gov/articles/PMC4114162

> All study participants spoke of a sense of powerlessness and lack of autonomy whilst detained, which was deemed to diminish their sense of self-worth. This alongside reported poor relationships with staff and staff attitudes led to the feeling that they were being marginalized for having a mental illness by staff and society.

> These feelings were accompanied with frustration at not being treated as human beings.
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> When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves. With respect to service user input into decisions regarding care, the data indicate a mixed and inconsistent picture with views ranging from adequate information to no involvement in decision-making. Some participants described being coerced into taking medication and having 'no say' in treatment. Data showed that service users felt ignored and not listened to and that needs, wants and feelings were disregarded and overlooked.
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> Some service users compared being detained to that of imprisonment. They reported feeling powerless with no autonomy and that their actions were restrained and controlled. Lack of privacy, being under constant supervision and all wants and/or needs e.g. ground leave, had to be negotiated with staff

L. Davidson L et al., *If I Choose It, Am I More Likely to Use It?* 2 International Journal of Person Centered Medicine 577 (2012), http://www.ijpcm.org/index.php/ijpcm/article/view/201

> Consumer choice has been identified as a key factor in adherence and recovery in general medicine, and, more recently, in the field of mental health. This paper reviews the findings of a total of 49 articles found through a comprehensive search for information on the role of choice and decision-making in influencing service and medication use, adherence, and outcomes. Consistent findings of these studies are that, when given choices about their care, people are more likely to engage in treatment, to adhere to interventions, and to experience better outcomes, both in general medicine and more specifically in relation to mental illnesses.

Myth: People need coercion, accountability, and consequences to get better.

Fact: 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.

Citations:
See above-listed citations.

Nev Jones, *Assisted Outpatient Treatment: A Summary of the Evidence*, Psychiatric at the Margins, 2026, https://www.psychiatrymargins.com/p/assisted-outpatient-treatment-a-summary

> This article reviews available studies on Assisted Outpatient Treatment (AOT) and finds that no study has demonstrated that involuntary outpatient treatment adds value beyond the enhanced services and system accountability that accompany it—essentially, the coercive nature does not increase success beyond that which is already achieved through good and thorough services. The three Randomized Control Trials (RCTs) that have been done worldwide on AOT found no statistically significant differences between court-ordered and control groups on any primary clinical outcome. Specifically:

	Duke / North Carolina (Swartz et al. 1999, 2000, 2001, 2002)	Bellevue / New York City (Steadman et al. 2001)	OCTET / England & Wales (Burns et al. 2013, 2015)
Hospital readmissions	Not significant	Not significant (51% vs. 42%)	Not significant (12 or 36 months)
Violence	Not significant (overall comparison)	Not significant (no violent crimes either group)	Not measured
Arrests	Not significant	Not significant (18% vs. 16%)	Not measured
Functioning / Quality of life	Not measured	Not significant	Not significant
Perceived coercion	SIGNIFICANT: 45% higher in IOC group (Swartz et al. 2002)	Not significant (but ~50% of both groups reported high coercion)	Not significant

> In looking at studies outside of RCTs, this article notes that AOT enrollment typically comes with priority access to assertive community treatment (ACT) or intensive case management, linkage to SSI/SSDI and other social welfare benefits and sometimes guaranteed access to supportive housing. When hospitalizations or arrests decrease after someone begins receiving ACT and/or supported housing, attributing that improvement to the court order rather than the services is not justified.

Human Services Research Institute & University of Pittsburgh, *Independent Evaluation of New York State Assisted Outpatient Treatment: Final Report*, September 2026, https://omh.ny.gov/omhweb/statistics/NYS-AOT-Final-Report.pdf

> Excerpt from Politico article on this study: Researchers compared the outcomes of people who were forced into outpatient mental health treatment under state law and individuals who received similar services voluntarily. In both cases, they found

positive outcomes, including significant improvements in people's ability to function, shorter hospital stays and a reduced risk of harm to others.
The people who voluntarily sought treatment were less likely to be arrested and had fewer hospitalizations for mental health issues, according to the study of Kendra's Law, which authorizes treatment orders for seriously mentally ill people who are unlikely to voluntarily undergo care and are a danger to themselves or others.

The researchers uncovered "quite disturbing" results among people who went through assisted outpatient treatment under Kendra's Law, according to study co-author Nev Jones, a University of Pittsburgh social worker. Dozens of participants said they were desperate for assistance and unaware of alternatives — contradicting the state's portrayal of Kendra's Law as a solution for people who refuse to follow treatment plans or accept services."

-Maya Kaufman, *New study flags concerns with mental health treatment mandate*, Politico, August 3, 2026, **https://www.politico.com/news/2026/08/03/new-study-torpedoes-mental-health-treatment-mandate-01021010.**

Myth: ICC serves everyone equally.

Fact: 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.

Citations:
See above-listed citations, especially King Co. Auditor's Office, *Involuntary Treatment Act Court: Reentry and Court Outcomes,* 2019, https://cdn.kingcounty.gov/-/media/king-county/independent/governance-and-leadership/government-oversight/auditors-office/reports/audits/2019/ita-court/ita-2019.pdf?rev=131b3da6a41f41d495747ac10f1bcf9b&hash=3571893296962A4AF711FC18ED135174

This 2019 King County study found that white people have gradually decreased as a percentage of the total civil commitment case population since 2014. Black people

made up 14.8 percent of all civil commitment cases. When a person had more than three prior civil commitment cases, Black people made up 20 percent—this is despite being seven percent of King County's general population. This same pattern existed with people recorded as other races that were not white or Asian.

T. Shea et al., *Racial and Ethnic Inequities in Inpatient Psychiatric Civil Commitment*, 73 Psychiatr Serv. 1322 (2022), https://pubmed.ncbi.nlm.nih.gov/35959533/

Patients of color were significantly more likely than White patients to be subjected to involuntary psychiatric hospitalization, and Black patients and patients who identified as other race or multiracial were particularly vulnerable, even after adjustment for confounding variables.

U. Asonye et al., *Health Disparities in Black Patients with Severe Mental Illness and the Role of Structural Racism*, 50 Psychiatric Annals. 483 (2020), https://journals.healio.com/doi/10.3928/00485713-20201007-01

Black patients with severe mental illness (SMI) experience health disparities when compared to White patients. These disparities include differences in the availability of culturally appropriate, affordable care; a disproportionate diagnosis of psychotic illnesses; differential and inequitable access to certain medications and treatments; and a decreased likelihood of being referred to higher-quality, evidence-based after-care programming.

Giuliana Grossi, *Dr. Leesha Ellis-Cox Confronts Racial Bias, Diagnosis Disparities in Mental Health Care*, American Journal of Managed Care (2024), https://www.ajmc.com/view/dr-leesha-ellis-cox-confronts-racial-bias-diagnosis-disparities-in-mental-health-care

An interview and discussion of the racial disparities in mental health care and the prevalence of misdiagnosis.