



What Helps What Hurts: Opposition to Involuntary Treatment

Violation of Autonomy and Civil Liberties

Forced treatment strips people of the right to make decisions about their own bodies and minds. Everyone deserves the dignity of informed consent. Respect for autonomy is foundational to ethical care—and coercion undermines it.

Potential for Trauma and Harm

Involuntary treatment often causes psychological trauma. It can trigger fear, powerlessness, and humiliation. Rather than promoting safety or wellness, it may worsen mental health and deter people from seeking help in the future. Studies link perceived coercion to higher suicide risk after hospitalization.

Questionable Effectiveness and Misuse of Resources

There is no strong evidence that forced treatment leads to better long-term outcomes. In fact, people coerced into care are less likely to stay engaged. Resources are better invested in expanding voluntary, culturally competent, and peer-driven services that people choose to use.

Erosion of Trust and the Therapeutic Alliance

Trust is central to any healing relationship. Forced treatment breaks that trust. When people fear coercion, they become less likely to be open with providers or seek services at all—creating deeper isolation and distress.

Ethical Concerns and Abuse of Authority

Using mental illness as justification to restrict liberty is not treatment—it's control. Involuntary systems risk becoming tools of discrimination and punishment. A just mental health system must center dignity, rights, and the voices of those most affected.

Addressing the Mental Health Crisis: Engaging and Supporting People Living with Major Behavioral Health & Social Challenges Effectively, Efficiently, Safely

We now know how to serve people who were previously considered unlikely to engage and support on a **voluntary basis**. We believe that **recovery can and must be the expectation for everyone** and peer and other recovery innovators have developed a **successful continuum of services** that are showing strong results across the nation.

ENGAGEMENT

- the [INSET](#) model, a street-based **peer-led program** that has successfully engaged 80% of people who were disconnected with services who had had repeat involvements with hospital, homeless and justice involved systems who would otherwise been considered for Assisted Outpatient commitment initiatives.

CRISIS RESPONSE

- [First Responder Teams](#) using an immediate mobile response model that has had over 30 years of success in responding to people in mental health and other forms of crisis with teams of **peers**, counselors and emergency medical technicians and without the need for licensed clinicians and police. In 2019, Of the estimated 24,000 calls CAHOOTS responded to in 2019, only 311 required police backup.
- [Crisis Stabilization Centers](#): 24/7 walk-in facilities that provide immediate, voluntary services for people in mental health and substance use crises. They serve as an alternative to emergency rooms, offering assessments, **peer support**, and stabilization.
- [Crisis Respite Houses](#): short-term, voluntary, home-like havens designed as alternatives to hospital emergency rooms or inpatient psychiatric units. These 100% peer staffed programs offer 24/7 **peer-led support**, allowing guests to stay for up to 7 to 28 days while maintaining their daily routines.

TRANSITIONAL SUPPORT FROM INSTITUTIONAL SETTINGS: A Person to Walk Along Side you

- [Peer Bridger Teams](#) provide personalized support from the day of admission to up to a year after discharge for people, many of whom have had 3-15 readmission in the past year. Our **peer bridger** teams have shown a 47% rate of success in helping people to succeed in their chosen communities.
- [Peer Recovery Coaches](#) successfully engage and support people with histories of substance abuse to reduce a pattern of repeat crises and stays at detox centers. For example, an individual reduced their detox stays from 7 to 1, saving over \$30,000 in avoidable Medicaid costs.

HOUSING: A Place to Live

- Stays at several models of low barrier housing demonstrate strong success, [one approach](#) that has been decreasing homelessness by 88% and improved housing stability by 41%. [Safe Havens](#) programs offer low-barrier transitional housing facilities that prioritize immediate, secure shelter and case management over

CLUBHOUSES: A Place to Go

- Since 1947, programs like [Fountain House](#) offer access to a supportive community that supports members to recover by gaining access to opportunities for employment, socialization, education, skill development, housing and improved wellness.

[**Alliance for Rights and Recovery**](#)