Abstract

Thirty-seven states have passed legislation establishing involuntary outpatient commitment programs. These programs seek to identify mentally ill people who are at risk of becoming violent, devise programs of treatment for them, and authorize the use of law enforcement personnel to ensure that they hew to the treatment programs. Those singled out for treatment would remain in the community but would be enrolled in treatment programs whether or not they gave consent.

These programs are at the center of intense debate focused on four issues—those of whether coerced treatment programs are effective, whether the mentally ill are more violent than the general population, whether mental health professionals have the means to identify patients who are at risk for violent behavior, and whether states are morally justified in overriding an individual’s right of consent to treatment in order to enhance public safety.

An examination of recent studies reveals no evidence that involuntary outpatient treatment programs are less effective than voluntary programs. A growing body of research shows that mentally ill persons whose symptoms are active are more violent than the population at large and that mentally ill persons who also fall prey to substance abuse are considerably more apt to be violent than are other mentally ill people or healthy persons. Mental health professionals have reasonably effective means to identify groups of mentally ill people who are likely to become violent, and they are steadily working to improve the accuracy and efficiency of these measures.
However, overriding mentally ill people’s right to consent to treatment in hopes of enhancing public safety is unjustified because it requires the mentally ill to carry a far greater burden than other members of society are willing to bear. Mentally ill people are responsible for less than 1000 homicides in the United States each year, but over 40,000 Americans died in automobile accidents and over 30,000 died from injuries caused by firearms. Nonetheless, the public is unwilling to accept legislation restricting automobile travel or firearm ownership which could easily save far more lives than involuntary outpatient commitment programs and would not violate any fundamental legal or moral rights. Hence, involuntary outpatient commitment programs are morally unjustified because they are inequitable.