THE DANGERS OF KENDRA’S LAW

For more than 20 years, Kendra’s Law has denied people the fundamental right to determine the course of their medical treatment. The statute forces people to participate in treatment even if they don’t meet the medical criteria for involuntary hospitalization.

Kendra’s Law unconstitutionally expands the circumstances under which the State may compel people with mental health challenges to undergo treatment against their will or to participate involuntarily in mental health programs, including potential hospitalization and/or medication. The right of a person to determine his or her course of medical treatment has long been recognized as a fundamental right by the courts in this country.

The time has come for New York to do away with this misguided and harmful law.

People with mental and behavior health issues should have control over their treatment decisions -- including what medication they take, what therapy sessions they attend, where they live, and what other mental health programs they participate in.

Research indicates that the two most important factors in reducing hospital readmissions among people with behavioral or mental health issues are access to robust services and enhanced case management. Studies have also found that court orders do not increase compliance, nor do they lead to any reduction in symptoms or problematic behavior. On the other hand, improving the quality of care and providing coordination across health systems can lead to a sustained and positive outcome.

Data from the New York State Office of Mental Health reveals that the implementation of Kendra’s Law has led to significant racial disparities throughout the state. The data shows that Black and Brown people are more likely to be recipients of court orders which compel treatment or medication. And people who have been hospitalized previously but don’t have any history of violence are often the targets of Kendra’s Law.

This law also creates obstacles to quality mental health care by creating a fear of forced treatment, interfering with therapeutic relationships, and ultimately fraying a person’s trust in a health system which should be providing them with culturally competent, gender competent, and linguistically competent support.

People who are struggling with mental or behavioral health issues are often marginalized and face stigma that can lead to severe consequences. For example, many people believe that people with mental or behavioral health issues are dangerous. But in reality, they are more likely to be victims of crime and excessive use of force by the police than to cause harm.
People who have mental health challenges should have real choices and opportunities to have their needs met without a court order. A health system that offers early and good care in a collaborative and person-centered environment would reduce the need for court-required treatment and mental health crisis responses.

It is time for the New York legislature to examine other approaches. Fortunately, one bill already introduced in Albany holds the promise of a more humane, effective way to respond to mental health crises: Daniel’s Law.

Daniel’s Law would create a crisis intervention model where trained mental health professionals, rather than police, respond to mental health crises. Daniel’s Law will ensure there is a consensual care with an emphasis on community-based service providers. It will create a statewide council of mental health experts with a commitment to trauma-informed, culturally competent care.

Under Daniel’s Law, professionals who have experience working with individuals with mental and behavioral health issues, and those with disabilities, will set the rules for responding to a mental health crisis. They will develop and participate in regional and state councils that create training and protocols for all calls to respond to mental health emergencies. And these protocols and training will be fully integrated into existing emergency dispatch services.

Importantly, Daniel’s Law will ensure that the police play the proper role of responding to public safety issues, while leaving public health matters to trained crisis professionals. Law enforcement officers would no longer be the default first responders to any New Yorker in crisis – creating space and building trust for a person to be connected with community-based services.

New York State must build a meaningful, robust mental health system that doesn’t rely on forced treatment and the criminal legal system.

Now is the time to transform the way we treat New Yorkers in crisis. Lawmakers must oppose the reauthorization of Kendra’s Law, and pass Daniel’s Law.