

On 4/1/24 I was informed that after 4 months of waiting that Dr. Berlin's phone number was finally approved.

Then on 4/2/24 I sent Elaine Vuong, Psychologist a letter about receiving my family pictures that were sent to me in October 2023.

Then on 4/5/24 I:

1.) received a reply from Kristopher Harvey, Complaint Specialist, Risk Management that said in part:

"The Risk Management Department has received and reviewed your correspondence dated March 26, 2024 regarding concerns with individual therapy not being added to your schedule. Please be advised that there is a referral process and that you are encouraged to be patient as a referral is not a guarantee for individual therapy. An appropriate fit for your clinical needs has yet to be determined. If you have any questions with this concern, you are encouraged to reach out to your Treatment Team directly."

2.) received two envelopes of documents I sent to Daniel Lambright, Esq. from NYCLU on 1/10/24 marked "RTS".

Then on 4/8/24 I sent:

1.) Danielle Tope, Executive Director a appeal that said in part under "Please provide the reason for your appeal":

"Reply is insufficient as "Action Requested" was not followed. Also, on 2/21/24 I signed a "Informed Consent/commitment to Engage in Treatment" form that had "Individual therapy" written in next to "Programming recommended by Treatment Team" by Elaine Vuong, Psychologist. The referral process should be over by now and I should be receiving individual therapy.

2.) Daniel Lambright, Esq. (NYCLU) the two envelopes I got on 4/5/24 marked "RTS".

Upholding Individual Rights: Opposing Civil Commitment

Introduction:

Civil commitment, the involuntary confinement of individuals deemed mentally ill, poses a significant threat to fundamental human rights and liberties. While proponents argue it is necessary for public safety and the well-being of the individual, it often leads to abuses of power, violations of autonomy, and ineffective treatment. This aims to shed light on the dangers of civil commitment and Advocate for alternative approaches that prioritize human dignity and individual rights.

The Dangers of civil Commitment:

Abuse of Power: Civil commitment laws grant authorities broad discretion in determining who is "mentally ill" and in need of confinement. This discretion can be easily abused, leading to the unjust confinement of individuals who do not pose a threat to themselves or others.

Violation of Autonomy: Civil commitment deprives individuals of their autonomy and liberty without due process. They are subjected to involuntary treatment, often against their will, which can have profound and lasting effects on their mental and emotional well-being.

Stigmatization: Being subjected to civil commitment can lead to stigmatization and discrimination, perpetuating harmful stereotypes about mental illness and deterring individuals from seeking help when they need it.

Ineffective Treatment: Studies have shown that forced treatment through civil commitment is often ineffective and can even exacerbate mental health issues. Coercive measures can undermine the therapeutic relationship and impede the individual's willingness to engage in treatment.

Lack of Oversight: Civil commitment proceedings often lack adequate oversight, leaving room for errors, biases, and violations of due process rights. This lack of accountability can result in individuals being wrongfully confined and denied the opportunity to challenge their detention.

Alternatives to Civil Commitment:

Voluntary Treatment: Emphasizing voluntary treatment options ensures that individuals have agency and control over their own care. Providing accessible and stigma-free mental health services encourages individuals to seek help willingly and engage in treatment that is tailored to their needs.

Community-Based Supports: Investing in community-based mental health services and support networks allows individuals to receive care in familiar environments surrounded by their loved ones. This approach promotes recovery, resilience, and social integration while minimizing the need for coercive interventions.

Crisis Intervention Teams: Implementing crisis intervention teams composed of mental health professionals, social workers, and law enforcement officers trained in de-escalation techniques can effectively respond to mental health crises without resorting to civil commitment. These teams prioritize diversion and referral to appropriate services rather than incarceration.

Supported Decision-Making: Promoting supported decision-making models empowers individuals to make choices about their treatment and care with the assistance of trusted supporters. This approach respects the individual's autonomy and ensures that their preferences and values are central to the decision-making process.

Conclusion:

Civil commitment represents a significant infringement on individuals' rights and autonomy, often resulting in harm rather than help for those experiencing mental health challenges. By advocating for alternative approaches that prioritize voluntary treatment, community support, and individual agency, we can uphold the principles of dignity, autonomy, and justice for all. Join in opposing civil commitment and advocating for a mental health system that respects and protects the rights of every individual.

*From: CURE-SORT