Friends have a long history of recognizing that of God in every person. In that light, we believe society should assure adequate resources for the treatment, and care and rehabilitation of those individuals, both adults and children, who suffer from a mental disorder and, as needed, to their families. People with severe mental disorders (such as schizophrenia and bi-polar illness) are often also victims of misunderstanding and discrimination; therefore, we advocate educating the public as to the understanding that the mentally ill should participate as fully as they are able in their communities.

**Funding for Treatment**

FCL believes that all levels of treatment and rehabilitation of those with mental disorders should be coordinated and adequately funded. We advocate that the state grant entitlement status to those with severe mental disorders to ensure that they received needed services. This entitlement would bring their care and treatment in line with other groups such as the developmentally disabled, hearing impaired, and visually impaired. Medical and Supplementary Security Income (SSI), the economic mainstays for those with severe and persistent mental disorders, should not be compromised.

**Concern for Prisoners with Mental Disorders**

Psychiatric services should be provided in prisons, jails and juvenile facilities, where many individuals have mental disorders. However, no persons should be incarcerated solely because they have a mental disorder. If such people are convicted of crimes, they should not be incarcerated in regular prisons or jails but in facilities where they will receive treatment, care and rehabilitation that will most benefit their conditions. (For further policy guidance in this matter, please refer to FCL’s “CRIMINAL JUSTICE” policy.)

**Treatment Emphasis**

The goal for those with mental disorders should be to achieve the highest possible degree of independence and integration into the community. Some individuals may need support for most or all of their lives, and such support should be provided. We recognize that compulsory treatment may be needed for some individuals with mental disorders when they are gravely disabled or are a danger to themselves or to others. The determination of involuntary treatment is a proper function of the courts. In all cases the civil liberties of the individuals must be considered. All options for voluntary treatment must be available before involuntary treatment is used. If such care is necessary, its aim should be to restore the patients to independence as quickly as possible and not simply to warehouse them. Once released, adequate follow-up care, medication, housing and rehabilitation should be provided as long as needed.
Patients should be protected from misuse of medical, governmental, or administrative authority. Medications should always be prescribed for the benefit of the patient and not for the convenience of the mental health provider. Confinement and restraint should be used with extreme care and for as short a time as possible.

Timely and Appropriate Services

Assessment by mental health professional should be required and available without delay to persons who show signs of a serious mental disorder to determine whether they require hospitalization or treatment in a less restrictive environment. Family and friends should be involved in providing input concerning treatment.

Both in-patient and out-patient services, including proper diagnosis and appropriate forms of therapy, should be available. “Dual diagnosis” (addiction and mental illness) services and residential homes should be widely available. Interagency cooperation should be encouraged throughout the system; including mental health, drug and alcohol rehabilitation, education, employment, social services, housing and criminal justice.

Community Services

High priority should be given to adequately financed community-based treatment programs. These should include various residential options, case management, socialization centers, out-patient clinics, vocational rehabilitation and supported employment. State and local governments and professional associations should adopt and enforce standards that assure adequate quality at the various levels of care.

In residential facilities, mental health patients should be provided care for their conditions and should not be placed with others whose needs are profoundly different. There should be safe places of protection for people who are having difficulty coping. The requirements for the care of those with serious mental disorders and the mentally retarded or developmentally delayed are different, so the groups often cannot be adequately treated in the same facility.

The special needs of children with mental illness and their families should be addressed through adequate funding and coordination between service providers, schools and institutions. This is especially important to insure that adequate integrated services are available and provided.

Efforts to End Discrimination Against the Mentally Disturbed

Education of the public to dispel prejudicial attitudes toward individuals with serious mental disorders is needed, especially to encourage the acceptance of residential facilities in local neighborhoods. Throughout society (at home, work, and school) education about mental disorders should be provided so fear and stereotyping can be replaced by care and acceptance.

Approved by Southern Regional Committee October 25, 2001
Approved by Northern Regional Committee November 17, 2001