

# Mental health courts signed into law by California Governor Gavin Newsom

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Last August, the California legislature overwhelmingly voted in favor of Senate Bill 1338, better known as the CARE act. The bill, which was signed into law by California Governor Gavin Newsom on September 14, is portrayed as a “paradigm shift”—the paradigm being the “revolving door” of jail to hospital to streets. It purports to address the mental health and homelessness problem by creating a civil court process to provide support to people experiencing severe mental illness. In reality, however, the new law simply gives businesses and law enforcement new tools to drive away “undesirables” who have not committed any crime.

Proponents claim that the law creates a non-criminal court system where people suffering with psychotic disorders can be referred by police, first responders, family members or even roommates. After an assessment, the court can dictate a treatment plan lasting up to 24 months that the respondent must follow. But the CARE act is, in reality, a right-wing policy masquerading as a progressive measure. If a target of the CARE court fails to complete their “care plan” then they can be referred for involuntary hospitalization or conservatorship, “with a new presumption that no suitable alternatives are available.”

The law ostensibly tackles the widespread issues of mental health illness, drug addiction and homelessness without addressing the underlying social issues. The law was endorsed by the California Chamber of Commerce along with 21 local chambers of commerce but overwhelmingly condemned by human rights groups. Instead of providing new funding for behavioral health services, it appropriates \$49 million yearly for the administration of these courts, which then direct their targets to the already existing and overburdened social services.

The claim that the Californian government “continues to act with urgency to expand behavioral health services” is belied by the indifference of the Newsom government to the struggle of more than 2,000 mental health workers in Northern California who have been on strike for almost two months. One of the workers’ main demands is for their employer, Kaiser Permanente, one of the largest mental health care providers in the state, to improve staffing and work conditions so that patients can get adequate access to mental health care services.

In spite of a recent law requiring mental health care providers to ensure patients in need can get access to care within two weeks, the health care giant, which posted record revenues of \$8.1 billion last year, continues to flout this basic demand, with patients reportedly waiting upwards of two months before being able to secure follow-up appointments.

The CARE Act has been sharply criticized by human rights groups. In their opposition letter signed on April of this year, Human Rights Watch (HRW) condemned the bill as “aimed at facilitating removing unhoused people from public view without actually providing housing and services that will help to resolve homelessness.” The letter goes on to say that the CARE court creates a “state-imposed system of coerced, involuntary treatment” that “specifically targets unhoused people.”

The HRW letter cites numerous studies showing that coerced treatment is not only ineffective at generating positive outcomes, but actively harmful for the treated individuals, leading to a higher rate of suicides. One study shows that coercion, when compared to voluntary treatment, made little contribution to the relief of symptoms. Another study shows that patients coerced during admission into psychiatric hospitalization were

29 percent more likely to make a suicide attempt after discharge.

Newsom disingenuously presented this bill as a compassionate process that diverts participants from incarceration or mental health conservatorship through a narrow focus on helping people with a psychotic disorder access care. The new law doesn't require the people targeted for "help" to be accused of a crime, much less convicted of one. Instead of a focus on treating acute psychotic crises, the CARE plan includes provisions for requiring treatment for substance use disorders and requires yearly reports on substance use treatment rates for those under a CARE plan. In short, it provides an additional pathway through which a diverse range of actors can refer people with mental illness to be placed under state control.

Dr. Ryan Marino, the Medical Director of Toxicology & Addiction at Medicine Bridge Clinic, explained the significance of the CARE act's backdoor approach to substance use disorders: "This is particularly troubling with basic autonomy and human rights being the primary concern. Specifically in discussing addiction treatment, however, we have concrete evidence that coercive treatment is not associated with benefits and is actually associated with worse outcomes like increased rates of overdoses, death, and even just unsafe use and distrust of treatment systems.

"Instead of trying to impose involuntarily treatment on people we disagree with, and it should be very clear that substance use itself is not a mental or psychiatric disorder, we should focus on expanding access to things that empower people to be safe, with supervised use sites/overdose prevention centers being the best example of this as well as things like naloxone, fentanyl test strips and other harm reduction supplies."

The CARE Act, which unanimously passed the state Senate with bipartisan support, should serve as a reminder that both the Democratic and Republican parties represent the interests of the ruling class. It follows Newsom's August veto of Senate Bill 57, which would have authorized the creation of "overdose prevention programs," an evidence-based approach addressing the overdose crisis, which claimed over 10,000 Californians in 2021 alone, by linking drug-addicted victims to overdose treatment through the establishment of safe consumption sites.

According to Marino, safe consumption sites are

essential to addressing overdose deaths: "The alternative to safe use is quite literally unsafe use, which is what has resulted in hundreds of thousands of preventable deaths. Every overdose is preventable, and these facilities—sometimes called overdose prevention centers—serve to prevent the complications of overdose and prevent death. In addition to saving lives, they have not only been shown to not increase rates of substance use, they actually increase rates of treatment and recovery because they allow people who use drugs to access resources and interface with the health care system and with people in recovery. Every overdose is quite literally a policy failure, and Newsom's veto is essentially telling us that he does not care about the evidence on this topic."

These developments should dispel any illusions held by workers in the Newsom administration, which has presided over an intensification of the class struggle reflected in rapidly increasing inequality and skyrocketing home prices. During the pandemic, billionaire Elon Musk saw his wealth increase by a monstrous tenfold, going from \$24.6 billion in March 2020 to \$254 billion as of August of this year. Simultaneously, measured by the home price-to-income ratio that compares median home prices to median family income, California is home to the three most expensive cities in the country, with San Francisco requiring 9.2 years of median income to purchase a median priced home, Los Angeles 9.1 years and San Diego 7.9 years. In addition, 22 California metropolitan areas exceed the average national home price-to-income ratio of 4.8, already a historic high.

The problems of homelessness and mental health in California are driven primarily by intense social inequality. The Federal Reserve's plans to "combat inflation" by increasing unemployment and lowering wages, will only intensify the conditions that drive people into homelessness and despair. It is up to workers in health care and other industries to fight back against this situation.



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