

The Lanterman-Petris-Short Act of 1967: A Policy Analysis

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Abstract:

The purpose of this thesis was to conduct a policy analysis of the Lanterman-Petris-Short Act of 1967, which ended the indefinite commitment of individuals with mental health disorders and created guidelines for involuntary holds for treatment. It analyzes the social problem that was intended to be addressed by the act's implementation as well as the objectives of the act. Along with the covert implications, intended and unintended consequences of this policy, the risk and protective factors involved within the scope of mental health, and the policy's history concerning mental health in California. This policy analysis also discusses recent legislative adaptations further to aid mental health advocacy and treatment within the state, explicitly analyzing Los Angeles County. The analysis also covers the implications and relevance of social work practice and recommends an alternative policy to better supplement the growing need for mental health advocacy and crisis evaluations.

Introduction:

The Lanterman-Petris-Short Act (LPS) regulates the involuntary and indefinite commitment of individuals with various mental illnesses. When a person with a mental health disorder is deemed a danger to self or others or gravely disabled, the person can be taken into custody for 72 hours for assessment, evaluation, and crisis intervention (California Department of Healthcare Services, 2022). Since the inception of this act, other acts have been implemented to supplement LPS designations, such as Luras Law, The Riese Act, and Care Court.

Methods:

The policy underlying The Lanterman Petris Short Act (1967) was analyzed using a framework created by Prof. David Gil of Brandeis University Heller School of Social Welfare.

Policy Analysis Framework:

- I. The Social Problem Addressed by the Policy
- II. Policy Objectives, Value Premises, Expectations and Target Populations
- III. Effects of the Policy
- IV. Implications of the Policy
- V. Alternative Policies

Results of Analysis:

Effects of the Policy: The effects of seriously mentally ill individuals who are not adequately accessing treatment can have detrimental effects. The most recent data available from the Department of Healthcare Services (2022) shows that 21,302 individuals were held on a 72-hour psychiatric hold for evaluation and treatment in California in 2020; of those 21,302 individuals, 8,720 were held on an extended 14-day hold for further assessment and treatment. These numbers show that there is a high number of individuals needing mental health treatment to some capacity; however, the mental health system as a whole is understaffed, underfunded, and not equipped to deal with the influx of crisis. It was found while researching that physicians in emergency room settings reported that over 21% of patients often wait two to five days for an inpatient bed (American College of Emergency Physicians, 2018). The lack of infrastructure to aide in the influx of mental health crises creates unfavorable outcomes in quality of care.

Zhu et al. (2024) found that California's private practice psychotherapists and counselors had an insurance acceptance rate of 55.4%. This demonstrates that though there are practitioners who do accept insurance, a disproportionate number of providers offer mental health services on a fee-for-service basis only, thus increasing the barrier to treatment. It has been assumed that low insurance acceptance rates among mental health providers, particularly public insurance programs like Medicaid, are guided to an extent by low reimbursement rates (Alexander & Schnell, 2019).

Los Angeles County jails are California's most extensive mental health treatment facilities. One in five inmates in the LA County mental health jail population has a misdemeanor charge compared to 1 in 10 within the overall jail population. This shows that persons with mental illness are going into our jail systems to receive treatment instead of being able to receive treatment in outpatient settings.

Target Population:

The severely and persistently mentally ill are the main targets of the policy. Classification of severe and persistent mental illness refers to “a mentally ill adult who experiences recurrent relapses that necessitate periodic restabilization and rehospitalization and who has been ill for more than 1 year with major functional disabilities” (Muhlbauer, 2008,).

Implications:

According to the California Legislative Analyst Office, the LPS Act does not receive direct funding and is not directly tracked. Local governments play a key role in providing funding to support these services (Legislative Analyst’s Office, 2021). The Lanterman-Petris-Short (LPS) Act aimed at protecting the civil rights of individuals with mental illness by limiting involuntary commitment to psychiatric institutions. While the Act was a significant step forward, it also led to unintended consequences, particularly the challenge of finding adequate community-based care for individuals no longer institutionalized (Braslow et al., 2021)

The NASW Code of Ethics outlines a social worker’s ethical commitment to clients; the main goal of the social work profession is to improve human well-being and address both basic and complex needs, especially for individuals who are vulnerable, oppressed, or living in poverty (NASW,2024). Those with severe mental illness in California are at a heightened need for targeted service provision. The state notably has a high cost of living and diverse demographics, which increase the risk of oppression and vulnerability. Social workers provide services in every facet of community life, highlighting the importance of being well-versed in policy to better support their clients.

Alternative Recommendations:

Changes to the criteria should also be considered. Under the LPS Act, involuntary holds are primarily based on whether an individual is an immediate danger to themselves or others or is gravely disabled. Additional criteria could include a recent history of self-harm or violence, as well as a psychiatric history of severe mental illness that impairs cognitive functioning. The current criteria focus only on immediate risk, but the potential for inherent risk should also be evaluated. Often, individuals who would benefit from stabilization through involuntary commitment due to a lack of insight are not admitted because there is no imminent risk at the time of evaluation. However, behaviors exhibited by these individuals may have historically led to decompensation, which would soon justify hospitalization. Moreover, the ongoing long-term challenge remains to create a system that balances both compassionate care for those with mental illness and public safety, ensuring that people receive the treatment they need in the most appropriate settings without being overburdened by the criminal justice system.