

# TAKE AWAY MY RIGHTS IF I LOSE MY MIND AGAIN —BECAUSE I WANT TO LIVE

---

**By Kerry Martin, MPP**

Director of Growth & Impact, National Shattering Silence Coalition (NSSC)

Certified Peer Support Specialist & Bipolar I Survivor

I have sat before legislative committees and said what most are too afraid to say: **"Please, take away my rights if I ever lose my mind again—because I don't want to die; I want the chance to actually live."**

I am a survivor of bipolar psychosis. I know what it is like to have your brain fail you—to be unraveled, disoriented, and lost in a reality that doesn't exist. Years ago, I was encountered by police while visibly psychotic. Because I wasn't "dangerous" yet under the current narrow standards, the law barred them from taking me for treatment. The system waited for me to hit a catastrophe, and because of that preventable delay, I later tried to take my own life.

***"To offer someone 'freedom' while their brain is suffering from a stage-four medical emergency isn't compassion—it is a sanitized form of abandonment."***

## THE MYTH OF "AUTONOMY" IN A BROKEN SYSTEM

Critics of mandated care talk about protecting "civil liberties" and "self-determination." But as a peer, I have to ask: Where is the liberty in an early grave? Where is the self-determination in a jail cell?

Currently, our nation protects a **"Right to be Sick"** while ignoring the fundamental **Right to be Well**. In the name of autonomy, we have made it legal to watch someone deteriorate until they commit a crime or lose their life.

## A TIMELINE OF SYSTEMIC FAILURE

My perspective is forged by over thirty years of navigating a system that has, at times, felt like it was designed to fail. In 1992, while I was a graduate student at Harvard, I reached out for help during a crisis only to be told by a clinician, "I don't think I can help you." Shortly thereafter, following a suicide attempt born of that abandonment, I woke up in a hospital to a nurse saying, "Lay still, you did this to yourself."

Years later, the cycle repeated. I was found by my sister in the sprinklers during a psychotic break—an incident that occurred only a month after police had refused to intervene because I didn't meet the "imminent danger" standard. I eventually learned to lie to evaluators just to escape a process that offered nothing but a brochure and a discharge paper. The message has been consistent: **Wait for tragedy, then blame the victim.**

## THE SOLUTION: AOT AS THE CLINICAL "OFF-RAMP"

The trauma of "ER boarding" and "silent dismissals" is a direct result of waiting for a catastrophe to happen. **Assisted Outpatient Treatment (AOT)** is the clinical "off-ramp" that prevents this trauma. By providing mandated care in the community, AOT bypasses the need for traumatic hospital admissions and the "Standard of Neglect" found in overcrowded emergency rooms.

## ANOSOGNOSIA: THE MAP TO A CLIFF

As a former Certified Peer Support Specialist on an Assertive Community Treatment (ACT) team, I have stood on the front lines. I have offered keys to free housing to my brothers and sisters on the street, only to have those offers turned away.

Why would someone choose a freezing sidewalk over a warm bed? The answer is **anosognosia**—physical brain damage to the frontal lobe that prevents a patient from knowing they are sick. When we give someone "autonomy" during a psychotic break, we aren't giving them freedom. We are handing them a map to a cliff and telling them it's their "right" to walk off it.

## ENDING THE "FORENSIC" WAITING ROOM

In many states, nearly 100% of state psychiatric beds are occupied by "forensic" patients—people who were only granted a medical bed after they were arrested. We have made the jail cell the only waiting room for a doctor. This is the human cost of "protecting" someone's right to remain untreated until blood is shed.

## CONCLUSION: A MORAL DUTY TO ACT

A National Standard of Care provides the clinical mandate that keeps patients stabilized in their own communities. AOT is not about "forced drugging"—it is about mandated medical accountability. It requires the system to stay at the table with the patient, and the patient to stay at the table with the doctor.

We have a moral duty to assist those who cannot see the cliff they are walking toward. Let's stop protecting the "Right to be Sick" and start fighting for the **Right to be Well**.

---

## APPENDIX

### THE NATIONAL SHATTERING SILENCE COALITION (NSSC) MANDATE

The National Shattering Silence Coalition advocates for the universal adoption, strengthening, and sustainable funding of Assisted Outpatient Treatment (AOT) as the primary evidence-based response to the crisis of untreated serious mental illness.

## THE EVIDENCE: TREATMENT SAVES LIVES AND REDUCES CRIMINALIZATION

Decades of research and real-world implementation (such as "Kendra's Law" in New York) prove that AOT is not only humane—it is fiscally responsible.

- **70% Reduction** in homelessness, arrest, incarceration, and hospitalization.
- **50% Cost Savings** to taxpayers by stopping the "revolving door" of ERs and jails.
- **16x Less Likely** for individuals to be killed during police encounters when stabilized.

## WHAT AOT IS (AND IS NOT)

- **It IS a clinical "off-ramp"**: A court-ordered, community-based treatment plan with full due process protections.
- **It IS a tool for Anosognosia**: Specifically designed for the 40–98% of individuals whose brain disease prevents them from recognizing their own need for care.
- **It IS NOT "forced drugging"**: Medication is not forcibly administered. It is a mandate for clinical engagement—requiring the system to stay at the table with the patient.

## THE "DANGER STANDARD" PROBLEM

Current legal frameworks often restrict intervention to "danger to self or others." NSSC views this as a policy failure. Brain diseases are neurological conditions that should be managed by physicians based on Medical Necessity and Risk of Deterioration, not dictated by 60-year-old laws that wait for blood to be shed before allowing a rescue.

## CALL TO ACTION

We must move beyond "Waiting for Danger." NSSC demands the immediate expansion of AOT funding and the enactment of AOT legislation in all 50 states to end the \$343 Billion Neglect Tax.

**For the full technical analysis, download the complete NSSC AOT Position Statement:**  
<https://www.nationalshatteringsilencecoalition.org/nationalpositionpapers.html>