

# THE WHO WHAT WHERE HOW OF MENTAL HEALTH LAW

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## Q1: When did Mental Health Law come into practice?


While mental health issues have existed throughout history, the legal field specifically dedicated to mental health law began taking shape in the mid-20th century, as society evolved in its understanding of mental illness and the rights of individuals living with psychiatric conditions.

Landmark legal reforms, such as deinstitutionalization in the 1960s and the enactment of New York's Mental Hygiene Law, helped carve out what we now recognize as Mental Health Law.


At **Abrams Fensterman**, we've built the most comprehensive mental health law practice in New York—and I'm proud to lead a team that is truly one-of-a-kind in the country. Our practice not only handles matters like involuntary psychiatric treatment, Kendra's Law, and mental health warrants, but we also provide wraparound services for families in crisis. This holistic model didn't exist when I started, and it's something I'm proud to have pioneered.


## Q2: What are the kinds of cases/trials that come about in this particular area?

Mental health law cases are incredibly diverse—and often urgent. Our work includes representing families during psychiatric crises, advocating for patients' rights, and working with hospital systems and clinicians navigating complex legal requirements. Some of the most common cases involve:

 **RETENTION AND TREATMENT OVER OBJECTION**  
(when someone refuses psychiatric care but poses a risk to themselves or others)

 **KENDRA'S LAW APPLICATIONS**  
(court-ordered outpatient treatment)

 **MENTAL HEALTH WARRANTS**  
(used in emergencies when someone is deteriorating but won't accept help)

 **GUARDIANSHIP PROCEEDINGS**  
(for individuals unable to manage personal or financial affairs due to psychiatric illness)

 **CONFIDENTIALITY DISPUTES AND ACCESS TO MEDICAL RECORDS**

 **LEGAL ISSUES INVOLVING COLLEGES AND UNIVERSITIES DEALING WITH STUDENTS IN CRISIS**

Each case is deeply personal and often emotionally charged. We serve not only as lawyers but as compassionate guides for families in distress—whether it's a young adult struggling with a first psychotic episode, or an elderly parent showing signs of cognitive decline.



## Q3: What makes for a potential client, and/or, who would be the people that should reach out for counseling/casework?

A potential client is often a family member—typically a parent, spouse, sibling, or adult child—who is desperate to help a loved one but doesn't know where to turn. They may be seeing alarming signs: erratic behavior, refusal of treatment, threats of self-harm, or sudden changes in judgment. Sometimes, the individual in crisis has stopped taking medication, disappeared, or is being taken advantage of financially.

We also work with institutions—hospitals, schools, and mental health professionals—who need help navigating the legal aspects of treatment, patient rights, and safety concerns. But at the heart of our practice are the families. If you're losing sleep worrying about a loved one's mental health or feel helpless in the face of a system that's hard to navigate, that's when it's time to call us.

And as a Long Island-based practice—right here in Lake Success—we understand the challenges our neighbors in Roslyn and surrounding communities are facing. You are not alone. We're here to help.

## Q4: Considering the times we live in, why hasn't Mental Health Law expanded beyond what it is right now?

That's an excellent—and frustrating—question. Despite the increasing public awareness around mental health, the law has not always kept up with the complexity of the mental health crisis. Much of the legal framework is still rooted in stigma, fear, and outdated assumptions about mental illness.

Our laws often fail to account for the gray areas: when someone isn't "sick enough" to meet the legal criteria for intervention, but is clearly deteriorating. As a result, families are left powerless. The standard for involuntary treatment, for example, is high—and intentionally so, to protect civil liberties. But it also means people can fall through the cracks until a true emergency arises.

Mental health law should evolve toward earlier intervention, stronger family engagement, and more preventative tools. At Abrams Fensterman, we advocate for these things every day—not just in courtrooms but also in policy discussions and educational settings. If there's one silver lining, it's that more people are talking about mental health today than ever before. And through awareness, we can build momentum for meaningful legal and systemic reform.