

# [This identify involuntary commitment. involuntary commitment is](https://assignbuster.com/this-identify-involuntary-commitment-involuntary-commitment-is/)

This essay will explore many facetsof involuntary commitment. First it is important to identify involuntarycommitment.  Involuntary commitment iswhen an individual is admitted against their will into a psychiatrichospital.  There are dual reason forinvoluntary commitment.  These are if anindividual is harmful to themselves or if they are harmful to others.   (https://mentalillnesspolicy. org/ivc/involuntary-commitment-concepts.

html)    Furthermore, many individuals and communities are impacted and affectedfrom involuntary commitment throughout the United States.  One population impacted are the mentally ill, particularly those who are subjected tocommitting crimes during episodes of their mental illness.  Many of these individuals plea insanity as adefense and are mandated to receive psychiatric care.  According to recent study by Testa & West(2010) the process of psychiatric care can be drawn-out and complex.  Many times these individuals spend more timein psychiatric facilities than they would have served in jail if sentenced fortheir original crime.  These individualsundergo psychiatric care inpatient until they can substantiate they are nolonger harmful to society or themselves. (Testa & West, 2010)    Subsequently sex offenders are another population of individualsaffected by the involuntary commitment law. According to the study conducted by Testa & West (2010) manyAmericans have embedded worries of being violated by sex offenders.

There are twenty states along with the federallaw where sexually violent predator are subjected to the involuntary commitmentlaw.  The Supreme Court determined in1997 case Kansas V. Hendricks determined that after a sex offender serve theirtime in jail they may still be involuntary committed into an psychiatrichospital.  The reasoning used by theSupreme Court was that involuntary commitment was psychiatric interventionversus punishment.  (Testa & West, 2010)     Additionally individuals with eating disorders and substance usedisorders are two other populations affected by the involuntary commitment lawin the United States.  According to Testa& West (2010) research study, individuals with substance use disorders areresistant to inpatient treatment in spite of being high risk for passing away.

Besides individuals with substance use disorder don’t necessary fit thecriteria for a thought disorder.  Eleven statesallow involuntary commitment for people with drug dependence in 2011 (lackingthe presence of being dangerous to self or others).  Eating disorders and substance use disordersare considerably low rates for involuntary commitment in the UnitedStates.  (Testa & West, 2010)   Moreover according to Henwood (2008) many individuals’ human rights areinfringed upon because of the involuntary commitment law.  “ Involuntary civil commitment walks the fineline between an individual’s liberty and the need for unwelcomed treatment”(Hensood, p. 253 (2008).

Involuntarycommitment limits one’s self-determination and freedom of choice.   When courts make the decision forindividuals to be involuntarily committed they decrease the motivation of theindividual commitment for treatment. (Henwood, 2008)    However according to Henwood research (2008) criteria for involuntarycommitment are sublevel.

This iscontributed to legal system letdown with imposing substandard court appointedrepresentatives who does not appropriately represent their client..  In theory civil commitment hearings are well performedand documented.  Many times these proceduresare informal and lawyers are often non- equipped for the court procedure anddoes not bother with cross examining the hospital clinician for justificationof involuntary commitment.

The clientendures additional injustice when the judge fail to inform the accused of theirrights.  (Henwood, 2008)    According to Goldman (2015) there are numerous emotional andpsychological health disparities related to involuntary commitment.  One concern for individuals who are involuntarilycommitted is they become returnees.  Manyof these clients are not in compliance with taking their medications asprescribed.  Other issues are suiciderisks among the involuntarily committed population.  These individuals once discharged after beinginvoluntarily committed lack a healthy support system.

They are often put back into their originalenvironment which is more often not conducive to their treatment.  More than often these individuals developtendencies for increase in violence.  Theincrease in violent tendencies are more evident for individuals with substanceuse disorders.  (Goldman, 2015)    Goldman (2015) study shows that involuntary commitment affects individualsdestructively in areas of self-care.  The study suggest that their standard of self-care dropped an average oftwenty three percent when they were afforded involuntary outpatient commitmentversus inpatient commitment.

The studyalso noted forty-four percent drop in destructive manners.   The drop was even more severe in other areassuch as criminal activities, being jailed, mental hospitalization andhomelessness.  (Goldman, 2015)    The health disparities for individuals who should qualify forinvoluntarily commitment but don’t meet the criteria is devastating.  Over 4, 000 individuals with schizophreniccommit suicide a year.

Over 300, 000individuals with neurological disorders are in jail or prisons.  Nearly 1, 000 homicides a year are committedby individuals with mental illnesses.  (https://mentalillnesspolicy.

org/ivc/involuntary-treatment-workshop. html)    During the mid-1800’s there were numerous state ran mental institutionsopening in the United States.  Theseinstitutions were called asylums.  Peoplewho were living in asylums were mostly individuals with dementia, seizureailments, illnesses which were paralyzing, and progressive neuro-syphilis.    Much of the care for these clientsconsisted of being restrained, medically sedated, and used for experimentaltreatment.  This level of care was insufficientand did not promote autonomy.  In 1951the National Institute of Mental Health established the Draft Act GoverningHospitalization of Mentally III.

Thisact allowed each state to have their individualized involuntary commitmentlaw.  (Testa & West, 2010)    Furthermore in 1950 the National Institute of Mental Health fought forcommunities to be viewed as a source of treatment.  Along with this awareness new medicationswere invented and no longer was it necessary for individuals to beinstitutionalized.  During 1960 Medicaidand Medicare was establish and the public did not want to assume the cost ofcaring for the mentally ill.  During thisera the community pushed for a more humane manner in which to care for thementally ill.  The Act of 1963 was thetransition of inpatient residents at psychiatric hospitals into communities. In1964, Washington, DC, mandated that a person must have a mental illness, causeharm to themselves or others, or cannot perform their basic need in order to beinvoluntarily committed.   (Testa &West, 2010)    There are several stake holders for involuntary commitment.

These stakeholders may include the individualwith mental illness or related disorders, individual family members of someonewho is involuntarily committed, clinicians treating the person with thesedisorders, and members of the general public. Many of the government legislators in the early 1900’s believed inseparation of the mentally ill and the general population for safetyreasons.  Many of their decisions werebased on minimum studies.   The mentallyill population was seen as harmful to themselves and others.

(Borum, Burns, George, Hiday, Swartz, Wagner,(1997)  Today stake holders are more educated on the mentally ill although thereare more studies greatly needed.  Many ofthe family members of someone who is mentally ill are frustrated because theyhave to wait until their love on hurt themselves or someone else before theycan receive help.  Many of the stakeholders today are more concerned with the quality of life for most individualswho are involuntarily committed.  Many ofthe stake holders today are trying to improve community outpatient basedsystems rather than change laws.

(Borum, Burns, George, Hiday, Swartz, Wagner, (1997)    According to Testa and West (2010) there are devastating unintendedconsequences from involuntarily commitment. Individuals who are in need of mental health services but refuses themand are not harmful to themselves or others don’t receive the help desperatelyneeded.  The medical system will notintercede for these individuals until they meet the criteria for involuntarilycommitment.  Because of the criteria forinvoluntarily commitment the population of mentally ill individuals andindividuals with substance abuse disorder living on the streets in the UnitedStates has increased drastically.

(Testa& West, 2010)    Moreover the mentally ill and related disorders are overly representedin the criminal justice system because of the criteria for involuntarilycommitted.  It is estimated that a fourthof the prisoners in correctional facilities are mentally ill and convicted ofnon-violent crimes.  Many of theseindividuals committed crimes in order to meet their basic needs forsurvival.  (Testa & West, 2010)    Social workers are concerned with allowing their clients to have self-determination.  This is well illustrated in the NationalAssociation of Social Worker Code.  Manysocial workers struggle with working with clients who have been denied theirrights to self-determination.

Clientswho are mandated to services are likely to be resistant to treatment which onlycomplicates the role of the social worker. The social worker during these times need to inform the client of theirright including their right to refuse services.    (http://www. socialworker. com/feature-articles/ethics-articles/do-involuntary-clients-have-a-right-to-self-determination%3F/)    In conclusion it is crucial that the social worker honors the clientright to self-determination as much possible. Since involuntary commitment is unpleasant for the client the socialworker should practice less invasive methods as conceivable.

Social workers may find themselves indifficult situations that may conflict with the National Association of SocialWorker Code.  It is important for socialworkers to remember the oath they took to honor the dignity of self-worth ofpeople.  .    (http://www. socialworker. com/feature-articles/ethics-articles/do-involuntary-clients-have-a-right-to-self-determination%3F/