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This essay will explore many facets of involuntary commitment. First it is important to identify involuntary commitment. Involuntary commitment is when an individual is admitted against their will into a psychiatric hospital. There are dual reasons for involuntary commitment. These are if an individual 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 affected from involuntary commitment throughout the United States. One population impacted are the mentally ill, particularly those who are subjected to committing crimes during episodes of their mental illness. Many of these individuals plea insanity as a defense 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 time in psychiatric facilities than they would have served in jail if sentenced for their original crime. These individuals undergo psychiatric care inpatient until they can substantiate they are no longer harmful to society or themselves. (Testa & West, 2010) Subsequently sex offenders are another population of individuals affected by the involuntary commitment law. According to the study conducted by Testa & West (2010) many Americans have embedded worries of being violated by sex offenders.

There are twenty states along with the federal law where sexually violent predator are subjected to the involuntary commitment law. The Supreme Court determined in 1997 case Kansas V. Hendricks determined that after a sex offender serve their time in jail they may still be involuntarily committed

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into an psychiatric hospital. The reasoning used by the Supreme Court was that involuntary commitment was psychiatric intervention versus punishment. (Testa & West, 2010) Additionally individuals with eating disorders and substance use disorders are two other populations affected by the involuntary commitment law in the United States. According to Testa & West (2010) research study, individuals with substance use disorders are resistant to inpatient treatment in spite of being high risk for passing away.

Besides individuals with substance use disorder don't necessarily fit the criteria for a thought disorder. Eleven states allow involuntary commitment for people with drug dependence in 2011 (lacking the presence of being dangerous to self or others). Eating disorders and substance use disorders are considerably low rates for involuntary commitment in the United States. (Testa & West, 2010) Moreover according to Henwood (2008) many individuals' human rights are infringed upon because of the involuntary commitment law. "Involuntary civil commitment walks the fine line between an individual's liberty and the need for unwelcomed treatment" (Henwood, p. 253 (2008).

Involuntary commitment limits one's self-determination and freedom of choice. When courts make the decision for individuals to be involuntarily committed they decrease the motivation of the individual commitment for treatment. (Henwood, 2008) However according to Henwood research (2008) criteria for involuntary commitment are sublevel.

This is contributed to legal system letdown with imposing substandard court appointed representatives who does not appropriately represent their client.. In theory civil commitment hearings are well performed and documented. Many times these procedures are informal and lawyers are often non-equipped for the court procedure and does not bother with cross examining the hospital clinician for justification of involuntary commitment.

The client endures additional injustice when the judge fail to inform the accused of their rights. (Henwood, 2008) According to Goldman (2015) there are numerous emotional and psychological health disparities related to involuntary commitment. One concern for individuals who are involuntarily committed is they become returnees. Many of these clients are not in compliance with taking their medications as prescribed. Other issues are suicide risks among the involuntarily committed population. These individuals once discharged after being involuntarily committed lack a healthy support system.

They are often put back into their original environment which is more often not conducive to their treatment. More than often these individuals develop tendencies for increase in violence. The increase in violent tendencies are more evident for individuals with substance use disorders. (Goldman, 2015) Goldman (2015) study shows that involuntary commitment affects individuals destructively in areas of self-care. The study suggest that their standard of self-care dropped an average of twenty three percent when they were afforded involuntary outpatient commitment versus inpatient commitment.

The study also noted forty-four percent drop in destructive manners. The drop was even more severe in other areas such as criminal activities, being jailed, mental hospitalization and homelessness. (Goldman, 2015) The health disparities for individuals who should qualify for involuntarily commitment but don't meet the criteria is devastating. Over 4,000 individuals with schizophrenic commit suicide a year.

Over 300,000 individuals with neurological disorders are in jail or prisons. Nearly 1,000 homicides a year are committed by individuals with mental illnesses. (<https://mentalillnesspolicy.org/ivc/involuntary-treatment-workshop.html>)

During the mid-1800's there were numerous state ran mental institutions opening in the United States. These institutions were called asylums. People who were living in asylums were mostly individuals with dementia, seizure ailments, illnesses which were paralyzing, and progressive neuro-syphilis. Much of the care for these clients consisted of being restrained, medically sedated, and used for experimental treatment. This level of care was insufficient and did not promote autonomy. In 1951 the National Institute of Mental Health established the Draft Act Governing Hospitalization of Mentally Ill.

This act allowed each state to have their individualized involuntary commitment law. (Testa & West, 2010) Furthermore in 1950 the National Institute of Mental Health fought for communities to be viewed as a source of treatment. Along with this awareness new medications were invented and no longer was it necessary for individuals to be institutionalized. During 1960 Medicaid and Medicare was established and the public did not want to assume

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the cost of caring for the mentally ill. During this era the community pushed for a more humane manner in which to care for the mentally ill. The Act of 1963 was the transition of inpatient residents at psychiatric hospitals into communities. In 1964, Washington, DC, mandated that a person must have a mental illness, cause harm to themselves or others, or cannot perform their basic need in order to be involuntarily committed. (Testa & West, 2010) There are several stake holders for involuntary commitment.

These stakeholders may include the individual with mental illness or related disorders, individual family members of someone who is involuntarily committed, clinicians treating the person with these disorders, and members of the general public. Many of the government legislators in the early 1900's believed in separation of the mentally ill and the general population for safety reasons. Many of their decisions were based on minimum studies. The mentally ill 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 there are more studies greatly needed. Many of the family members of someone who is mentally ill are frustrated because they have to wait until their loved one hurt themselves or someone else before they can receive help. Many of the stakeholders today are more concerned with the quality of life for most individuals who are involuntarily committed. Many of the stake holders today are trying to improve community outpatient based systems rather than change laws.

(Borum, Burns, George, Hiday, Swartz, Wagner, (1997) According to Testa and West (2010) there are devastating unintended consequences from

involuntarily commitment. Individuals who are in need of mental health services but refuses them and are not harmful to themselves or others don't receive the help desperately needed. The medical system will not intercede for these individuals until they meet the criteria for involuntarily commitment. Because of the criteria for involuntarily commitment the population of mentally ill individuals and individuals with substance abuse disorder living on the streets in the United States has increased drastically.

(Testa & West, 2010) Moreover the mentally ill and related disorders are overly represented in the criminal justice system because of the criteria for involuntarily committed. It is estimated that a fourth of the prisoners in correctional facilities are mentally ill and convicted of non-violent crimes. Many of these individuals committed crimes in order to meet their basic needs for survival. (Testa & West, 2010) Social workers are concerned with allowing their clients to have self-determination. This is well illustrated in the National Association of Social Worker Code. Many social workers struggle with working with clients who have been denied their rights to self-determination.

Clients who are mandated to services are likely to be resistant to treatment which only complicates the role of the social worker. The social worker during these times need to inform the client of their right 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 client right 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/>