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A National Scan of Psychiatric Involuntary Hold Policies

Evan Peters, BSW

Background

- Psychiatric involuntary holds are used to assess individuals that may be a danger to their self or others because of mental illness
- The can often be initiated by any ordinary citizen, and then include a time limit during which a qualified examiner must complete an assessment
- Individuals are assessed for certain criteria, as outlined by the state's statutes
- About 18.7% of holds lead to commitment for treatment

(Segal, Laurie, & Segal, 2001)

- Policy change is necessary to adapt the statutes to current needs
- Time limits vary from state to state, and most states allow 72 hours
- California's Mental Health Services Act (MHSA) has become a model for involuntary psychiatric hold policies
- The MHSA set the standard of "danger to self and others" as a criteria for involuntary holds
- This examination of the states' and the District of Columbia's statutes was created to describe the current landscape of psychiatric involuntary holds

(Wilper et. al, 2009)

(California Department of Health Services, 2012)

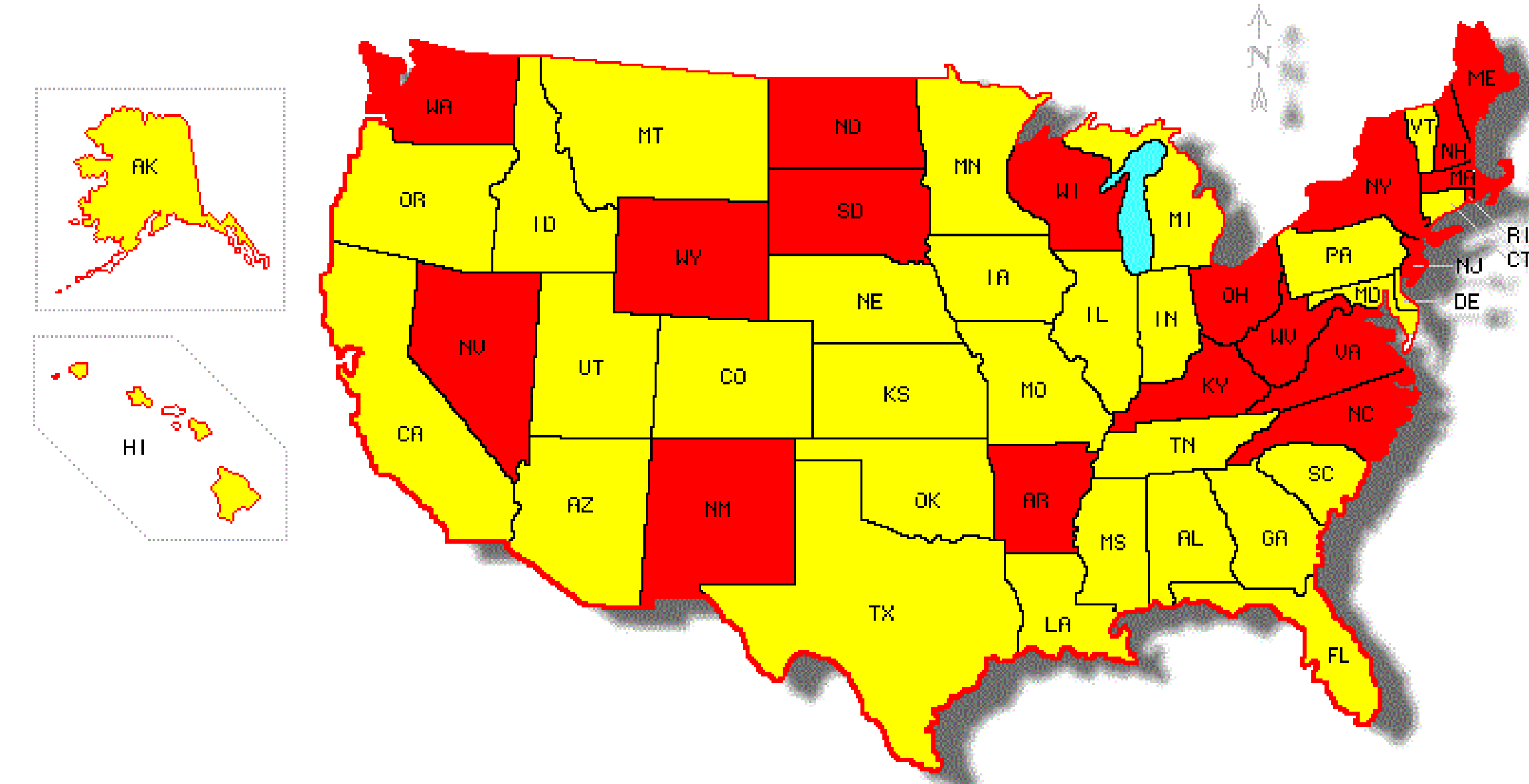
Methods

- The process started with a comprehensive search of state policies
- A website that aggregated psychiatric policies across the U.S. facilitated the process
- Each state's statute was collected, and pertinent information was recorded
- Four variables were conceptualized to describe the most important parts of involuntary hold policy
 - Length of hold
 - Who can initiate hold
 - Criteria for a hold
 - Who can do assessment
- Subfactors for each variable were categorized

- Each state's statute was then coded, counted, and percentages were calculated using Excel
- Several maps were created to visualize the results

Does the state's statute mention lack of insight as a criteria?

• - Does mention
• - Does not mention

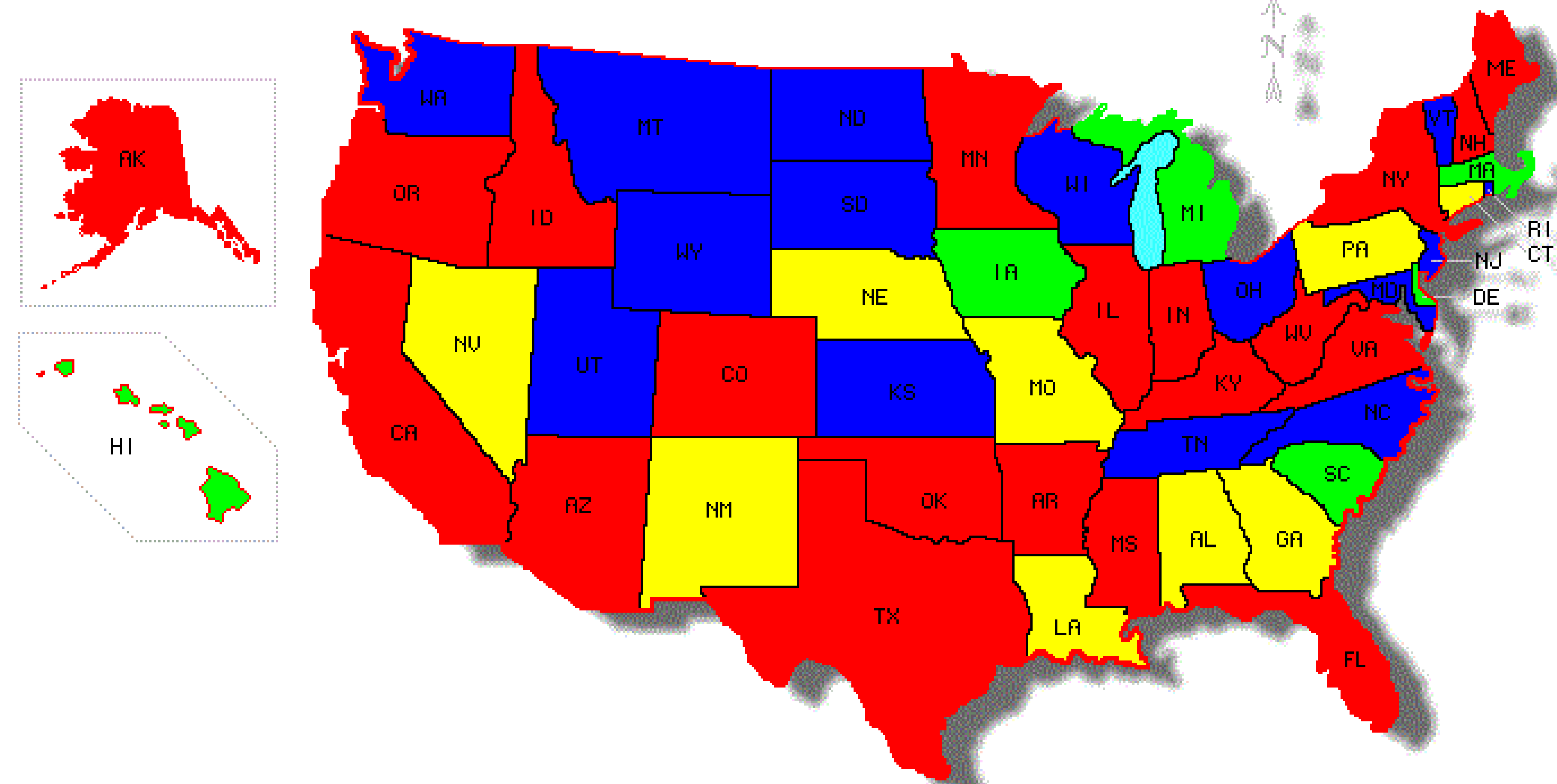


Source: djmaps.net (c)

Note: D.C. does not mention lack of insight.

How long is hold/assessment?

• - 0-24
• - 25-48
• - 49-72
• - 73+

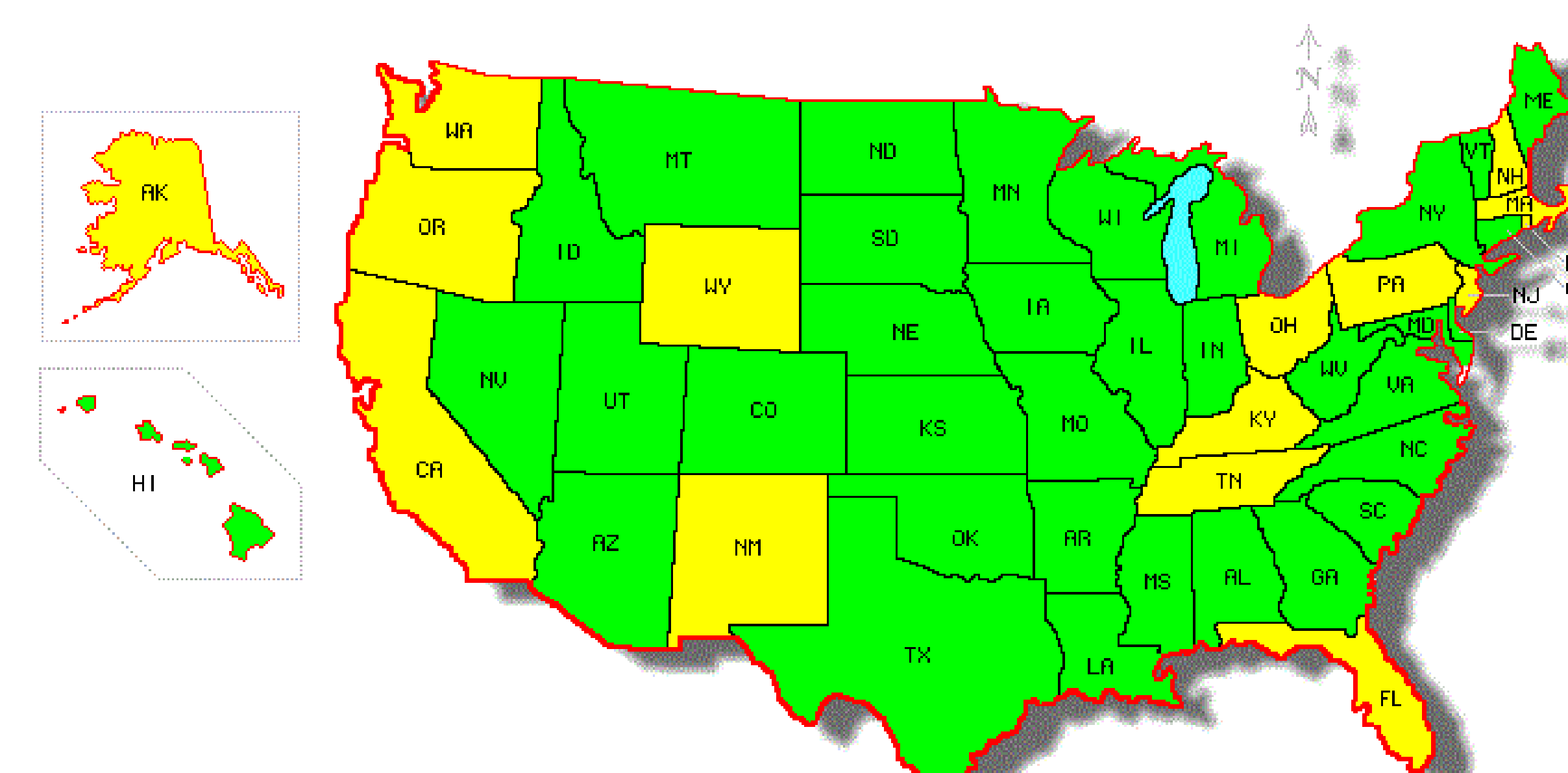


Source: djmaps.net (c)

Note: D.C. was coded 25-48.

Can ordinary citizens initiate a hold, or is a professional required?

• - Ordinary Citizen
• - Professional Only



Source: djmaps.net (c)

Note: D.C. requires a professional to initiate a hold.

Results

Table 1. Who can initiate hold?

Title	n	%
Non-professional	35	21.34%
Law Enforcement	41	25.00%
Licensed Mental Health Professional	44	26.83%
Licensed Medical Professional	44	26.83%
Total	164	100.00%

Table 2 shows the number of states that included criteria for a hold in each category.

Table 1 shows how many states required a person to have certain qualifications to initiate a hold. Many states listed multiple qualifications, or required multiple individuals to be involved in the initiation of a hold.

Table 2. Criteria for hold?

Requirement	n	%
Danger to Self	51	100.00%
Danger to Others	51	100.00%
Danger of Damage to Property	11	21.57%
Lack of Insight	31	60.78%
Substance Abuse	9	17.65%
Total	153	

Table 3 shows the number of states that required professionals with certain qualifications to complete the assessment. States allowed for different types to do assessments, and others required multiple assessors.

Table 3. Who can do assessment?

Title	n	%
Judge	1	1.96%
Licensed Mental Health Professional	36	70.59%
Licensed Medical Professional	43	84.31%
Total	80	

Discussion

- There was much more variation in hold times than expected
- Less than 50% of states had a hold time of 72 hours, which has become a standard set by states like California and Florida
- Length of holds has been linked to outcomes
- 69% of the states allow anyone to initiate a hold. This allows the community to take more action in helping individuals experiencing mental illness
- Every state and D.C. included danger of harm to others or self as criteria for a hold
- 61% included lack of insight as a criteria. This could be because it is much more subjective than the other criteria

Works Cited

- California Department of Health Care Services. (2012). *Mental health services act (MHSA)* (Proposition 63). Sacramento, CA: California Department of Health Care Services.
- Segal, S.P., Akutsu, P.D., & Watson, M.A. (2002). Involuntary return to a psychiatric emergency service within twelve months. *Social Work in Health Care, 35*(1-2), 591-603. doi: 10.1300/J010v35n01_13
- Segal, S.P., Laurie, T.A., & Segal, M.J. (2001). Factors in the use of coercive retention in civil commitment evaluations in psychiatric emergency services. *Psychiatric Services, 52*(4), 514-520.
- Treatment Advocacy Center. (2011). *State standards chart for assisted treatment: Civil commitment criteria and initiation procedures by state*. Arlington, VA: Treatment Advocacy Center. Retrieved from: http://www.treatmentadvocacycenter.org/storage/documents/State_Standards_Charts_for_Assisted_Treatment_-_Civil_Commitment_Criteria_and_Initiation_Procedures.pdf
- Wilper, A.P., Woolhandler, S., Boyd, J.W., Lasser, K.E., McCormick, D., Bor, D.H., & Himmelstein, D.U. (2009). *American Journal of Public Health, 99*(4), 666-672. doi: 10.2105/AJPH.2008.144279