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A National Scan of Psychiatric Involuntary Hold Policies

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Background

- Psychiatric involuntary holds are used to assess individuals who 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.
- 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 (California Department of Health Services, 2012).
- This examination of the states’ and the District of Columbia’s statutes was created to describe the current landscape of psychiatric involuntary holds.

Methods

- The process started with a comprehensive search of state policies.
- A website that aggregated psychiatric policies across the U.S. facilitated the process (The Treatment Advocacy Center, 2011).
- 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.
  1. Length of hold
  2. Who can initiate hold
  3. Criteria for a hold
  4. 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.

Results

Table 1. Who can initiate hold?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-professional</td>
<td>35</td>
<td>21.34%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>41</td>
<td>25.00%</td>
</tr>
<tr>
<td>Licensed Mental Health Prof.</td>
<td>44</td>
<td>26.83%</td>
</tr>
<tr>
<td>Licensed Medical Prof.</td>
<td>44</td>
<td>26.83%</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Table 2. Criteria for hold?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger to Self</td>
<td>51</td>
<td>100.00%</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>51</td>
<td>100.00%</td>
</tr>
<tr>
<td>Danger of Damage to Property</td>
<td>11</td>
<td>21.57%</td>
</tr>
<tr>
<td>Lack of Insight</td>
<td>31</td>
<td>60.78%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>9</td>
<td>17.65%</td>
</tr>
<tr>
<td>Total</td>
<td>153</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Who can do assessment?

<table>
<thead>
<tr>
<th>Title</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judge</td>
<td>1</td>
<td>1.96%</td>
</tr>
<tr>
<td>Licensed Mental Health Prof.</td>
<td>36</td>
<td>76.99%</td>
</tr>
<tr>
<td>Licensed Medical Prof.</td>
<td>45</td>
<td>84.31%</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

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 (Segal, Laurie, & Segal, 2001).
- 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