



Life-long implications for mentally ill patients who have been treated against their will - Patient or Prisoner -

A DISCUSSION OF THE FLAWS AND FAILURES OF INVOLUNTARY PSYCHIATRIC HOSPITALIZATION
PRESENTED IN *COMMITTED: THE BATTLE OVER INVOLUNTARY PSYCHIATRIC CARE*

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The Patients: Eleanor and the Case Against Involuntary Hospitalization

- ▶ Eleanor is described as a “very kind woman” and “open, caring, free-spirited, intrepid, and quirky” (p5).
- ▶ She had a difficult childhood with an abusive, alcoholic father and a distant mother.
- ▶ She was committed at age 54 following a stressful year in which her father and dog died, her mother had Alzheimer's disease, and she volunteered with a dog rescue effort where she saw dogs in a shape that disturbed her.
- ▶ She had trouble sleeping at this time and what sleep she did get was sporadic and restless.
- ▶ She took hormone replacement therapy for an underactive thyroid and had recently began taking progesterone for menopause related problems.

The Patients

- ▶ Pathway to hospitalization
 - ▶ On top of her sleep issues, Eleanor had lashed out at a client after a disagreement which was out of character.
 - ▶ In addition, she felt “irritable, fragile, and sensitive” (pg.. 7).
 - ▶ Her husband noticed a difference in her as well, noting that she seemed “frantic” and “didn’t seem in control of her life”.
 - ▶ She reached out to her gynecologist, thinking her problems were related to her hormone replacement therapy. Her gynecologist felt she was having a nervous breakdown and escorted her to the ER where she thought she would see a psychiatrist, get some medication, and go home.
 - ▶ Unfortunately, that is not what happened and years later Eleanor still recounts the “abusive, demeaning, and dismissive” staff and her fear of confining spaces after being locked in seclusion rooms for hours (pg.. 3).

The Battleground: Against Involuntary Treatments

▶ Citizens Commission on Human Rights

- ▶ Formed in 1969 by psychiatrist Dr. Thomas Szasz and the Church of Scientology
- ▶ Dr. Szasz spent his career challenging psychiatry's reliance on medication and diagnosis. He considered forcing treatment a type of torture and related involuntary hospitalization to imprisonment.

The Battleground: Against Involuntary Treatments

▶ Celia Brown, Janet Foner, and MindFreedom International

- ▶ Members have come together after having bad experiences with psychiatric medications and/or involuntary commitment or have been negatively impacted by a psychiatric diagnosis.
- ▶ The organization does not believe in psychiatric illness in the medical sense and many members are against the use of psychiatric drugs, though members are not forbidden to use them. They also are opposed to mainstream psychiatry.
- ▶ Founded in 1986 by David W. Oaks, who graduated from Harvard with honors despite repeated forced hospitalization and medication at the Harvard treatment hospital as an undergrad. He describes the organization's work as being a "nonviolent revolution in mental health" (pg. 37).
- ▶ Celia Brown, a psychiatric survivor and the president of the board of MindFreedom, described her life changing experience with the organization and said "It's not treatment that saves a person from themselves, it's being around supportive people" (p38).
- ▶ Janet Foner, one of the co-founders of MindFreedom, was hospitalized about 50 years ago. She says she was traumatized by her experience being forced into treatment and the care she received from others.
- ▶ MindFreedom has a program called MindFreedom Shield that is a volunteer network to help get people out of involuntary hospitalization and set up alternative treatments.
- ▶ Both women believe in alternative treatment that includes allowing people to express their emotions and surrounding people with social support.

The Battleground: Against Involuntary Treatments

▶ Daniel Fisher and the National Empowerment Center

- ▶ The organization spreads a message of hope, empowerment, and recovery to people with mental health issues and trauma.
- ▶ Founded in 1992 by Daniel Fisher, a scientist that studied schizophrenia for the National Institute on Mental Health, and was diagnosed and hospitalized for schizophrenia. While hospitalized, he was locked in a room with no furniture in “therapeutic seclusion” and he was restrained and was injected with medicine without his consent as part of his “therapeutic plan” (p43). After his hospitalization, he became a psychiatrist to stop such things from happening to others.
- ▶ Fisher teaches Emotional CPR (Connecting, Empowering, and Revitalizing) as a way for people to help others.
- ▶ He feels that to prevent violence, people should be reached earlier and forced hospitalization should be cut back drastically.

The Battleground: Against Involuntary Treatments

▶ **Ira Burmin and the Bazelon Center for Mental Health Law**

- ▶ Founded in 1972, originally called the Mental Health Law Project
- ▶ The founders were a group of lawyers from *Wyatt v. Stickney*, which was the first to establish that involuntarily hospitalized patients had the right to treatment and that the requirements of this could be determined by a court.
- ▶ Ira Baurnim, the legal director of the center, argues that forced treatment is not the main issue, it is the lack of adequate voluntary services that would treat people without turning them away from care. He said “If you put all your money into hospital beds, you never stop the flow of people coming in. It’s a vicious cycle” (p 48).

Civil Rights: Eleanor, Lilly, and the Process of Civil Commitment

▶ Eleanor

- ▶ The physician that saw Eleanor in the emergency room, noted in her chart that she was “agitated, that her thoughts jumped from one topic to another, and that she was paranoid” (p. 53). He also checked off that she was a “gravely disabled adult” (p. 53). He filed paperwork for a 72 hour hold for evaluation and treatment. All of this was done after speaking to her for only a few minutes.
- ▶ When she was admitted, she was “afraid to go to sleep” and feared the doctors were going to kill her (p 52).
- ▶ When her 72 hour hold ended, her doctor decided she needed further hospitalization. California law requires a hearing for this to occur and at Eleanor’s hearing there was a doctor and nurse present, but no legal representation was offered and her husband was not there. Her stay was extended by 14 more days.
- ▶ Her doctor then applied for temporary conservatorship, but that never occurred and she was discharged on September 21st. For this hearing there was to be a public defender present, but the hearing never occurred and Eleanor knew nothing about her doctor’s application until she requested her medical records later.

Civil Rights: Eleanor, Lilly, and the Process of Civil Commitment

- ▶ More information
 - ▶ In Eleanor's state, California, 593,751 people were admitted involuntarily from 2000-2006 on a 72 hour hold. This means approximately 100,000 people were placed on hold each of these years and 34% of these were retained for 114 day holds.
 - ▶ According to Dr. Brian Hepburn, former director of the Department of Health and Mental Hygiene of Maryland, in Maryland in 2012:
 - ▶ 6,889 people were certified to psychiatric units
 - ▶ 1,380 of these had civil commitment hearings
 - ▶ 1165 of those who had hearings remained committed involuntarily, while the rest were released.

Civil Rights: Eleanor, Lilly, and the Process of Civil Commitment

- ▶ More information
 - ▶ Commitment procedures vary from state to state.
 - ▶ Many states have no data on the number of people being involuntarily held, which means we have no national statistic on the number of people hospitalized against their will.
 - ▶ In many states, patients have commitment hearings in courts and are transported in the same way a criminal would be.
 - ▶ One patient the authors spoke with said that she was traumatized by being held against her will and having “no voice” (p59). She noted that being treated as though she was insane and being told they have filed papers to hold her indefinitely (even though she was released with the help of a lawyer) was terrifying. It not only gave her nightmares, but scared her away from treatment for a long time.

Civil Rights: Christina Schumacher and the History of Civil Commitment Laws

▶ Christina Schumacher's Story

- ▶ Married to Ludwig "Sonny" Schumacher for 19 years and had a son and daughter.
- ▶ In July of 2013, Christina separated from her husband and obtained a "relief from abuse" order against him.
- ▶ She repeatedly notified authorities that she felt her children were at risk due to Sonny's behavior.
- ▶ On December 18, 2013 Sonny's body and that of his son were found. Sonny had strangled his 14-year old son and then committed suicide.
- ▶ She attended a regularly scheduled therapy appointment the next day where she was greeted by her therapist, another psychiatrist, the director of the clinic, and two security guards. She was taken to the hospital and involuntarily committed.

Civil Rights: Christina Schumacher and the History of Civil Commitment Laws

▶ Christina's Story Continued

- ▶ After almost two weeks she contacted a local newspaper and after another three weeks she had a hearing before a judge where the judge denied the application for involuntary treatment and she was released.
- ▶ In total, she was held for 5.5 weeks involuntarily and without a hearing.
- ▶ She testified, along with others, in 2014 to require there to be a shorter time before commitment hearings and a shorter lag time before additional hearings on involuntary treatment in Vermont.

Civil Rights: Christina Schumacher and the History of Civil Commitment Laws

▶ Dr. Daniel Fisher's Opinion

- ▶ Dr. Fisher said that even in his state, Massachusetts, commitment hearings are not true hearings. He says they are done in a “going-through-the-motions” way (p65).
- ▶ He notes there is no independent clinician whose opinion is gathered for the hearing.
- ▶ He further states that an appointed lawyer may meet with a patient only a few minutes before a hearing and that there is no due process.

A Danger to Self or Others: History of Commitment

- ▶ In the U.S., Benjamin Franklin started Pennsylvania Hospital with the goal of humane care of psychiatric patients treated there. Patients could be hospitalized with the signature of a relative and soon overcrowding occurred, leading to a deterioration of care quality.
- ▶ Dorothea Dix pushed the government in the mid 1800s to set aside land for hospitals for psychiatric patients. This meant more beds and often overly easy forced hospitalization.
- ▶ Mrs. E.P.W. Packard wrote a book in 1868 that discussed her experiences after being signed into the Jacksonville Insane Asylum in Illinois in 1860 by her husband. Her marriage was rocky and she found many women in the asylum with marital issues were signed in by their husbands and kept there for long periods of time against their will. She felt it was collusion between the husband and the doctor that kept them there or had them repeatedly admitted. She and eight others were finally released after 3 years when the public found out about the situation and an investigation by the legislature occurred. This resulted in laws requiring public hearings.

A Danger to Self or Others: History of Commitment

- ▶ In 1962, Catherine Lake was committed after she was found wandering Washington D.C. When her family found her and tried to bring her home, the court would not allow them to have her because it felt they could not properly take care of her. An appeals court ruled that a court was required to consider the “least restrictive alternatives” (p68). They did not release Catherine, but she was granted a hearing to consider other options besides hospitalization
- ▶ In 1972, Alberta Lessard was taken by two police officers from the front of her house to a hospital for an emergency evaluation. She was not present at a hearing that resulted in a ten day hold, nor was she present for a subsequent hearing where her hold was extended. She did not know these hearings had occurred and hired a lawyer to fight for her. Despite a lawyer’s help, she was hospitalized for another 30 days. Her representation filed a class action lawsuit for all committed adults that argued that the court should look for alternatives when possible, patients should be notified of hearings, patients should be given their rights, and they should be represented by a lawyer.

A Danger to Self or Others: History of Commitment

- ▶ In 1975, the supreme court found that a patient must be released if they are safe or nondangerous. This occurred after a case was brought to the supreme court concerning Kenneth Donaldson. He was hospitalized for 15 years despite repeated petitions to be released from himself and a lawyer and attorney, Dr. Morton Birnbaum. During his “treatment” Kenneth was locked in a room with 60 beds and was denied activities that would further his independence.
- ▶ In 1977, Ann Fasulo and Marie Barbieri petitioned for release after being hospitalized for 26 and 13 years respectively. Their petition marked the decision that a patient has the right to a regular review of their need for continued involuntary hospitalization.

The Hospital: Scott Davis on Law Enforcement and Crisis Intervention Teams

- ▶ Scott Davis is a police officer that works on a Crisis Intervention Team that is specially trained to deal with mental illness. They try to treat patients with as much respect and understanding as possible.
- ▶ These units are not very common and the training is not mandatory for all officers. This means that police involvement is often not viewed positively by patients.
- ▶ Many instances of involuntary hospitalization start with a clinician or judge ordering police to bring a patient in.
- ▶ Often these patients are handcuffed and put into patrol cars, sometimes without knowing they are not under arrest. This can be done in front of neighbors, coworkers, and family, leading to further embarrassment.

The Hospital: Leonard Skivorski and the Emergency Department

- ▶ When Eleanor went to the emergency room she was put in a cubicle alone for 8 hours. Her husband was told to wait outside and she was given no food. After waiting that long, she and her husband left and went to another emergency room.
- ▶ When she arrived, she lost control after her husband asked in the parking lot if she felt suicidal. The emergency department immediately took her in and she was given an injection of a sedative. She was transferred to a psychiatric hospital by ambulance after getting bloodwork and an MRI done.

The Hospital: Leonard Skivorski and the Emergency Department

- ▶ In the emergency room, a patient must be stabilized so that the psychiatrist can speak with them. This can mean the use of restraints, seclusion, and/or medication.
- ▶ In some states, a patient can wait hours. In some places 12 or more hours waiting is common. Instead of treating somebody in distress, a patient is held for hours waiting on a bed.
- ▶ Often, the decision to admit a patient involuntarily is in the hands of a resident meaning the decision is made by somebody with very limited experience. Also, in many hospitals, the decision to admit is made by an emergency room doctor, not a psychiatrist.
- ▶ One patient evaluated said that she was “stripped of any agency” and she realized the doctors were going to “make the decision as though I were a child” (p 99).

The Hospital: Leonard Skivorski and the Emergency Department

- ▶ Dr. Kevin Klauer, the chief medical officer for Emergency Medicine Physicians, said that in the 10 emergency departments he has worked in over the last 15 years, most have no access to psychiatrists or psychiatry residents.
- ▶ He said he only calls for consultation if he has already determined hospitalization is necessary. The consultant is typically a case manager with no medical training and their job is to help with the hospitalization.
- ▶ He says that if “the red flag has been raised”, he would rather be safe and give them more services by hospitalizing.
- ▶ Many patients that voluntarily admit to the hospital do so after being pressured or coerced to do so.

The Hospital: Eleanor's Hospital Experience

- ▶ While in the hospital, Eleanor had little lab work done, despite the fact that the medications prescribed to her could cause diabetes and higher lipid levels. Also, Eleanor had an adhesive allergy that at times was ignored despite being written in her chart.
- ▶ She was frequently sent to seclusion and forcibly injected with medications. She believed the nurses were trying to kill her and recalled a time when a nurse told her she was intentionally causing her pain with the injections so she would “cooperate next time” (pg. 114). She was given these forcibly and not told what she was given.
- ▶ Eleanor, patients, and even psychiatrists like, Julie Holland, recount heartless and cruel patient treatment.
- ▶ Eleanor, and many other patients with similar experiences, feel that the medications they were forcibly given at the hospital made symptoms worse.

The Hospital: Annette Hanson and the Use of Seclusion and Restraint

- ▶ Eleanor repeatedly experienced seclusion while hospitalized. At times, the nurses would turn off the lights while she was in seclusion and this would also turn off the fan. This left her feeling like she may suffocate and she still has trouble being in closed spaces.
- ▶ Merely being involuntarily hospitalized can be traumatic to a patient, but adding seclusion and restraints to the mix can make it even more traumatizing.
- ▶ Restraint in hospitals has been responsible for the deaths of some patients.
- ▶ The Centers for Medicare and Medicaid services collected stories from patients that had been restrained while hospitalized. Their stories included broken bones, other injuries, being restrained for hours on end, no checking of vitals, no food, no drinks, no restroom breaks, and being restrained 48 times in 6 months.

The Hospital

- ▶ Anthony Kelly and Involuntary Medications
 - ▶ Linda Raines of the Mental Health Association of Maryland recalled the physical and emotional trauma she suffered when being thrown to the ground and having clothes removed so that interns could forcibly inject medications while she was involuntarily hospitalized.
- ▶ Jim and Involuntary Electroconvulsive Therapy
 - ▶ Involuntary electroconvulsive therapy (ECT) is rare and is typically used only after other options have been exhausted. It is generally given to involuntary patients that are deemed so because they are too ill to consent.
 - ▶ That being said, it has potentially life altering negative side effects such as memory loss or death. One patient that has received multiple ECT treatments has lost cognitive abilities that has resulted in her not being able to keep the job she held prior to treatments and she has trouble making new memories.

A Danger to Self or Others

▶ Dan, Guns, and Mental Illness

- ▶ Mental health diagnosis is only a strong predictor of suicide, not homicide. It is very difficult to predict if somebody will harm somebody else and the majority of homicides are not due to mental illness. This has implications for involuntary hospitalization that is justified because a person is deemed dangerous to others.

▶ Bryan Stanley, Violence, and Psychiatric Illness

- ▶ In a study by the National Institute of Mental Health, only 7% of the 10,024 people with mental illness interviewed had a history of violence.
- ▶ In another study following people evaluated by an emergency department, the doctors did poorly in predicting who would or would not be violent in general. More specifically, when evaluating women for dangerousness they did not better than chance.
- ▶ In the MacArthur violence study, a patient without substance abuse issues was found no more likely to commit a violent act than a person in the general public.
- ▶ Multiple studies have found substance abuse to be a stronger predictor of violence than mental illness in general, but substance abuse alone cannot typically lead to involuntary hospitalization.
- ▶ All of the aforementioned studies have implications for how valid it is to involuntarily hospitalize somebody on the pretense of danger to others.

A Danger to Self or Others

- ▶ Amy and Involuntary Treatment for Suicide Prevention
 - ▶ A study by Robert Bossarte, PhD found that there was no difference in repeat suicide attempt rate for those hospitalized after a first attempt and those who were not.
- ▶ Will Forcing Treatment on People with Psychiatric Disorders Prevent Mass Murders?
 - ▶ Studies on mass shooters reveal that forced hospitalization would likely not do anything to curb mass shootings.

Future Directions

- ▶ Mental health professionals should consider that involuntary care can be harmful before any involuntary care is forced.
- ▶ Involuntary hospitalization will not prevent mass murders and it cannot protect a mental health professional from all malpractice claims.
- ▶ Patients should create advanced directives so that if they should be deemed incapable of making decisions, a trusted loved one they choose can convey their preferences to those making decisions.
- ▶ Patient commitment hearings should allow patients to share their side and have proper legal representation.
- ▶ Patients should not be treated like prisoners being handcuffed or strip searched.

Future Directions

- ▶ Patients need a way to report maltreatment without fear of retribution during current or future treatment.
- ▶ In-patient and ER staff should be properly trained in verbal de-escalation techniques,
- ▶ Patients should be involved in making their own de-escalation plans whenever possible.
- ▶ Crisis intervention training should be required for all police and correctional officers.
- ▶ There should be more use of community based treatment options such as mobile treatment teams or crisis centers.
- ▶ Public training on detecting early signs of mental illness should be increased so intervention can occur earlier, preventing hospitalization.

Future Directions

- ▶ There needs to be increased government support for proper training for mental health professionals.
- ▶ Better treatments must be identified.
- ▶ Government sponsored, independent funding for research on psychiatric treatments needs to be increased instead of researchers relying on the funding of drug manufacture, etc.
- ▶ Treatment for the mentally ill incarcerated should be improved.

Reference

