The Effectiveness of Outpatient Civil Commitment

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The effects of outpatient civil commitment on community tenure and functioning were studied in a group of 20 patients with a history of recurrent hospitalizations, noncompliance with outpatient treatment, and good response to treatment. During the first 12 months of outpatient commitment, patients experienced significant reductions in visits to the psychiatric emergency service, hospital admissions, and lengths of stay compared with the 12 months before commitment. They significantly increased the number of appointments kept with their psychiatrist. It appears that when used judiciously, outpatient civil commitment is a helpful tool in maintaining hospital recidivists in the community. (Psychiatric Services 47:1251–1253, 1996)

Use of outpatient civil commitment has been advocated as a means to reduce the rehospitalization rate for a group of severely mentally ill recidivists. However, its potential pitfalls have also been well described.

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To examine the effects of outpatient civil commitment on community tenure and functioning, this study reviewed the cases of patients who were committed to the Summit County Alcohol, Drug Addiction, and Mental Health Services Board and maintained on a commitment order for at least 12 months.

Methods
Data about the first 20 patients who were committed to the Summit County board between January 1992 and November 1993 and who were maintained on an outpatient civil commitment order for at least 12 months were gathered from patients’ records and the county’s management information system. Outpatient commitment for all patients had been initiated with an involuntary state hospitalization.

Clinical records at the outpatient agency—Community Support Services, Inc.—and data from the county’s management information system and the state’s patient care system were reviewed. Basic demographic and diagnostic characteristics were noted. Data on lifetime history of state hospitalizations, alcohol and drug problems, and criminal arrests and convictions were collected. For the 12-month periods before the index hospitalization and after discharge under the commitment order, data were recorded on hospital use; criminal arrests and convictions; drug and alcohol abuse; use of the county’s psychiatric emergency services, case management services, psychiatric and nursing services, and day treatment—partial hospitalization services; and residential and employment status.
Table 1
Characteristics of 20 patients during the 12-month periods before and during outpatient civil commitment

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Before commitment</th>
<th>During commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>State hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions(^1)</td>
<td>1.5</td>
<td>.6</td>
</tr>
<tr>
<td>Bed days(^2)</td>
<td>133.0</td>
<td>110.2</td>
</tr>
<tr>
<td>General hospital or crisis stabilization unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>.3</td>
<td>.5</td>
</tr>
<tr>
<td>Bed days</td>
<td>7.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Visits to psychiatric emergency services(^3)</td>
<td>2.4</td>
<td>.7</td>
</tr>
<tr>
<td>Outpatient psychiatric appointments(^4)</td>
<td>5.7</td>
<td>5.6</td>
</tr>
<tr>
<td>Day treatment sessions</td>
<td>22.5</td>
<td>35.9</td>
</tr>
<tr>
<td>Case management contacts</td>
<td>64.2</td>
<td>46.2</td>
</tr>
</tbody>
</table>

\(^1\) t=6.84, df=19, p<.001
\(^2\) t=2.77, df=19, p<.01
\(^3\) t=2.56, df=19, p<.02
\(^4\) t=2.30, df=19, p<.03

Each patient was used as his or her own control. Data were analyzed using the SPSS for Windows software program. The t test for paired samples (two-tailed) was used for significance testing. Statistical significance was set at the .05 level.

Results
Twenty patients were identified who had been committed to the Summit County board after January 1992 and maintained on commitment status for at least 12 months after discharge from the index hospitalization. Eleven of the 20 patients were male. Eight were white, and 12 were nonwhite, predominantly African American. The mean±SD age of the sample was 41.4±14.3 years, and the mean±SD number of years of education was 11.8±1.9. Eighteen of the 20 patients were unmarried.

Fifteen patients were diagnosed as having schizophrenia, two patients had schizoaffective disorder, and three had bipolar disorder. The mean±SD number of lifetime hospitalizations for the group was 12.9±12.8; most hospitalizations were involuntary and in state facilities. More than half of the group (12 patients) had significant histories of drug or alcohol abuse, and nearly half (eight patients) had been arrested or incarcerated.

Table 1 summarizes the findings for the 20 patients in the 12-month periods before and during outpatient commitment. Patients maintained on outpatient commitment had significant decreases in both number of admissions and length of stay in the state hospital compared with the 12 months before the index hospitalization. This decrease was not accompanied by a change in their use of general hospital psychiatry beds or the county’s crisis stabilization unit, a hospital alternative. A significant reduction also occurred during outpatient commitment in visits to the system’s 24-hour psychiatric emergency service.

Striking individual differences were noted in the effectiveness of outpatient civil commitment in reducing hospital use. Thirteen of the 20 patients used no hospital bed days during the outpatient commitment period. Another three patients had substantial reductions in hospital use. However, four patients’ hospital use increased during outpatient commitment. A close review of their records suggested that two of these patients were partial responders to treatment (at best) and may not have fulfilled the Geller criterion (7) of responding to treatment. In all four of these cases, it appears that the outpatient civil commitment order did not result in the desired improvement in medication compliance.

As Table 1 shows, a statistically significant increase was found in the number of psychiatric appointments kept during the outpatient commitment period. The mean of 13 appointments is consistent with a high degree of compliance with appointments with psychiatrists, which are rarely scheduled more often than every fourth week at the outpatient agency. Nonsignificant increases were found in the use of the day treatment program and in the number of case management interventions. It is notable that case management activity for these patients was extensive in the period before outpatient commitment, consistent with the agency’s emphasis on aggressive outreach and close monitoring.

Over the 12 months of the commitment period, little change was apparent in independent living or employment status. Before outpatient commitment nine patients lived independently, and during commitment ten patients did so. Seventeen patients were unemployed throughout both periods. In addition, little change occurred in the frequency of substance abuse. Seven patients abused substances in the year before commitment, and six did so during outpatient commitment. Only one patient engaged in criminal activity during outpatient commitment, compared with five patients during the previous year. However, this difference was not significant.

Discussion and conclusions
This study was limited by its small sample size, lack of a control group, and retrospective design. However, the findings lend support to the concept that involuntary civil commitment to a community setting can be effective in improving treatment compliance and reducing hospital use. Patients who benefit most appear to be those who meet Geller’s guidelines (7), that is, those who have demonstrated repeated cycles of psychotic decompensation, involuntary hospitalization and treatment, good response, discharge, noncompliance with treatment, and psychotic decompensation.

Outpatient civil commitment may not be the only reason for the positive outcome of the patients in the study. Two patients in the sample were treat-
ed with clozapine during the index hospitalization, which may account for their subsequent favorable course.

That aggressive case management alone was not adequate to maintain these patients in the community is evidenced by the considerable amount of case management services provided to them in the period before outpatient commitment. Such services were equally spaced over the year before the index hospitalization, indicating a continual effort to maintain the patients in the community.

Despite intensive case management services, these patients did not regularly keep appointments with their psychiatrist before the court order. It is likely that for most patients in the sample, the improved outcome was in large part a result of the combination of aggressive community outreach and the outpatient commitment order.

When outpatient civil commitment is used judiciously, following the clinical and system guidelines that have been suggested by Geller, it appears that this approach can help a group of patients slow down the revolving door of hospital recidivism. It is hoped that with continued community tenure these patients can eventually participate successfully in rehabilitation and recovery programs and become reintegrated into the community. It is clear that this controversial clinical-legal approach needs further study to clarify its effectiveness and limitations. Ideally, such studies should precede significant changes in state mental health laws. ♦

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References

Public Perceptions of Former Psychiatric Patients in England

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To determine whether casual contact with former psychiatric patients changes public perceptions of and attitudes toward persons with mental illness, 100 residents of urban North London, England, were interviewed before and six months after a residential facility for former patients was opened in their neighborhood. Their responses were compared with those of a control group of residents living elsewhere. The semistructured, door-to-door interviews revealed extremely negative attitudes toward persons with mental illness, largely formed by the media. No differences between the study and control groups were found. The negative attitudes in the study group had not changed at the six-month interview. (Psychiatric Services 47:1253–1255, 1996)

Since 1959, mental health policy in Britain has emphasized the need to close large psychiatric institutions and to move patients into the community. However, few studies have examined public opinions of deinstitutionalization and community acceptance of discharged patients. Studies of public perceptions of mental illness can be used to increase public understanding (1,2). They can also provide baseline data for subsequent studies measuring the success of community care.

Two projects were initiated in North London to move psychiatric patients from large institutions into staffed mental health facilities in the community. This exploratory study was designed to determine local residents' beliefs about and attitudes toward the discharge of individuals with mental health problems into their neighborhood and to provide baseline data for future research.

Methods
A study group and a control group of residents identified from the electoral...