

Civil Commitment: Personal Experiences from Young Adults and Families

Civil commitment, or the practice of involuntary psychiatric hospitalization, presents an ethical conflict between the mental health system and patients, namely, the tension between a provider or family member's desire to help a person experiencing severe mental health challenges, and respect for a patient's autonomy. Despite a need for psychiatric intervention under circumstances when a young person is at risk of harm to themselves or others, civil commitment remains one of the most controversial practices in mental health care.

This brief was informed by four interviews with individuals who have experience, either as a young adult or a parent, going through the civil commitment process. While the topic of civil commitment is contentious, the purpose of this brief is to help stakeholders, providers, and policymakers better understand the impact of the civil commitment process on children, young adults, and families. Through the interviews, we explore how the experience varies across individuals, and highlight the gaps between intended and actual outcomes. This brief follows the interview format during which each participant was asked four open-ended, reflective questions about their experience.

What was your experience with civil commitment?

Both young adults and family members were asked to share their experiences with the civil commitment process. A theme across all

“...basically, I couldn't leave without them [my parents] because they had a home, they had money, they had food, all these things that you need to be considered safe for yourself and others in terms of being released.”

interviews was the view of civil commitment as a “family experience,” and descriptions of the associated trauma as affecting the child and/or young adult’s entire family. All interviewees experienced civil commitment as an event during which they lost control of intervention, treatment, and recovery planning.

“Her younger siblings didn’t understand why she was being put in the back of a cop car and taken away. It is traumatic for the whole family.”

Several interviewees highlighted disconnects between policy and practice within their community. This manifested in various ways, including eligibility criteria, concerns over safety, short- and long-term health consequences, inadequate service provision in hospitals, and prolonged stays in jails. One parent noted a failure to implement the civil commitment process within 72 hours as dictated by state law; her child was held in jail for 19 days. One young adult noted the considerable trauma she experienced while in the hospital, suggesting a disconnect between the intent of policy and what happens in practice within the facilities.

Young adults reported feeling alienated from the experience; they emphasized the discomfort of being stripped of both voice and choice. Challenges specific to young adulthood further complicated the process. One young adult was placed in the children’s unit at the age of 18 without being involved in that decision. Although legally an adult at the age of 18, another young adult described not having the resources or autonomy that comes with adulthood and was unable to meet the criteria for release without her parents’ involvement.

“...the only way your child can access a bed is for them to be picked up by a sheriff’s deputy and taken away...”

Family members also reported that once the civil commitment process was underway, they retained little influence over the course of treatment and were often unable to see or communicate with their child. Families discussed a lack of knowledge about the system, and their trouble navigating it. This was particularly true when it came time to transition the young person out of residential treatment: both young adults and families pointed to limited transition planning as one of the key challenges of the civil commitment process.

How did you feel about it then?

Interviewees consistently described feeling like they were a bystander in the process. Their initial experience was traumatic and confusing. They were often unaware of how the system worked, and bad experiences made them fearful of seeking treatment again, even in instances where it was necessary for the safety of the child or young adult.

“I was often a bystander to the process; my parents filled out paperwork, met with doctors, talked to the hospital; my role was to pack my suitcase and go to the hospital.”

The practices employed were viewed as a punishment by some. One young adult was admitted to the children’s ward along with younger girls who had vastly different needs. She had certain privileges taken away, such as access to her room’s private bathroom, without being part of the decision-making process. She described the experience as dehumanizing.

“[loss of the bathroom] made me feel a lot more isolated and that I was different from everyone on the ward...I was the only one who couldn’t use her own bathroom.”

Families shared that they felt like they had failed their children. One family member described civil commitment as a trade-off to involvement with the criminal justice system. This mother was told that her son was too young and not sick enough for civil commitment, even when other treatment options were not working. Her son ended up facing legal charges and was sent to prison.

“We traded civil commitment in a mental health facility for prison.”

How do you feel about it now?

The interviewees described both positive and negative feelings towards the process of civil commitment. They believed that the intent may have saved the young adult’s life, but that the experience itself was traumatic. The process might work for some people, but there are other practices and policies that might work better or that could be integrated into the process.

“Different things work for different people. Mental health disorders are multi-faceted and complex. Until I wanted to get well, I didn’t get well.”

The young adults interviewed cited that they needed an intervention and were in a dangerous state at the time of their civil commitment. One young adult shared that the hospital may have been the best option for them at the time, based on what was available. Another young adult indicated that other options would have been a better fit for her. They both identified flaws in the system and traumatic experiences that could have been avoided.

“[I was] going to end up in the hospital, jail, or the morgue and the hospital was the best out of the three...”

Family members expressed feelings of guilt and regret over the treatment their child/young adult received and for not advocating more intensely for alternative treatment options. The civil commitment process was cited as sub-

standard and traumatic for one parent; however, another parent felt it may have prevented their child from going through the revolving door of prison had they qualified for services under civil commitment.

"As a family, when it doesn't work, you pay the price."

What could have been different?

All of the family members and young adults interviewed emphasized the importance of shared decision making and the inclusion of youth and family voice in the process.

"Take young people seriously and validate them; especially when they say they are suicidal. Give them a voice, listen to them and give them decision making ability."

"...the person going through the experience knows their story best and should ultimately have autonomy and decisions over their own recovery."

The young adults saw others making decisions for them and were not listened to when concerns were raised. They also saw a need for more individualized care. Their mental health challenges were complex and not all of the practices of the hospital were conducive to their recovery. They expressed a need to take a holistic view of a person when making important treatment decisions.

"If I had known others who were going through similar things that I was going through, that would have helped."

A general lack of alternative services, particularly in rural areas, was described by young adults and family members. For some, the only way to access psychiatric treatment was through civil commitment. Interviewees described alternative interventions to civil commitment that can also be considered, such as mobile crisis response teams, outpatient treatment, peer and family support, and peer recovery centers.

"I hope this system can continue to grow and improve so no one else has to experience my experience."

Interviewees expressed a need to increase awareness about how the system works as a strategy to help young adults and family members advocate for themselves and their wellness.

"...I would not accept what you are given; I would to court and speak for myself rather than let others speak for me."

Summary

As demonstrated through the interviews, civil commitment is a multi-faceted, complex issue facing children, youth, young adults, and families across the country. The young adults and family members interviewed described the ways in which civil commitment impacted their own families, which was often a confusing and sometimes a traumatic experience. Interviewees recognized the need for psychiatric intervention in some circumstances and discussed ways in which the process could have been different. The need for a process that incorporates shared decision-making and access to individualized supports and services was emphasized by all interviewees as critical for an effective system. They also called for further efforts to raise awareness and to continue work to align policy and practice across communities.



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