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Involuntary Hospitalization

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Disclosures

- ❖ Dr. Martorano is an employee of UHS.
- ❖ UHS owns WBI
- ❖ WBI is a designated hospital for hospitalization of patients who are committed to the Wyoming State Hospital

Objectives

- ❖ Understand impact of untreated or under-treated mental illness
- ❖ Understand criteria for involuntary hospitalization of mentally ill persons
- ❖ Understand process of involuntary hospitalization in Wyoming

O'Connor V Donaldson

- ❖ Supreme Court June 1975
- ❖ Respondent, who was confined almost 15 years "for care, maintenance, and treatment" brought this action against petitioner, the hospital's superintendent, and other staff members, alleging that they had intentionally and maliciously deprived him of his constitutional right to liberty. Despite requesting discharge
- ❖ State cannot constitutionally confine, without more, a nondangerous individual who is capable of surviving safely in freedom by himself or with the help of willing and responsible family members or friends

Consequences

- ❖ Nearly 90% of State Hospital Beds removed nationally
- ❖ widespread homelessness of mentally ill persons
- ❖ all 50 states revise involuntary commitment laws and processes
- ❖ Criminalization of the mentally ill

Wyoming State Hospital

- ❖ March of 1886, the Wyoming Territorial Legislature appropriated \$30,000 for the erection of a State Mental Hospital, which was completed in 1887.
- ❖ In 1923, the Seventeenth Legislature declared, “the official name of the asylum shall be the Wyoming State Hospital.”
- ❖ Designated Hospitals
 - ❖ Wyoming Behavioral Institute
 - ❖ Cheyenne Regional Medical Center

Recently Discharged

- ❖ Nearly 1 in 3 completers saw a physician within the week before their death.
- ❖ Half of completers saw a doctor in the last month.
- ❖ Swedish Study in 1980's showed increased physician attention to depression decreased overall death from suicide





“Speaking from the tongue of an experienced simpleton who obviously would rather be an emasculated, infantile complain-ee. This note should be pretty easy to understand.”

There's good in all of us and I think I simply love people too much, so much that it makes me feel too fucking sad. The sad little, sensitive, unappreciative, Pisces, Jesus man. Why don't you just enjoy it? I don't know!

I have a goddess of a wife who sweats ambition and empathy and a daughter who reminds me too much of what i used to be, full of love and joy, kissing every person she meets because everyone is good and will do her no harm. And that terrifies me to the point to where I can barely function... but since the age of seven, I've become hateful towards all humans in general. Only because it seems so easy for people to get along that have empathy. Only because I love and feel sorry for people too much I guess.

Thank you all from the **pit of my burning, nauseous stomach** for your letters and concern during the past years. I'm too much of an erratic, moody baby! I don't have the passion anymore, and so remember, it's better to burn out than to fade away. -Peace, love, empathy.

Kurt Cobain

- ❖ Died 1994 , less than 2 days after discharge from Daniel Freeman Hospital
- ❖ Cause of death was self-inflicted Shotgun wound.
- ❖ High doses of Heroin present at time of death



Substance Abuse

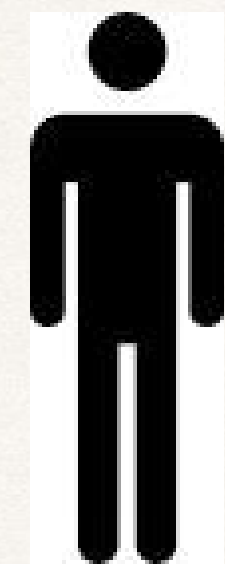
- ❖ Acute overuse of alcohol is a critical factor in suicidality
- ❖ Alcohol & Cocaine are the two most commonly associated substances with suicidality
- ❖ 13% of men and 31% of women commit suicide via poisoning
- ❖ 90% of poisonings are prescription medications
- ❖ 80% of all drug related deaths are unintentional
- ❖ 70% of all deaths are opiates



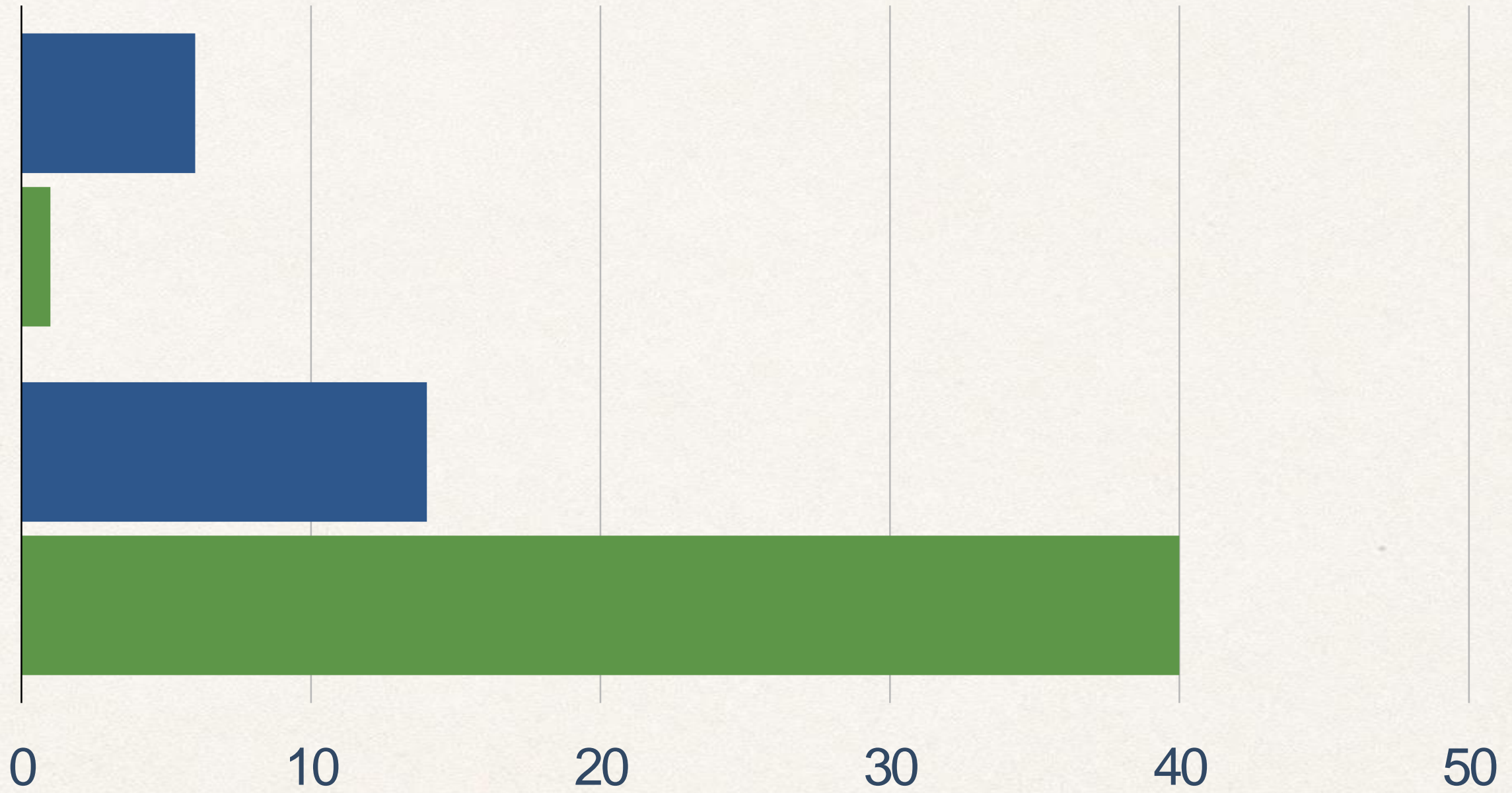
Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014) Available from URL:

<http://www.cdc.gov/injury/wisqars/fatal.html>.

Gender Bias



Complete



Attempt

APA- Critical Factors

- ❖ History of previous attempts
- ❖ Acute suicidal ideation
- ❖ Seriousness of previous attempts
- ❖ Acute overuse of alcohol
- ❖ Family history of suicide
- ❖ Loss
- ❖ Hopelessness



Suicide Risk

- ❖ Suicidal behavior may occur within ten minutes of having had suicidal ideation (Deisenhammer et al, 2009)
- ❖ Psychiatric Hospitalization within the last year
- ❖ Deliberate Self-Harm or suicide Attempt increased suicide risk by 66 times over the next twelve months (Hawton-2003)

Increased Risk Persists for 20 years

Suicide Diagnoses

- ❖ Depression
- ❖ Schizophrenia
- ❖ Bipolar
- ❖ Substance Abuse
- ❖ Borderline Personality Disorder
- ❖ Dementia

The ones you don't think of

- ❖ Survivors of Childhood cancer
- ❖ Eating Disorders
- ❖ Bariatric Surgery
- ❖ Substance Use Disorders
- ❖ Religious Obsessions

Emerging Trends

- ❖ Depression
- ❖ Alcohol abuse & cocaine use
- ❖ Separation or divorce
- ❖ Ninety percent of all suicides are associated with a mental disorder
- ❖ Previous suicide attempt is more predictive in males.
- ❖ Violence Homosexual youth, bisexual youth
- ❖ Victims of child abuse
- ❖ HIV-AIDS

Suicide is a lethal symptom of impulsivity

Rudd 2006 -Rudd (2006) discusses "impaired self-control" in delineating levels of acute suicide risk among those with severe and extreme risk for suicide

Joiner et al (2007) state that in some individuals "cognitive constriction" underlies the feeling of being "trapped," which they believe may, in part, underlie the desire for suicide

Compared to those who have not attempted suicide, those with a history of suicidal behavior show deficits in impulse control (Dougherty et al., 2004)

The Suicidal State

An intolerable, confused state in which patients feel that suicidal action is the only conceivable route of escape.

- Frantic Hopelessness
 - Sense of need to **escape** one's situation
 - **Hopelessness**
- Ruminative Flooding
 - **Overwhelmed** by the volume of **Negative Ruminations**
 - **Fatalistic conviction** that life cannot improve
 - Sense of **entrapment** and **imminent doom**
- Near-Psychotic Somatization
 - **Concrete/** somatic experience of thought
 - Somatic distortions

Impaired Ability to Execute

- ❖ TBI
- ❖ Mania
- ❖ Psychosis
- ❖ Depression
- ❖ Anxiety
- ❖ Intoxication

Activation

Focus

Effort

Emotion

Memory

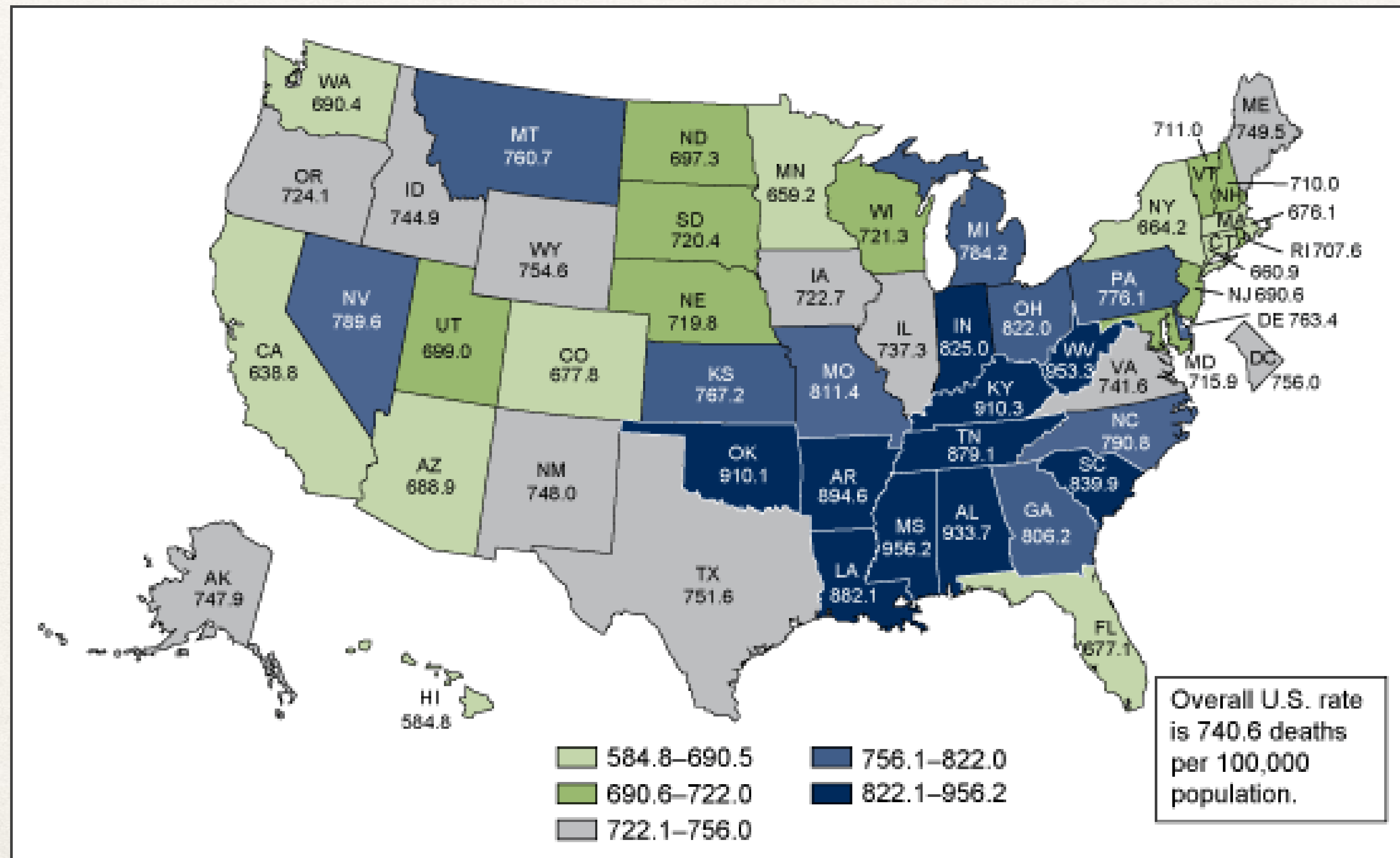
Action

Assessing Implusivity

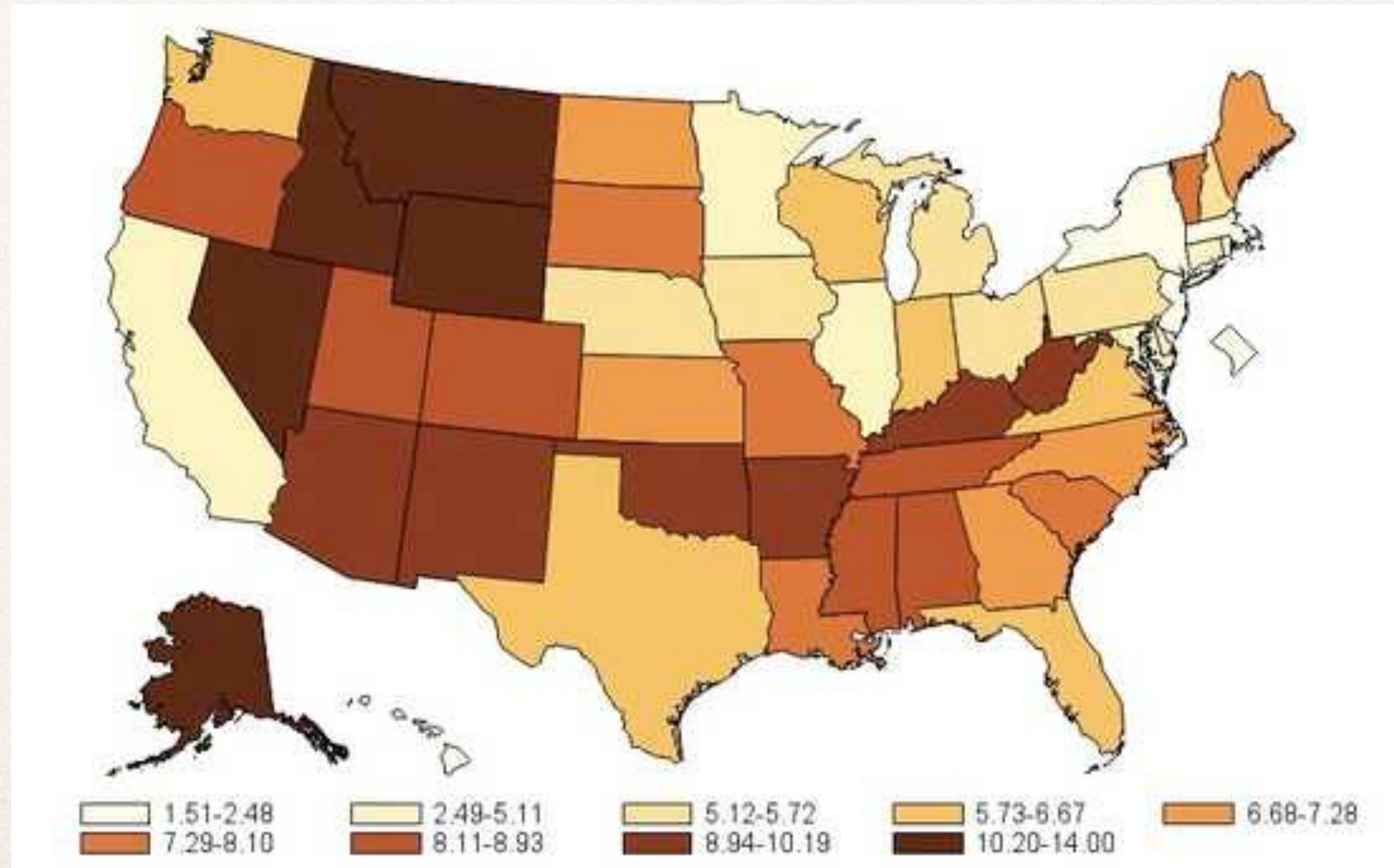
- ❖ Do you consider yourself an impulsive person?
- ❖ Why or why not?
- ❖ When have you felt out of control in the past?
- ❖ What did you do that you thought was out of control?
- ❖ What did you do to help yourself feel more in control?
- ❖ When you're feeling out of control, how long does it usually take for you to recover?



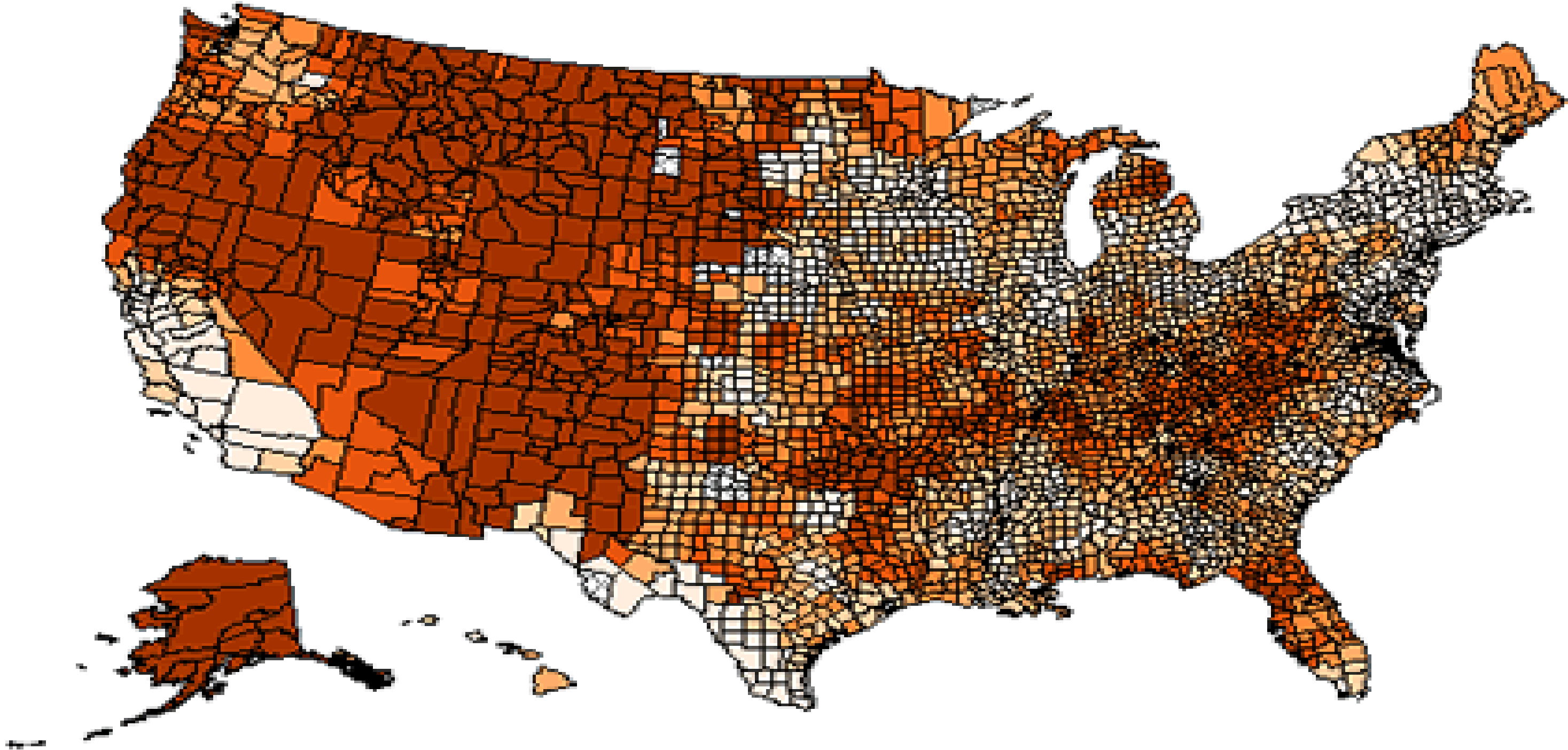
Death Rates- All causes



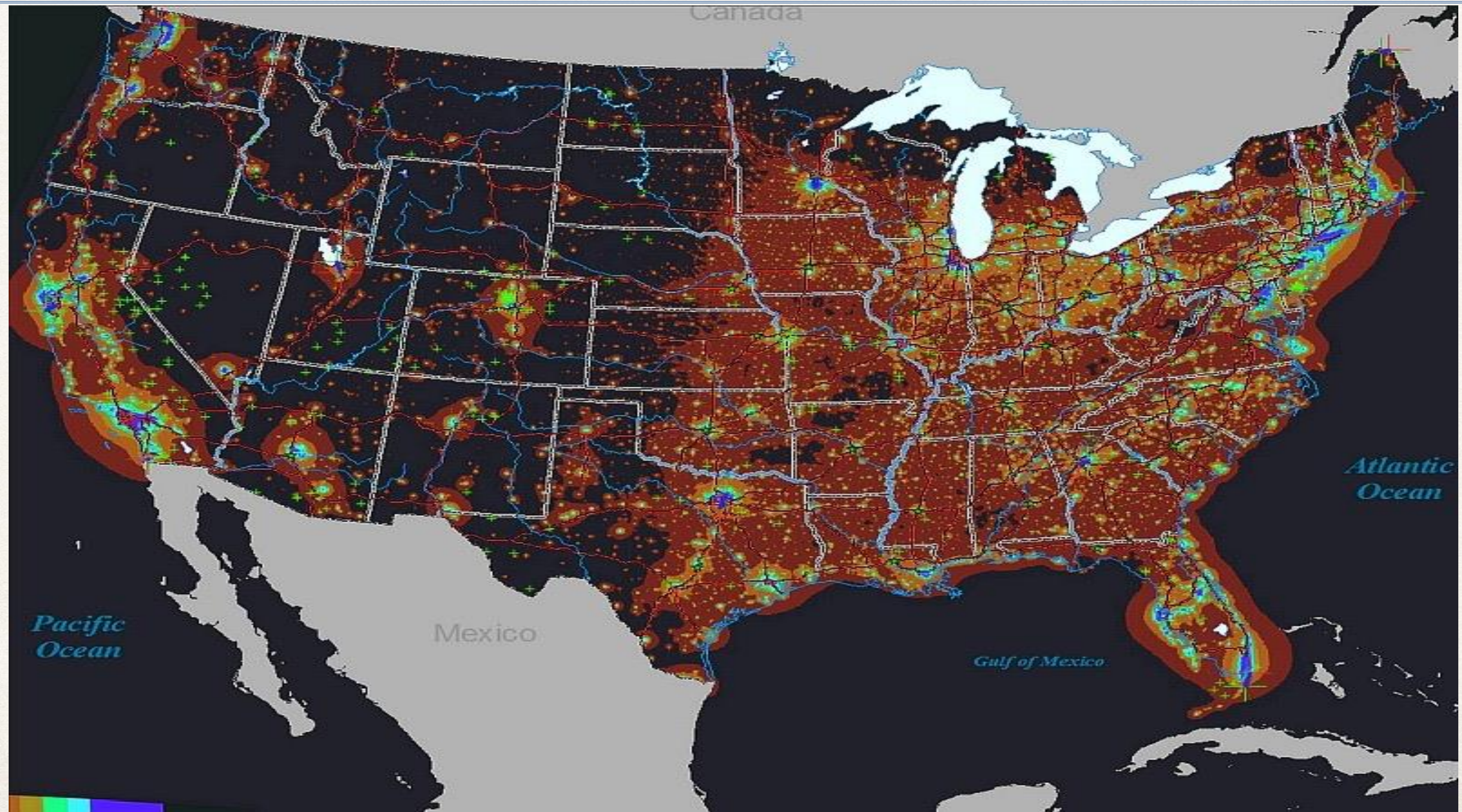
The Suicide Belt



CDC - Suicide rates by county



Light Pollution



Post Attempt Psychiatric Admission Indicated

- ❖ Patient is psychotic
- ❖ Attempt was violent, near-lethal or premeditated
- ❖ Precautions were taken to avoid rescue or discovery
- ❖ Persistent plan and/ or intent is present
- ❖ Distress is increased or patient regrets surviving
Patient is male, older than age 45 years, especially with new onset of psychiatric illness or suicidal thinking
Patient has limited family and/ or social support, including lack of stable living situation
Current impulsive behavior, severe agitation, poor judgment or refusal of help is evident
- ❖ Patient has change in mental status with a metabolic, toxic, infectious or other etiology requiring further workup in a structured setting.

No Attempt Psychiatric Admission Indicated

- ❖ Specific plan with high lethality
- ❖ High suicidal intent.
- ❖ Denied plan and intent contraindicated by evidence from the psychiatric evaluation or history from others suggests a high level of suicide risk and a recent acute increase in risk.

No Attempt - Current Suicidal Ideation

Psychiatric Admission Protective

- ❖ Psychosis
- ❖ Past Attempt
- ❖ Possibly contributing medical condition, e.g., acute neurological disorder, cancer, infection
- ❖ Lack of response to or inability to cooperate with partial hospital or outpatient treatment
- ❖ Need for supervised setting for medical trial or ECT
- ❖ Need for skilled observation, clinical tests, or diagnostic assessments that require a structured setting Limited family and/ or social support, including lack of stable living situation
- ❖ Lack of an ongoing clinical-patient relationship or lack of access to timely outpatient follow-up.

Who might be safe at home

- ❖ Suicidality is a reaction to precipitating events, e.g., exam failure, relationship difficulties, particularly if the patient's view of the situation has changed since coming to emergency department
Plan / method and intent have low lethality
Patient has stable and supportive living situation
Patient is able to cooperate with recommendations for follow-up, with treater contacted, if possible, if patient is currently in treatment.
- ❖ Patient's has chronic suicidal ideation and/ or self-injury without prior medically serious attempts, if a safe and supportive living situation is available and outpatient psychiatric care is ongoing may benefit more from discharge to outpatient than from admission.

Covid 19 pandemic has caused massive increase in depression



“Covid has likely tripled depression rates in the US”

[press release]. Boston, Massachusetts: Boston University School of Public Health; September 2, 2020

	2017-2018 Survey	2020 Survey
Any Depression Symptoms	8.5%	27.8%
Mild	16.2%	24.6%
Moderate	5.7%	14.8%
Moderately Severe	2.1%	7.9% 700% !!
Severe	0.7%	5.1%

Lower income, having less than \$5000 in household savings, and having exposure to more stressors were associated with a higher risk of depression symptoms during the pandemic, researchers found.

Danger to Self and Others

- ❖ (A) Evidences a substantial probability of physical harm to himself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm; or
- ❖ (B) Evidences a substantial probability of physical harm to other individuals as manifested by a recent overt homicidal act, attempt or threat or other violent act, attempt or threat which places others in reasonable fear of serious physical harm to them; or

Gravely Disabled

- ❖ (C) Evidences behavior manifested by recent acts or omissions that, due to mental illness, he is unable to satisfy basic needs for nourishment, essential medical care, shelter or safety so that a substantial probability exists that death, serious physical injury, **serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue, unless the individual receives prompt and adequate treatment for this mental illness.** No person, however, shall be deemed to be unable to satisfy his need for nourishment, essential medical care, shelter or safety if he is able to satisfy those needs with the supervision and assistance of others who are willing and available.

Intoxication Exclusion

- ❖ "Mental illness" and "mentally ill" mean a physical, emotional, mental or behavioral disorder which causes a person to be dangerous to himself or others and which requires treatment, but do not include addiction to drugs or alcohol, drug or alcohol intoxication or developmental disabilities, except when one (1) or more of those conditions co-occurs as a secondary diagnosis with a mental illness;

Process

- ❖ Detention
- ❖ Gatekeeper Review within 24 hours
- ❖ Addendum Filing
- ❖ Service of process
- ❖ 109 Hearing within 72 **business** hours
- ❖ Addendum
- ❖ 110 Hearing within 10 Calendar days

Impact of Covid 19

- ❖ March 2020, WBI closes to visitors
- ❖ Natrona County initiates teleconferencing for hearings
- ❖ Over 1,000 hearings conducted over teleconference
- ❖ largely successful

Challenges thus far

- ❖ Non-verbal cues
- ❖ Lack of collegiality
- ❖ Lack of trust
- ❖ Slow internet connections
- ❖ Compatibility issues.