AMERICAN PSYCHOLOGICAL ASSOCIATION

APA Resolution on Outpatient Civil Commitment

Adopted by the Council of Representatives July 28, 2004

WHEREAS Outpatient civil commitment (OCC) is increasingly used in courts and civil commitment venues across the country (Swartz & Monahan, 2001);

WHEREAS People with serious mental illness and resulting psychological disabilities are the individuals most subject to imposition of involuntary mental health services, including OCC (Swartz & Monahan, 2001);

WHEREAS People with such disabilities have the same rights to personal liberty as other citizens (Stefan, 2001);

WHEREAS Psychological disabilities may impair the ability of individuals to appreciate threats to their well-being, placing them at risk for homelessness, incarceration, premature death, suicide, and vulnerability to violence (Swartz & Monahan, 2001);

WHEREAS There is heated controversy about the legitimacy of OCC, the criteria by which it should be applied, the relevant clinical methods and standards of professional practice, and the relative value of alternatives (Petrila, Ridgely & Borum, 2003);

WHEREAS People with behavior disorders severe enough to reach the dangerousness criterion should have access to psychological and behavioral interventions designed to treat the specific behaviors (Spaulding, Sullivan & Poland, 2003);

WHEREAS Key issues concerning OCC can be effectively addressed through application of the principles of psychological science and the findings of psychological and psycholegal research (Spaulding, Poland, Elbogen & Ritchie, 2000);

WHEREAS People with serious mental illness have a right to the resources and services generated by psychological research and practice (Van Houton, Axelrod, Bailey & Favell, 1988);

WHEREAS All people have a right to the opportunity for recovery, namely, full participation in society to the best of their ability (Stefan, 2001);

WHEREAS Issues regarding OCC, and broader issues of services for people with serious mental illness, will only be resolved in the context of a comprehensive, accessible, and responsive system of care that focuses on improved quality of life rather than mere symptom reduction (Petrila, Ridgely & Borum, 2003);

WHEREAS A key ingredient in recovery from serious mental illness is making choices for oneself and developing skills necessary to make those choices (Anthony and Liberman, 1992);

WHEREAS Clinical application of psychological methods (including neuropsychological, behavioral, sociocognitive, and functional assessments and interventions) hold substantial promise for enhancing skill development, including skills relevant to recovery from serious mental

illness and skills relevant to making competent personal choices (Spaulding, Sullivan & Poland, 2003);

WHEREAS Resolution of controversies regarding OCC will require consideration of people's rights; their uniqueness and diversity; the disabilities associated with serious mental illness; and the sometimes competing values of personal liberty, public safety, and the public's interest in providing for those who cannot provide for themselves (Petrila, Ridgely & Borum, 2003);

WHEREAS Women and members of minority racial and ethnic groups are especially vulnerable to discrimination in adjudication and treatment related to involuntary incarceration and treatment (Stefan, 1996);

WHEREAS Women and members of minority racial and ethnic groups tend to receive less or lower quality mental health services (Thornicroft, Davides & Leese, 1999);

WHEREAS Members of other stigmatized groups may also be vulnerable to discrimination in adjudication and treatment related to involuntary incarceration and treatment;

WHEREAS Involuntary treatment raises special concerns about gender, ethnic or minority status, or membership in other stigmatized groups for the practitioner (Mindell, 1993; Baker, 1999);

WHEREAS It is the role of mental health scientists and practitioners to advocate for due process and appropriate legal representation and counsel, to advise the court through briefs or testimony, and to seek therapeutic benefits in application of the law (Daicoff & Wexler, 2003);

WHEREAS Mandating involuntary mental health services is a legal, not a clinical process; except in cases of dire emergency, it is never the role of any mental health practitioner, of any discipline, acting in the role of caregiver, to make decisions that infringe upon a person's right to consent to services. Moreover, as specified in the APA Ethics Code, psychologists are required to respect the rights of individuals to self-determination and autonomy, and to act in accordance with the requirements for informed consent to therapy and related procedures.

THEREFORE BE IT RESOLVED that psychologists should continue to promote and engage in development of evidence-based clinical methods for determining risk and dangerousness, including risk associated with accepting or not accepting mental health services.

BE IT FURTHER RESOLVED that psychologists should continue to promote and engage in development of clinical methods for determining competence to make specific judgements and decisions, including decisions about whether to accept and/or participate in mental health services.

BE IT FURTHER RESOLVED that psychologists should continue to promote and engage in development of clinical methods for reversing the disabilities of serious mental illness and enhancing recovery, including those disabilities that incur risk and dangerousness, as well as those disabilities that compromise competent decisions and choices about accepting and/or participating in mental health services.

BE IT FURTHER RESOLVED that when people with mental illness exhibit dangerous behavior, psychologists trained in the direct treatment of behavioral dysfunction can enhance positive outcomes by providing consultation and treatment for the specific behaviors.

BE IT FURTHER RESOLVED that psychologists should continue to promote and engage in development of clinical methods that help people participate to the maximum extent in legal processes that affect their lives.

BE IT FURTHER RESOLVED that psychologists should continue to promote and conduct rigorous research on the interaction of clinical and legal processes, with the objective of making those processes maximally accessible to and beneficial for people with serious mental illness.

BE IT FURTHER RESOLVED that psychologists should continue to promote and conduct rigorous research on the various forms of and alternatives to involuntary commitment, including OCC, limited guardianship, and advance directives, to determine their relative costs, outcomes, and benefits.

BE IT FURTHER RESOLVED that psychologists should continue to promote and engage in development of clinical assessment methods that address and inform the legal processes that mandate involuntary mental health services, and should promote development of legal processes that make optimum use of information generated by psychological assessments.

BE IT FURTHER RESOLVED that psychologists should continue to support and promote social policy that ensures accessibility of services that enhance recovery, including comprehensive biopsychosocial rehabilitation, for all people, regardless of gender or membership in racial, ethnic or other stigmatized and vulnerable groups.

BE IT FURTHER RESOLVED that psychologists should continue to support and promote professional training and education in the treatment of serious mental illness, including the ethical, clinical, and legal considerations involved in involuntary services, and the impact of gender or membership in racial, ethnic or other stigmatized and vulnerable groups.

BE IT FURTHER RESOLVED that psychologists should continue to support and promote public education and other strategies for eliminating the prejudice and stigmatization of serious mental illness, including public attitudes related to involuntary services.

BE IT FURTHER RESOLVED that psychologists should continue to support and promote consumer empowerment, citizen advocacy, collaboration, and other strategies for enhancing the role of people with serious mental illness in mental health services, policy, and law.

BE IT FURTHER RESOLVED that psychologists should continue to participate, as scientists, practitioners, educators and citizens, in the ongoing public discourse that weighs competing values and imperatives in formulation of law and social policy about involuntary mental health services.

BE IT FURTHER RESOLVED that psychologists should continue to vigorously promote the view that involuntary services and related infringements on individual liberty can only be mandated through legal processes, not by mental health professionals acting as caregivers. However, psychologists also should assertively provide professional expertise and consultation to legal and judicial authorities in order to ensure that legal processes and decisions are appropriately informed by scientific and clinical considerations.

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