Week 1: Involuntary Treatment

Initial Post

Dr. Hanna,

I. In what ways are the positions similar? In what ways do they differ? How do they compare to the legal requirements in your intended state of practice?

Similarities:

Both documents from the Mental Health of America (MHA) and the American Psychiatric Association (APA) agree that involuntary treatment should be of last resort when trying to protect the community and other individuals that may be at risk for harm if the patient is not involuntarily committed along with the need to protect the patient's autonomy. APA and MHA also are similar with acknowledging the need for involuntary treatment for patients who may put themselves or others at risk for harm, but that the need for involuntary treatment is equal for all people in the community that meet the requirements which necessitate involuntary treatment. Both MHA and APA also report the need for appropriate resources for patients that are receiving both involuntary and voluntary treatment.

Differences:

One way that the documents differ is that the APA promotes court ordered involuntary outpatient treatment to promote treatment adherence (APA, 2020). The MHA promotes the need for trauma- informed care, resources that are engaging, and ways to prevent and reduce the need for involuntary treatment (MHA, 2024). The MHA preserves the patient's autonomy along with advocates for the need of least restrictive treatment means instead of going straight to involuntary treatment when patients have not been adherent to the treatment availability. The MHA position prefers to use involuntary treatment as a last resort when other available voluntary treatments have failed or when there is serious risk of harm to the patient or others in the community. MHA advocates for those with mental health needs to assist in closing the equality gap, educating the community, and providing community resources to assist those with mental illness (Reinert et al., 2024). When an individual is facing involuntary commitment, MHA recommends that this can only occur after the patient is allowed to speak with an attorney (MHA, 2024). Whereas APA prefers court-ordered involuntary outpatient treatment to ensure treatment adherence if the patient is at risk for being noncompliance due to the severity of the mental illness in addition to involuntary treatment if the patient poses a significant risk of harm to themselves or others (APA, 2020).

Compare to the legal requirements of SC:

The state that I would be practicing in is South Carolina. The legal requirements for South Carolina follow the APA position instead of the MHA position. There are three main ways for South Carolina to cause a patient to become involuntarily committed, including self-neglect, threats or attempts of harm to others, and threats or attempts of self- harm. If a patient is experiencing psychosis by way of medication noncompliance or substance use, then an