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The utility of extended outpatient civil commitment

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Abstract

Objective: This study considers three hypotheses regarding the impact of extended involuntary outpatient commitment orders on services utilization.
Method: Service utilization of Victorian Psychiatric Case Register (VPCR) patients with extended (≥180 day) outpatient commitment orders was compared to that of a diagnostically-matched treatment compliant group with similarly extended (≥180 day) periods of outpatient care (N=1182)—the former receiving care during their extended episode on an involuntary basis while the latter participated in care voluntarily. Pre/post first extended episode mental health service utilization was compared via paired t tests with individuals as their own controls. Logistic and OLS regression as well as repeated measures ANOVA via the GLM SPSS program and post hoc t tests were used to evaluate between group and across time differences.
Results: Extended episodes of care for both groups were associated with subsequent reduced use of hospitalization and increases in community treatment days. Extended orders did not promote voluntary participation in the period following their termination. Community treatment days during the extended episode for those on orders were raised to the level experienced by the treatment compliant comparison group during their extended episode and maintained at that level via subsequent renewal of orders throughout the patients' careers. Approximately six community treatment days were required for those on orders to achieve a one-day reduction in hospital utilization following the extended episode.
Conclusion: Outpatient commitment for those on extended orders in the Victorian context enabled a level of community-based treatment provision unexpected in the absence of this delivery system and provided an alternative to hospitalization.

Involuntary outpatient commitment provisions are explicitly written into mental health laws in Australia, the United Kingdom, New Zealand, and 42 states and the District of Columbia in the United States (Appelbaum, 2001; Preston, Kisely, & Xiao, 2002; Swartz et al., 1999, 2001; Torrey, & Kaplan, 1995). Though varying in their provisions, outpatient commitment orders require individuals (refusing care and believed potentially dangerous/gravely disabled due to a mental disorder) to accept community treatment or hospital release conditioned on treatment compliance (Allen & Smith, 2001). Such compliance may extend to requiring people to live in a particular apartment, take prescribed medications, attend counseling sessions, and abstain from substance utilization (Preston et al., 2002). Patients who do not comply with the treatment regimen in most jurisdictions may be admitted to a psychiatric hospital

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for involuntary care. In effect, the patient's status becomes one of conditional discharge from a psychiatric hospital whether or not they have been in the hospital (in some jurisdictions, orders may be issued without taking the individual to the hospital). This study looks at almost a decade of experience with the use of outpatient commitment in Victoria, Australia (see: Legal Provisions in Textbox). It considers the claimed effectiveness of extended orders–outpatient commitments lasting 180 days or longer (Swartz et al., 1999, 2001; Torrey & Kaplan, 1995)–and moves beyond existing research by considering the complete patient careers of those put on orders and a matched treatment compliant comparison sample, i.e. a sample that participated voluntarily in community treatment for periods ≥180 days.

Outpatient commitment research has produced mixed results (Kisely, Campbell, & Preston, 2005; Ridgely, Petrila, & Borum, 2001; Swartz & Swanson 2004). Clinical trials in New York and North Carolina randomized small groups of patients (142 and 252 respectively) with multiple major mental disorder diagnoses (characterized as severe mental illness) at various points in their treatment careers to outpatient commitment and no outpatient commitment conditions and followed them for a year. Both studies failed to find significant differences between the randomized groups on any service utilization or behavioral outcomes in their initial reports (Policy Research Associates Final Report, 1998; Swartz et al., 1999, 2001; Steadman et al., 2001). In a secondary analysis, sacrificing the randomized component of the study, the North Carolina group found less hospital utilization among extended outpatient commitment patients (those with ≥180 days on orders during the follow-up year). A subsequent follow-up of the North Carolina group reported reduced victimization among patients placed on orders, whether or not the orders were extended (Hiday, Swartz, Swanson, Borum, & Wagner, 2002). Four other studies, without comparison samples, are often cited as evidence that outpatient commitment reduces hospital admissions and the duration of hospital stays (Fernandez & Nygard, 1990; Munetz et al., 1996; Rohland, Rohrer, & Richards, 2000; Zanni & de Veau, 1986). Appelbaum (2001), in an evaluation of the preponderance of evidence on such orders, indicates that "… the weight of the evidence and clinical experience now favor efforts to implement reasonable schemes of outpatient commitment…" (p.350). Following on the claims of the effectiveness of extended orders, advocates have come to see the extended period of such commitment as one such reasonable scheme (Torrey & Zdanowicz, 2000). Given a need to replicate such findings, and a concern about the generalizability of the North Carolina results, further investigation of outpatient commitment and particularly its most promising scheme–≥180 day extended orders–seems warranted (Torrey & Zdanowicz, 2001).

In Victoria, Australia, the public mental health system covers 4.7 million inhabitants mandating a prescribed strategy of care emphasizing the desirability of community over inpatient treatment and care in the "least restrictive environment" (Commonwealth of Australia, 1998, 1999; Mental Health Branch National Standard for Mental Health Services, 1997). Since 1986 Victoria has relied on the extensive use of outpatient commitment in their process of rapid deinstitutionalization so as to ensure participation in prescribed care by patients who most frequently are conditionally released from hospital and are believed unable to voluntarily accept needed treatment in the community. Patients placed on outpatient orders are offered aggressive and comprehensive treatment modeled on the Program In Assertive Community Treatment Model (PACT) (Commonwealth of Australia, 1999). Mental health workers are expected to be in contact with the patient with a frequency dictated by the patient's condition and need for treatment. The objective of issuing orders appears to primarily be the facilitation of early release from care and secondarily the prevention of future hospitalization by enabling treatment contacts with the patient with a frequency the team believes is necessary to ensure compliance with prescribed treatment. Outpatient commitment can therefore be considered a successful alternative to hospitalization if it shortens episodes of hospitalization following its initiation and brings the level of service contact in the community to that indicative of compliance with prescribed treatment.

Given previous research and the Victorian treatment objectives, the following three hypotheses are evaluated herein:

1. Extended outpatient commitment orders in combination with community treatment will contribute to reduced inpatient utilization (Commonwealth of Australia, 1998, 1999; Mental Health Branch National Standards for Mental Health Services, 1997; Swartz et al., 1999).
2. Compliance post-orders will be demonstrated by increased voluntary care utilization. As outpatient commitment is a way of delivering services to a population that for one or another reason cannot or will not consistently accept such service voluntarily, the issue of compliance herein is defined as voluntary participation in care outside the hospital—i.e. care received without the accompanying legal status of being on orders. The hypothesis is that after an extended period on orders there will be an increase in the use of voluntary outpatient care. (Van Putten, Santiago, & Bergen, 1988).
3. Outpatient commitment will enable service contact to approximate that observed in a treatment compliant group.