A Comparison of Respondents in Initial and Recommitment Hearings*

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Legislators and researchers have focused on one aspect of civil commitment: initial commitments. Many patients, however, remain in the hospital after their initial commitment expires and, thus, must be recommitted if they are to remain in involuntary treatment. Demographic, clinical, and treatment data were collected on 374 adults having initial or recommittal hearings during a 3-month period at a large state hospital in Virginia. Respondents in initial commitment hearings were younger and displayed acute symptoms; recommittal respondents were older with symptoms of chronic psychopathology, especially those associated with schizophrenia and organic brain syndrome. The subject of recommittal patients and hearings needs to be a focus of future research efforts to determine whether these differences are reflected in a greater relative gap between the letter and practice of the law in recommittal hearings.

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The sociodemographic and clinical characteristics of persons facing involuntary commitment to a mental health facility are of considerable importance to professionals involved in formulating and instituting legal, fiscal, and clinical policies that affect this population. The changes in civil commitment law that have taken place during the last two decades have stimulated much empirical research. This research has provided a detailed description of the civil commitment process and the participants in it.

Respondents in commitment hearings have been found to have inadequate incomes, to be poorly educated, and to have few personal resources. Many are unemployed or have low-level occupations (Ehrenreich, Roddy, & Baxa, 1982; Hiday, 1977, 1982; Hiday & Scheid-Cook, 1987; Mahler & Co, 1984; Warren, 1982; Yesavage, Werner, Becker, & Mills, 1982). There tend to be more males at younger ages and more females at older ages (DeRisi & Vega, 1983; Warren, 1982). Some studies have found no racial differences between respondents in commitment hearings and the general population (Ehrenreich et al., 1982; Warren, 1982), whereas other have found blacks and Hispanics to be overrepresented (DeRisi & Vega, 1983; Hiday & Scheid-Cook, 1987). Respondents tend to be single, and a large percentage have never been married (Ehrenreich et al., 1982; Hiday & Scheid-Cook, 1987; Koch, Mann, & Vogel, 1987; Mahler & Co, 1984; Warren, 1982).

Clinically, most respondents in commitment hearings have chronic conditions, as indicated by the high number of previous hospitalizations (Ehrenreich et al., 1982; Hiday & Scheid-Cook, 1987; Koch et al., 1987; Warren, 1982). The most common diagnoses are schizophrenia, affective disorder, or other forms of psychosis. Other disorders such as substance abuse, personality disorder, and organic brain syndrome are also prevalent (DeRisi & Vega, 1983; LeBuffe, Granger, & Wise, 1979; Hiday, 1988).

The major shortcoming of research both on the characteristics of respondents in civil commitment hearings and on the commitment process itself is that only part of the overall process has been examined. Most studies have concentrated on initial commitments, while ignoring recommitments. The former initiate a patient’s involuntary participation in the mental health system, whereas the latter are necessary to continue involuntary treatment for patients whose initial commitment order has expired, that is, who required continued commitments. When studied at all, recommitment has been included only as an adjunct to research mainly concerned with initial commitments (e.g., Ehrenreich et al., 1982; Hiday, 1983; Hiday & Goodman, 1982).

No published studies of research that has specifically investigated the demographic, clinical, and treatment characteristics of respondents in recommitment hearings are available. However, two unpublished studies, both conducted in Virginia, have addressed this issue. Ehrenreich et al. (1982), in a study of 75 initial and recommitment hearings in four jurisdictions, noted that almost 80% of the respondents above 65 years of age were in recommitment hearings. Koch et al. (1987), in a report by the Virginia Department of Mental Health and Mental Retardation, found that of 607 patients studied at eight adult mental health facil-