De-Institutionalization/ Criminalization

Competence-Based Medicalization Model

A recent survey of state statutes for outpatient commitment (Torrey and Kaplan, 1995) indicates that while thirty-five states and the District of Columbia have laws permitting outpatient commitment, Massachusetts is not one of them. Rather, Massachusetts uses a competency-based, substituted-decision-making model for the involuntary administration of medication in the community. To appreciate the Massachusetts model, it is important to understand how this court-ordered involuntary outpatient treatment fits into the overall scheme of outpatient commitment and how it is structured.

A review of involuntary outpatient treatment (IOT) literature indicates that it is prudent to distinguish between outpatient commitment, conditional release, and conservatorship-guardianship (Torrey and Kaplan, 1995). Two states whose IOT is based on the guardianship process and is described in the literature are California and New Mexico. Lamb and Weinschel (1992, 1993) have discussed California’s use of guardians for the gravely disabled psychiatric outpatient, and Schneider-Reiss (1986) has presented a single case report from New Mexico.

Method

This study continues work from an earlier study on this same group of patients (Geller and others, forthcoming). In the previous study, both the pre-treatment and post-treatment periods were six months long. In this study, we have extended the post-treatment period to two years. These two years are divided into four six-month segments. Within each six-month period we compared the number of inpatient admissions and days for each patient.

The data used for analysis come from the Massachusetts Department of Mental Health (DMH) client tracking system (CTS). This data set contains information on demographic, clinical, and services utilization for case-managed clients statewide, beginning July 1, 1991. We first compared the IOT patients during the pre-treatment period with their own post-treatment data. Second, we compared the IOT patients with patients matched on demographic variables. Finally, we compared the IOT patients with patients matched on inpatient services use.