Calling for outside help

After reading my book, *I Am Not Sick I Don't Need Help!* some have labeled me a supporter of involuntary treatment laws, while others think I'm against them. The truth is, I believe not enough clinicians use motivational interviewing techniques, designed to convince people in denial to accept treatment. Consequently, many more patients end up needing coercive treatments than would otherwise be the case. In response to my Fall 2007 column, "Involuntary commitment: Rebuilding trust after feelings of betrayal," which focused on minimizing the interpersonal fallout from such events, I received many emails asking about the nuts and bolts of such interventions. I was hesitant to write a second column on this topic, but I think one of the unique perspectives I bring to *Schizophrenia Digest* is that of a therapist and researcher with many years' experience helping patients with poor insight—or anosognosia—who do not believe they are ill. It's these individuals who most often end up needing involuntary hospitalization.

Xavier Amador, PhD

When and how

Whenever a person is acting in a threatening or dangerous manner, either verbally by inclination ("Stop transmitting waves at me or I will make you stop!"), or more directly ("I am going to hit you if…"), or physically (throwing things, pushing or restraining another person, etc.) you have to act. The same holds true if the person is talking about ending his own life. Certain situations are no-brainers and almost always warrant calling for outside help. In fact, being harmful to oneself, or others, is the most common legal standard for committing someone to a hospital against his will.

If you have decided to act, remember that you are not the first person who has had to commit a mentally ill person, and that there are many resources available to you. If you are a family member and time permits, the first person to contact when you feel the situation is spiraling out of control is the therapist or doctor who has been working with your loved one. If he has not seen a therapist in a long time, or has never seen a mental health professional, the first person you contact will have to be someone different.

If you are a doctor or therapist, it's good practice to contact the family to share your observations and concerns. Hopefully you have been working as a team up to this point, but if you haven't, it's never too late to join forces. For many therapists, this advice goes against their training and ethics. What is said in therapy is supposed to stay in the room, with very few exceptions. But an exacerbation of a serious mental illness (e.g., psychotic decompensation) is often good cause to breach confidentiality in order to speak with others who care about your patient. If the limits of confidentiality are clear ("If you become sick and it affects your good judgment, I will need to inform your family to get their help."), there is no ethical dilemma. I have done this many times and I have never been sued or received complaints. More importantly, it is the right thing to do.

Get things moving

There are generally three ways to begin. Unless someone is in imminent danger of harming himself or someone else (in which case calling the police may be your only option), my order of preference is: a) Go together to the nearest emergency room; b) Call a mental health crisis or assertive community treatment team; or c) Call the police and ask for crisis intervention-trained officers.

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If your relationship is one in which the person still trusts you, you can ask him to go to the hospital with you. Explain that you're worried about him and that you want to see if the doctor can help. And be sure to focus on what the person believes the problem to be.

One mother I know convinced her mentally ill daughter to go to the hospital with her after they had talked about the daughter's suicidal feelings. After doing reflective listening (discussed in my Winter 2007 column, "It's not about 'denial'"), she then asked her daughter, "Can I tell you what I would do if I were you?"

Photo: Jeremy Bales