Valuing Trust Over Involuntary Psychiatric Hospitalization for People with Suicidal Thoughts

The threat of involuntary hospitalization can have a number of negative impacts on suicide prevention efforts including dissuading potential help-seekers, preventing accurate disclosure of suicidal thoughts, and loss of trust in mental health providers. Involuntary hospitalization itself can have a number of negative impacts including trauma, distrust in mental health providers, and increased suicide risk. Based on the significant negative impact of the threat of involuntary hospitalization on suicide prevention effectiveness, mental health providers should shift their focus towards building trusting, consensual relationships with help-seekers.

Literature Review

Several studies have examined reasons for full disclosure, partial disclosure, or nondisclosure of suicidal thoughts to mental health providers. Podlogar and Joiner (2020) found that one in four participants experiencing suicidal thoughts from the high-risk groups they studied did not fully disclose about the severity of their suicidal thoughts. Furthermore, 93.4% of the people who did not accurately disclose indicated high current suicide risk in a separate report. The primary free-response reason that participants gave for non-disclosure was to avoid consequences like hospitalization. In a study of 306 undergraduates, Hom et al. (2017) found that the primary reason that participants disclosed inaccurately to medical doctors/physicians and psychiatrists was fear of hospitalization; to psychologists/therapists/counselors, the secondary reason was fear of hospitalization. In a study of 66 psychotherapy clients who reported concealing suicidal thoughts from their therapists, 70% of participants said that they did not disclose out of fear of unwanted impacts like involuntary hospitalization (Blanchard & Farber, 2018). Nearly half of participants said they would be more honest if the threat of involuntary hospitalization was somehow reduced or controlled. Overall, the high degree of inaccurate disclosure or non-disclosure of suicidal thoughts, especially among people with higher suicide risk, is concerning. Importantly, in all three of these studies, a key factor in non-disclosure or partial disclosure were fear of hospitalization. Fear of involuntary treatment can also be a barrier to accessing mental health services. Swartz et al. (2003) found that fear of involuntary treatment prevented 36% of respondents from seeking mental health services. Overall, fear of hospitalization can prevent disclosure of suicidal thoughts and be a barrier to accessing services.

Studies have shown that approximately 6-69% of people who have experienced involuntary hospitalization have been negatively impacted by it, with most studies reporting numbers in the 20-40% range (Cusack, 2003; Grubaugh et al., 2007; Katsakou & Priebe, 2006;

Paksarian et al., 2014). Morrison et al. (1999) surveyed adults after hospitalization and found that 44% exhibited posttraumatic stress symptoms. A study by Jones et al. (2021) found that after experiencing involuntary hospitalization, 75% of youth reported decreased trust in mental health providers including unwillingness to disclose suicidal thoughts. A study by Jordan and McNiel (2020) of 905 psychiatric inpatients found that 67% of participants experienced perceived coercion during their hospitalization. More disturbingly, when following up with participants throughout a year post-discharge, Jordan and McNiel found that perceived coercion was associated with an increased likelihood of making a suicide attempt. A total of 168 people in their study (19%) made a post-discharge suicide attempt. After reviewing existing literature, Ward-Ciesielski and Rizvi (2021) suggested that involuntary hospitalization may have an iatrogenic effect that contributes to increased likelihood to attempt or complete suicide post-discharge. In sum, a significant percentage of people report negative experiences of hospitalization and there is evidence that negative experiences of hospitalization may be correlated with decreased likelihood of accurately disclosing suicidal thoughts post-discharge and increased likelihood of attempting or completing suicide post-discharge.

How Does the Threat of Involuntary Hospitalization Impact the Effectiveness of Suicide Prevention Efforts?

1. Many people experiencing suicidal thoughts are likely dissuaded from seeking support out of fear of involuntary hospitalization. Many people, especially Black and brown people and members of other marginalized communities, do not trust authoritarian psychiatric interventions due to historic trauma, systemic oppression, prior traumatic experiences, and fear of hospitalization. Another sizable subset of people who experience chronic suicidality have had prior negative involuntary hospitalization experiences. Many members of these communities are likely dissuaded from seeking support when they are experiencing suicidal thoughts out of fear of involuntary hospitalization.

2. People experiencing suicidal thoughts may not trust mental health providers enough to share accurate information about their suicidal thoughts. One of the primary reasons for non-disclosure or inaccurate disclosure of suicidal thoughts is fear of involuntary hospitalization. More concerning, rates of non-disclosure or partial disclosure have been shown to increase when a person is at a high risk for suicide and most in need of help.

3. People with suicidal thoughts may experience trauma and/or a loss of trust in mental health providers as a result of involuntary hospitalization. A significant percentage of people who are involuntarily hospitalized have a negative experience. People may experience trauma or a loss of trust as a result of involuntary hospitalization, further worsening their

mental health at a time they were already in crisis. They may then be unlikely to reach out again for support, or to accurately disclose about suicidal thoughts in the future, resulting in a higher likelihood of attempting or completing suicide.

4. Studies have shown that involuntary hospitalization increases suicide risk. Ward-Ciesielski and Rizvi (2021) cite a number of studies showing increased suicide risk post-discharge. Jordan and McNiel (2020) found that perceived coercion during hospitalization resulted in an increased likelihood of attempting suicide in the year post-discharge. Ward-Ciesielski and Rizvi (2021) go so far as to suggest that hospitalization may have an iatrogenic effect that contributes to increased suicide risk post-discharge.

Conclusion

The threat of involuntary hospitalization can have a number of negative impacts on suicide prevention effectiveness including dissuading potential help-seekers, preventing accurate disclosure of suicidal thoughts, and loss of trust in mental health providers. Involuntary hospitalization itself can have a number of negative impacts including trauma, distrust in mental health providers, and increased suicide risk. Based on the significant negative impact of the threat of involuntary hospitalization on suicide prevention effectiveness, mental health providers should shift their focus towards building trusting, consensual relationships with help-seekers. Multiple studies have indicated that trust is a key factor in accurate disclosure about suicidality (Ganzini et al., 2013; Podlogar & Joiner, 2020). In contrast, a meta-analysis by Large et al. (2016) found that there is not currently an accurate way to predict suicide risk. Moreover, it is widely known that the most important factor in counseling success is the strength of the counselor-client relationship. Given all of this, establishing trust with help-seekers seems far more likely to result in effective suicide assessment and intervention than relying on involuntary hospitalization.

Probert (2014) writes that, “It is not possible to estimate suicide danger, or respond to it appropriately, without understanding the depth of terror, rage, hopelessness, and powerlessness—and the potential for escalation of suicide danger—that can be evoked within many distressed individuals by the threat of involuntary hospitalization and all that can go with it” (p. 1). A crisis, when dealt with compassionately without threatening involuntary hospitalization can be an “opportunity for healing and decrease of long-term suicide lethality” (p. 1). I hope that we can choose a path in suicide prevention efforts that will allow for trust, healing, and a decrease in long-term suicide lethality.

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Collective Collaboration

“Whenever we critique the system without offering hope, we inadvertently reinforce the system we are critiquing” - paraphrased; bell hooks

What is the alternative to carceral mental health treatment?

- Non-carceral
- Trieste Model / Basaglian Approach
- Community Psychology Approach
- Alt2Su (Alternatives to Suicide, model created by the Wildflower Alliance)
- Peer respites
- Care networks (disability justice)
- Alachua County Crisis Center model (see Probert, 2014 in references; involves in-home and community-based mental health support that brings together support network around supporting the individual; direct approach about why ppl want to die)

What does the alternative look like on an individual/micro level?

- Mental health professionals choosing to not work for carceral institutions
- Mental health professionals creating their own initiatives

What does the alternative look like on a societal/macro level?

- Peer respites aimed at both prevention and treatment for the voluntary embedded within communities