

Influence of Race on Outpatient Commitment and Assertive Community Treatment for Persons With Severe and Persistent Mental Illness

Patricia A. Galon, N. Margaret Wineman, and Thomas Grande

Critics of outpatient commitment (OPC) suggest that African Americans with severe and persistent mental illness may be more frequently subjected to coercive treatment. This study examines the frequency of use of OPC and assertive community treatment and compares their influence on the perceptions of procedural justice/choice and coercion/negative pressure on African Americans and Whites. No significant differences were found in the rate at which OPC was applied to African Americans or in the use of assertive community treatment. Although procedural justice/choice does contribute significantly to the perception of coercion/negative pressure in both groups, its influence is diminished in African Americans.

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THE MERITS OF using outpatient commitment (OPC) for individuals with severe and persistent mental illness (SPMI) in the United States continue to be debated while the practice spreads (Treatment Advocacy Center, 2010). Skeptics have been watching the implementation of OPC and have leveled criticism at the practice claiming it places a disproportionate burden on minorities within the population of persons with SPMI (Gresham, 2005). Swanson et al. (2009) describe the current state of OPC utilization as “a huge natural experiment,” noting that it is not yet known whether the benefits outweigh the risks. Considering that persons with SPMI, the population most appropriately considered for OPC, are clearly a socially marginalized group, racial minorities within that population may be at even greater risk to be further disenfranchised. It seems particularly urgent to systematically examine the issue more closely while state laws regarding OPC are changing and the processes of OPC implementation are being established and refined on a community-by-community basis.

This study is based on a secondary data analysis of earlier research comparing OPC and assertive community treatment (ACT) as forms of coercive interventions (Galon & Wineman, 2011). The previous study evaluated the influence of OPC status and ACT individually and in combination on treatment compliance and other quality of life outcomes for persons with SPMI (Galon & Wineman, 2011). The purpose of this additional data analysis was to examine if assignment to OPC status or ACT differed by race and to elucidate the

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From the The University of Akron, Akron, OH; and The County of Summit Alcohol, Drug Addiction, and Mental Health Services Board, Akron, OH.

Corresponding Author: Patricia A. Galon PhD, CNS, Associate Professor, The University of Akron, OH.

E-mail addresses: pgalon@uakron.edu (P.A. Galon), wineman@uakron.edu (N.M. Wineman), grandet@admboard.org (T. Grande)

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