

Voluntary and involuntary commitment

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Voluntary commitment refers to a case where a patient decides to get admitted into a mental hospital willingly (Amer, 2013). This is contrary to involuntary commitment, in which a patient is ordered by the law to accept treatment after being determined to be mentally sick (Johnson & Stern, 2014). As per the case provided, attempted suicide undermines the moral and religious values of life. However, it should be understood that most of such actions result from extreme psychological trauma, as presented here, whereby the boy is denied a chance to date someone he is considering the love of his life. From a professional point of view, the patient has mental impairment that needs attention. Therefore, he should be admitted involuntarily, given that he is unwilling to talk to any practitioner, which makes the process of helping him a bit complicated. Also, medical practitioners should have principles to work with so that they can withstand manipulations, biasness and blackmail that they encounter while at work. Threats from the patient's mother should not be a reason not to admit the patient since it is for his well being.

Based on California State laws, particularly section 5008, this patient should not be detained in hospital, provided he has a supportive family that can help him recover safely (Snape, 2014). However, it should be known that such provision should be presented in writing by the family to acknowledge willingness and capability to support the patient appropriately (Treatment Advocacy Policy Center, 2017). Going by the case at hand, the patient lives with his mother due to divorce. In this regard, he lacks advice from the male figure, which might be probably the reason he went that extreme to commit suicide. In addition, both parents are not in agreement since the father wants the son to be admitted, but the mother is insisting for a discharge. Worst of all, there is no written documentation from the mother to confirm her capability to help her son, instead, she is trying to manipulate and blackmail the medical practitioner using her position. It should be known that the law provides security to all healthcare givers against unjustified dismissal or harassment from their seniors. In this regard, the patient's mother stands no chance to force a discharge of the patient in his current condition, and without providing a detailed written justification to the cause of the attempted suicide. If the medical practitioner will be swayed to go as per the mother's wish, he/she will be culpable in case the patient suffers more harm after being discharged. Accordingly, this patient is eligible for involuntary commitment.

Having understood the laws of California State, it is evident that the first recommendation that the patient be involuntarily committed is backed up legally since there is no written acknowledgement from any family member that shows the willingness to take care of the patient outside the hospital. Besides, the fact that the father is insisting that the patient be admitted confirms further disagreements on looking after the patient safely after being discharged.

In case the patient does not qualify for an involuntary commitment, voluntary commitment will still be necessary. The reason for this recommendation is that based on the patient's reason for the attempted suicide, nothing is solved. Precisely, the girl is still not mature to enter into a relationship as per her parents. Besides, the patient's mother could be right when she argued that her son tried to kill himself just to manipulate a situation he did not agree with. In this regard, the patient can still try to take away his life since his threats to commit suicide might seem irrelevant to the stand of his girlfriend's parents. Accordingly, a voluntary commitment is necessary to prevent the patient from causing further harm to his health (Stone, 2000). However, this might not go well with the mother under the fear that her son might be abused if hospitalized voluntarily based on her initial threats to the medical practitioner. Either case, patients' relatives should understand that the focal goal of medical practitioners is to ensure the wellbeing of their clients, regardless of the ruthlessness they might encounter.

The initial action towards treating the patient is passing him through a serious counseling process (Michel, Valach, & Gysin-Maillart, 2017). The patient should be made to know that nobody is worth his life; bearing in mind that he is still a teenager and more girls still awaits him. It might be challenging to convince this adolescent about changing his stand in regard to the infatuation he feels for the girl, but still various case studies, both real life and fictitious might help. This process must be performed with due diligence to make the patient feel accepted. Typically, the practitioner must try as much as possible to remain relevant, and avoid being judgmental. The patient should be made to understand that he is still sane even after his actions, given that using terms such as crazy might sound abusive to some people. Besides, no one likes being referred to as a lunatic, even the crazy ones.

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