PATIENTS PETITIONED FOR INVOLUNTARY CIVIL COMMITMENT:
GROUND FOR PETITION, DIAGNOSES, AND CULTURAL DIFFERENCES

By

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Abstract

The current study aimed to determine circumstances surrounding the involuntary civil commitment process in Pima County, Arizona. First, the type of petition for evaluation being filed was assessed to determine the grounds for which petitions are primarily filed. Second, alleged behaviors at the time of evaluation and diagnosis (psychosis, bipolar disorder or depression) was assessed to determine if diagnosis predicted a participant receiving court ordered treatment. Finally, cultural differences were evaluated between Hispanic and Caucasian participants, particularly in regards to the relationship with the individual who submitted the initial petition for evaluation. Results found that emergency petitions were filed more frequently than pre-petitions. None of the hypothesized diagnoses predicted participants receiving court ordered treatment; however, psychosis as an alleged behavior was less predictive of receiving a petition for court ordered treatment and depression as an alleged behavior was predictive. Finally, Hispanic participants were underrepresented in the sample compared to the Census Reports of the population and Hispanic participants were equally likely to be petitioned by professionals and nonprofessionals. Caucasian participants were more likely to be petitioned by professionals. Reasons for findings are discussed as well as future research regarding this population of individuals involuntarily civilly committed.
One option for providing mental health services to individuals in need of assistance but unwilling to voluntarily seek treatment is through the involuntary civil commitment process. Involuntary civil commitment is the process by which individuals that pose a danger to themselves or others and are in need of treatment can be mandated by the state to enter a hospital for evaluation (Lareau, 2013). Involuntary civil commitment is unlike criminal confinement, where the individual is being punished for a crime they committed in the past, but rather civil commitment is removing an individual from society for protection against what they might do in the future (Lareau, 2013).

This paper discusses issues surrounding individuals who are involuntarily civilly committed and presents findings from a large-scale, longitudinal empirical study. First, the history of involuntary civil commitment in the US is reviewed, which includes the establishment of commitment criteria and issues surrounding the elements of these criteria. Second, to gain an understanding of the legal process by which individuals are committed in the study area, the legal process used in the study site, Arizona and Pima County specifically, are discussed. Third, we explore the legal grounds for petitions being filed, specific mental health diagnoses of individuals legally mandated to court ordered treatment, and who is more likely to be civilly committed in regards to ethnicity. Finally, cultural differences between Hispanic and Caucasian participants are also examined, specifically the role of families in making referrals to the civil commitment process.

History

Involuntary civil commitment began during the early 1400s in London, whereas this process and the first psychiatric hospital in the U.S. opened in 1773 (Lareau, 2013; Testa & West, 2010). These facilities were commonly known as asylums with individuals committed
indefinitely on the sole basis of mental illness or deviation from the norms of society (Lareau, 2013). Commitment based solely on mental illness continued for nearly 200 years before it was refined. Legal disputes regarding protection of an individual’s liberty and under what conditions it could be stripped away and the person involuntarily committed lead to change (Lareau, 2013). By 1975, the criteria for civilly committing a person focused on the construct of dangerousness, meaning the person presented an imminent threat to cause harm or injury to themselves or other individuals (Lareau, 2013). As concerns arose regarding the due process rights of individuals (the right to fair legal proceedings regarding one’s life and liberty) all U.S. states began to adopt the same basic criteria for civilly committing a person under both federal and state statutes (Lareau, 2013).

**Formal Criteria**

The basic criteria for civilly committing a person in the U.S. have remained essentially the same since 1975. As will be outlined below, these criteria require the presence of one or more of the following: (1) a mental disorder, (2) imminent danger to themselves or others, and/or (3) grave disability (Lareau, 2013). States have historically had considerable variability in the definition of a mental disorder and not all states adopted the last element, grave disability (Lareau, 2013).

**Mental disorders.** There are two layers of variability in the definition of mental disorder and opinions regarding the features and diagnoses that constitute reason for civil commitment. First, there is variance by state for the criterion of presence of a mental disorder – some states have a vague definition of a mental disorder while others are more specific (Lareau, 2013). The general definition of a mental disorder consists of behavior and/or cognitive functioning that is affected by impairment of thoughts, perception, mood, and memory (Lareau, 2013).
Second, there is also variability in opinion regarding the specific characteristics and mental health diagnoses that merit civil commitment. In a national survey, psychiatrists were asked to specify which mental disorders should be included in the definition of a mental disorder for civil commitment purposes (Brooks, 2007). Psychiatrist’s responses were psychosis at 62.9%, followed by bipolar disorder at 54% and major depression disorder at 51.9% (Brooks, 2007).

Dangerousness. Despite the high variability of what is defined as a mental disorder, there are some trends in what is commonly thought of as more prevalent mental disorders, which ultimately lead to involuntary civil commitment. The second criterion for civilly committing someone, dangerousness, is often thought the primary reason for filing a petition for involuntary civil commitment. This criterion specifically is that the person is posing a danger to themselves or to others (Lareau, 2013). Another reason dangerousness is thought to be the primary reason for civil commitment could be due to professionals’ lack of familiarity with the criteria for which a petition can be filed under state law (Lareau, 2013).

Gravely disabled. The third criterion, grave disability, states that an individual is unable to meet their basic needs of survival, such as providing themselves with food or appropriate shelter (Lareau, 2013). In a national survey of psychiatrists conducted to determine professional knowledge of regulations regarding involuntary civil commitment, all psychiatrists correctly identified danger to self and danger to others as the primary basis for filing a petition; however, only 70% of psychiatrists correctly identified grave disability as a criterion for filing a petition (Brooks, 2007). Given that psychiatrists nationally do not know that grave disability is a criterion for filing a petition for involuntary civil commitment, it is likely that the same phenomenon is occurring at the local level as well.
Cultural Factors

Beyond the established criteria for civil commitment and the types of diagnoses commonly associated with civil commitment, there are other factors to consider. One such factor is the cultural backgrounds of individuals who are going through the involuntary civil commitment process. Cultures hold different views of what constitutes reasonable justification to civilly commit someone, especially when it is a family member.

Among ethnic minority families, there is an increased stigma surrounding mental health (Wong et al., 2009). Researchers suggest that ethnic minorities delay treatment, which ultimately leads to increased rates of hospitalizations and poor outcomes of mental health services and further enhances the distrust in seeking medical assistance (Merritt-Davis & Keshavan, 2006). These findings suggest that ethnic minorities have a higher distrust in the medical profession in general, which ultimately leads to reduced treatment seeking of mental health services despite displaying symptoms that require treatment by ethnic minorities.

Hispanics. The Hispanic/Latino culture is a collectivist culture and members seek minimal professional assistance, especially in regards to medical care (Armstrong, Ravenell, McMurphy, & Putt, 2007). Hispanics report higher levels of distrust toward physicians than do Caucasians (Armstrong et al., 2007). And, professionals believe that Hispanics/Latinos do not regularly seek treatment for medical assistance, especially for mental health issues. Additionally, a study found that the utilization of case management (a program that coordinates individuals with mental health professionals) was significantly lower in Latinos than European Americans (Barrio et al., 2003).

These studies suggest that Hispanics in general do not seek regular medical assistance because of their distrust towards the profession and the dominant culture then stigmatizes
Hispanic individuals for their limited use of medical assistance. Self-reliance is displayed in the Hispanic culture and also in Hispanic families (Algeria et al., 2002). There may also be a difference in recognition of mental health problems amongst Hispanics as well as discomfort or an inability due to language barriers to discuss such issues (Algeria et al., 2002).

There may be situations where an individual and/or family member is limited in their options to seek assistance for a severely mentally ill family member. The family may ultimately be forced to seek involuntary treatment. Involuntary treatment, though not a desirable option, is one avenue the family can take if the family member’s symptoms have reached a point where intervention is imperative and the individual is unwilling to seek treatment voluntarily. The process of initiating a petition for evaluation and the legal progression surrounding civil commitment can be unfamiliar especially for Hispanic families who are unfamiliar with the legal process.

**Legal Process to Commit**

The initiating process for civil commitment commonly involves a series of steps before an individual can be evaluated and ordered to receive treatment. As mentioned above, in addition to the variability in state criteria to commit a person, there is also variability between states in the legal process involved with civil commitment. This study examined the civil commitment process in Arizona, and specifically Pima County.

**Arizona civil commitment process.** The process for involuntary civil commitment in Arizona begins with an application for involuntary evaluation. In the current paper, “petition” is used to refer to this application. There are two types of petitions that can be filed for a person’s mental health to be evaluated: an emergency petition and a pre-petition. An emergency petition can be filed when someone is exhibiting behaviors which constitute imminent danger to self or
danger to others. In emergency situations, the patient can be admitted and detained involuntarily for up to twenty-four hours without an order from the court.

A pre-petition involves a reasonable person submitting application for evaluation of a particular person to an intake agency upon which the admitting agency reviews the pre-petition and arranges to interview the person. If the agency representative decides that the person needs to be evaluated, they initiate the evaluation process. After evaluation, a petition can be filed to the court for court ordered treatment. In court, the judge hears evidence and determines if treatment is necessary (Arizona State Legislature, 2007).

As defined in the Arizona Revised Statutes, under Title 36, section 540, in order for a person to be court ordered to treatment, the court must first find that the person is unwilling or unable to accept voluntary evaluation for treatment, and as a result of mental disorder is a danger to self (DTS) or others (DTO), gravely disabled (GD), and persistently or acutely disabled (PAD) (Arizona State Legislature, 2007).

**Pima County civil process to commit.** The process of civil commitment in Pima County involves a three-step procedure: pre-petition application, evaluation, and court ordered treatment (Southern Arizona Mental Health Corporation [SAMHC], 2013). The initiating process of civil commitment involves any reasonable person submitting a pre-petition application for an individual to be evaluated for treatment (SAMHC, 2013). The application is reviewed by two clinicians at the receiving agency. In Pima County, SAMHC handles all petitions and evaluations. Based on a decision by SAMHC (2013) representatives after evaluation, a petition for treatment is submitted to the court or treatment is deemed unnecessary.

When the application reaches the court, a judge evaluates the clinicians’ recommendations. The judge then makes a final decision regarding if the person should be
ordered to treatment. This decision is based on if the person will not voluntarily seek treatment and if they pose a danger to themselves or others, or are gravely disabled (SAMHC, 2013).

If the judge finds that treatment is unnecessary, the individual is released. In the event that the judge determines treatment is required, the individual is ordered to receive treatment at an inpatient or outpatient facility (SAMHC, 2013). If a patient still meets the criteria for commitment after completing their scheduled treatment, the judge can order the patient to continue receiving treatment until the patient no longer meets the criteria (SAMHC, 2013).

The legal process to civilly commit a person can be tedious, but is essential in situations when an individual cannot or is unwilling to make voluntary choices regarding their mental health. An intervention such as the civil commitment is crucial for the well-being of the patient and, at times, the surrounding community (Brooks, 2007). In order to understand how best to serve those individuals who may be in need of civil commitment intervention, it is important to know who is being civilly committed and for what reasons.

**Current Study**

This study aims to fill the gaps in the literature regarding demographic information of individuals who are civilly committed and the reasons for the civil commitment (such as mental disorders and grounds for petitioning) in Pima County, Arizona. Currently there is no demographic information or case-flow information for petitions filed in Pima County. Thus, the purpose of the current study is three-fold.

First, this study seeks to determine the most common criterion or grounds for filing a petition. We hypothesize that the grounds are more likely to be due to expressing danger to self or others than on the basis of grave disability. If this is true, we should expect to see more
emergency petitions filed in comparison to pre-petitions. In an emergency petition, the criteria for grave disability or persistent and acute disability are not included such as in the pre-petition.

Second, apart from the types of petitions filed for civil commitment, the diagnoses or symptoms of mental health disorders are also important to evaluate. Since there are primary mental disorders that psychiatrists would expect to be highly associated with civil commitment, we hypothesize that individuals with diagnoses of psychosis, bipolar disorder, and/or major depression are more likely to be mandated to court ordered treatment.

Pima County is in the southern region of the state, which is near the U.S.-Mexico border. Due to the proximity of the neighboring country, most cities in the southern region have a high population of Hispanic individuals. Data from U.S. Census Bureau in Pima County in 2010 indicate that the Hispanic population makes up 35% of the total population. Due to the high occurrence of this ethnic minority, the final aim of the study is to determine the relationship between Hispanic ethnicity and likelihood of being petitioned for a mental health evaluation. Considering the overall negative cultural view of seeking professional medical attention, especially for mental health purposes, it is important to understand if this population is receiving proportionate services in Pima County despite this negative view. Specifically this study hypothesizes that in comparison to the Caucasian population, Hispanic participants coming in contact with the involuntary civil commitment process are less likely to get petitioned by family members and more likely to get petitioned by professionals such as law enforcement, legal professionals and medical professionals. In addition, it is hypothesized that in comparison to the Caucasian population of Pima County, there will be significantly fewer Hispanic participants petitioned.
In summary, this study aims to test three hypotheses surrounding the civil commitment process in Pima County. First, based on the involuntary civil commitment process in Pima County, and Arizona as a whole, the grounds for petitioning an individual will primarily be based on danger to self and others. Second, the most prevalent disorders of those who get petitioned will be psychosis, bipolar disorder and major depression. Finally, the role of Hispanic participants in the population will have an effect on who gets petitioned and by whom the petition is filed.

Methods

Participants

Participants for this study were any individual who was petitioned for involuntary civil commitment for the first time in Pima County, Arizona during the calendar year of 2006. It is unknown if participants had a history of involuntary civil commitment in other jurisdictions. Because the participants in this study were undergoing the involuntary civil commitment process, legal counsel for each participant was notified by the Court regarding the study. Participants were given the option to opt out of the study periodically during data collection. None of the participants opted out.

Data Collection

Research assistants gathered case file information for each participant from Mental Health Court legal files located at Pima County Superior Court. Before data collection, the research assistants completed a background check by the court to gain access to case sensitive files which are not accessible to the public. Upon successful completion of background checks, the research assistants then traveled to the mental health court to collect the study variables from court personnel from all eligible cases identified during the specified period of time. A database
was created in Microsoft Excel, which included all study variables. The study variables included demographic information, information reported on the initial petition for evaluation, and mental health history. The Excel database was stored at the court during data collection. Once all data was collected, the database was stripped of all identifiers by the court staff before it was released to the research data analysis team. The research assistants who collected the data are not participating in any analysis of the data.

**Statistical Analysis**

Some of the variables were re-coded to perform statistical analysis. The variable of applicant relationship included categories such as: law enforcement, hospital staff, professional, and Pima County jail staff, family, friend, significant other, and neighbor. Due to the variant categories, the applicant relationship was dichotomized into nonprofessional and professional categories based on the relationship the applicant had to the patient. Information regarding the patients’ diagnoses contained in the evaluation at SAMHC was collected. This data was re-coded by research assistants into broad categories of: psychosis, psychotic disorder, anxiety, depression, bipolar, substance abuse, and cognitive disorders. These diagnostic categories were then dichotomized into present or absent.

For hypothesis one, a chi-square analysis was used to analyze differences in the frequency of emergency petitions and pre-petitions. For hypothesis two, logistic regression was used to determine the likelihood of receiving court ordered treatment based on the three diagnoses. Finally, a chi-square was used to analyze the expected and observed frequencies related to the ethnicity of the participant and participant’s relationship to the person who filed the petition. The representativeness of Hispanics in the sample in regard to the general population of Pima County was evaluated using a chi-square as well.
Results

Demographics

The sample consisted of 1,106 individuals (females = 509, 46%; males = 597, 54%), ranging in age from 18 to 102 years (M=40.7 years, SD=17.5 years). The majority of the sample consisted of Caucasians 62.9% (n=692), followed by Hispanics at 22.1% (n=244), Black/African American 7.2% (n=80), American Indian/Native American 2.3% (n=25), Asian 1% (n=11), and other 4.7% (n=52).

Grounds for Petition

There was a significant difference the number of emergency petitions filed compared to pre-petitions. Emergency petitions are more likely to be submitted than pre-petitions, $\chi^2(1)=550.09, p<.001$.

Court Ordered Treatment

When individuals are initially petitioned for an evaluation, all participants enter Phase One of the civil commitment process. During the initial procedures, some individuals are dismissed during this phase while others continue to Phase Two. In the current study, 56% of individuals were dismissed at Phase One. The remaining individuals continued to Phase Two. The participants were then evaluated and a petition for treatment was filed with the court.

Alleged behaviors were indicated in the initial petition for evaluation. These alleged behaviors were then used to determine if they predicted whether a petition for court ordered treatment would be filed, and eventually, if an order for court ordered treatment would be filed.

If psychosis was reported as an alleged behavior in the petition for evaluation, individuals were 60% less likely to be petitioned for court ordered treatment, $b=-.929$, Wald $\chi^2(1)=49.66, p<.001$. Depression as an alleged behavior did not predict petition for treatment, $b=276$, Wald $\chi^2(1)=3.29$,.
p=.070 n.s. Of all cases petitioned for evaluation, there were only 37 cases with bipolar symptoms as alleged behaviors. There was not enough variability in this variable to predict outcomes for petition for court ordered treatment as well as court ordered treatment; therefore, bipolar disorder as a predictor was thrown out of analysis.

At Phase Two, alleged behaviors were tested to determine if they predicted moving forward to Phase Three: court ordered treatment. Depression as an alleged behavior was 1.4 times more likely to predict continuing to Phase Three, $b=.170$, Wald $\chi^2(1)=4.74$, $p=.029$. Psychosis was 59% less likely to predict continuing to Phase Three, $b=-.891$, Wald $\chi^2(1)=41.57$, $p<.001$.

Once at Phase Three, diagnoses from both clinicians were analyzed to determine if they predicted receiving court ordered treatment. For the first clinician, neither psychosis nor depression was predictive of court ordered treatment, $b=-.162$, Wald $\chi^2(1)=.220$, $p=.639$ n.s. and $b=.130$, Wald $\chi^2(1)=.233$, $p=.233$ n.s., respectively. Additionally, diagnoses of psychosis and depression from the second clinician was not predictive of receiving court ordered treatment, $b=-.056$, Wald $\chi^2(1)=.021$, $p=.884$ n.s. and $b=.200$, Wald $\chi^2(1)=.532$, $p=.466$ n.s., respectively.

**Hispanics and Applicant Relationship**

According to U.S. Census data in 2010, Hispanic individuals comprise about 35% (n=338,802) of the general population in Pima County. In the current sample, Hispanic participants comprised 22% (n=244) of the total sample of individuals petitioned for involuntary civil commitment. Thus, in comparison to the population of Pima County, Hispanics were significantly underrepresented in the study, $\chi^2(1) = 76.35$, $p<.001$.

It was determined that Hispanic participants are equally likely to be petitioned by nonprofessionals or professionals, $\chi^2(1) = .262$, $p = .609$, n.s. which does not support the
hypothesis. Caucasian participants were more likely to be petitioned by professionals compared to nonprofessionals, \[ \chi^2(1) = 61.32, \ p < .001, \] which was expected of the Hispanic sample. Applicant relationship was compared between Hispanic and Caucasian participants which suggests that there is a significant difference in the relationship of the applicant between these groups, \[ \chi^2(1) = 13.35, \ p < .05. \]

**Discussion**

The current study aimed to assess the types of petitions filed, which diagnoses are predictive of receiving court ordered treatment, and the relationship between Hispanic and Caucasian participants being petitioned and by who in Pima County, Arizona.

First, the results of this study indicate that emergency petitions are more likely to be filed than pre-petitions, which supported the hypothesis. This finding suggests that immediate assistance for dangerous behaviors is sought more readily than through a structured manner of formally recommending someone to receive a mental health evaluation. Applicants are likely filing these petitions in order to help the individual with the presenting mental illness as quickly as possible to defuse the situation and retain safety for the individual and the surrounding community.

Additionally, medical and law enforcement professionals are required by law to take legal action when an individual is presumed to be dangerous. Although individuals appear to be petitioned more often because of dangerousness, it is possible that this data under represents reasons why someone is in need of treatment. The emergency petition can only be filed if the individual in question is an imminent threat to themselves or others. The pre-petition allows for additional factors to such as grave disability and persistent acute disability. The number of individuals displaying these symptoms but are not petitioned is likely significant. Future research
should explore the degree to which individuals displaying these characteristics are not being civilly committed.

Second, the current study examined the different types of diagnoses and alleged behaviors indicated in the initial petition for evaluation. Over half of participants who enter the process are not then petitioned for court ordered treatment. This finding can be due to individuals voluntarily deciding to seek treatment or that further evaluation is not needed. Symptoms could be subsiding during the time between entry into the system and evaluation.

When alleged behaviors were tested to determine predictability of petition for court ordered treatment, psychosis was not predictive of receiving a petition for court ordered treatment. This finding is likely due to a high overlap between substance use and psychotic symptoms. During the initial phase of evaluation, individuals are screened for drugs. If results return positive, individuals are immediately dismissed from the process. State regulations do not allow for evaluations of individuals who display symptoms of a mental disorder as a result of substance use/abuse, which could contribute to the high number of dismissed cases as well as the lack of predictive power of psychotic symptoms. The current study was unable to assess the relationship between psychotic symptoms and substance use but future research should look at this relationship. Depression was predictive of continuing to Phase Two and Phase Three likely due to the severity of symptoms of depression and suicide.

Once at Phase Two, individuals receive a diagnosis from two clinicians and then they have a hearing with the judge to determine if treatment will be court ordered. None of the hypothesized diagnoses from either clinician were predictive of receiving a court order for treatment. This finding is likely due to other factors that weigh more heavily, such as dangerousness, when a judge is making a decision for court ordered treatment. The level of
dangerousness an individual presents when initially being petitioned for evaluation may have influenced an individual’s likelihood of being mandated to treatment. Due to the higher rate of emergency petitions being filed, dangerousness is an important factor to consider when individuals are being mandated to treatment by a judge. Having a specific diagnosis alone may not have as influential an effect as dangerousness. An additional factor that could have influenced rates of court ordered treatment was an individual’s lack of insurance to cover treatment costs. The current study did not have insurance information to test as a mediating effect. Future research should assess the relationship between dangerousness and receiving court ordered treatment, as well as effects of insurance.

Finally, Caucasian participants were more likely than any other ethnicity to be petitioned for involuntary civil commitment and are more likely to be petitioned by professionals than nonprofessionals. Hispanic participants were second most likely to be petitioned for involuntary civil commitment and were equally likely to be petitioned by professional and nonprofessionals. When we broke down the category of applicant relationship, there was a high number of family/friend/significant other that petitioned someone of Hispanic ethnicity. Professionals alone had the highest rate of submitting an application for Hispanic participants followed by law enforcement. Though the frequencies of each of these categories differed, it was not statistically significant.

The current study hypothesized that Hispanic participants are more likely to be petitioned for involuntary civil commitment by professionals compared to nonprofessionals such as family members. Hispanic individuals comprise 35% of the population in Pima County but only 22% in the current sample. This illustrates a significant difference between the sample and population which suggests that Hispanic participants are underrepresented in the civil commitment process.
in Pima County. Previous research indicates that Hispanic individuals may utilize fewer mental health resources in general, due to feelings of distrust, experiences of delayed treatment and stigma of mental illness (Armstrong et al., 2007; Merritt-Davis & Keshavan, 2006; Wong et al., 2009). These reasons may explain the disparity in ethnic representation observed in Pima County. It is possible that the underrepresentation of Hispanic participants in the sample affected the finding that Hispanics are equally likely to be petitioned by nonprofessionals and professionals whereas Caucasians are more likely to be petitioned by professionals than nonprofessionals. This finding was expected to be observed for Hispanics but the hypothesis was not supported in the current study. The current data does not include information regarding the ethnicity of the nonprofessional applicants (family, friend, neighbor, etc.). This may provide some explanation as to why the hypothesized relationship was not observed.

**Limitations and Future Research**

Limitations in the current study include the archival nature of the data and lack of detailed information for each case. It will be important to investigate which criteria outlined in ARS§36-540 is most common and which is most likely to result in court ordered treatment. Future research should address status of insurance and substance abuse symptoms as they are important for possible explanation of unexpected results found in the current study.
References


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