




Annette Christy
Brittany Haldeman

*de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
University of South Florida*

Presented at the Annual Meeting of the Research & Training Center for Children's Mental Health
March 2009


Contact Information
Annette Christy, Ph.D.
Associate Professor
Department of Mental Health Law & Policy
achristy@fmhi.usf.edu; 813-974-7419

Baker Act Reporting Center
<http://bakeract.fmhi.usf.edu>



Presentation Overview

- Emergency Commitment
- Emergency Commitments of Young Children
- Future Research and Policy Issues



Involuntary Examination Criteria

394.463(1), FS

- Reason to believe the person has a mental illness and because of mental illness person has refused or is unable to determine if examination is necessary

And either:

- **Self Neglect:** Without care or treatment, is likely to suffer from neglect or refuse to care for self, and such neglect or refusal poses a real and present threat of substantial harm to one's well-being and it is not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services; **or**
- **Harm:** There is substantial likelihood that without treatment persons will cause in the near future serious bodily harm to self or others, as evidenced by recent behavior

Mental Illness Means...

394.455(18), FS

- Impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality
- Impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology
- Does not include retardation or developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behaviors or substance abuse impairment

Initiating Involuntary Examinations

384.463(2), FS and 65E-5.280, FAC

- Upon determination that person appears to meet criteria for involuntary examination, the exam may be initiated by any one of the following three means:
 - Court order – the circuit court may enter an ex-parte order; or
 - A law enforcement officer shall take into custody a person who appears to meet the criteria describing circumstances; or
 - A mental health professional may execute a certificate stating that s/he has examined the person within the preceding 48 hours and found the person met the criteria and stating the observations upon which that conclusion is based

Receiving Facilities for Children

- There are ~105 receiving facilities in Florida
- 30 units have some/all beds designated for children
 - 11 Children's Crisis Stabilization Units
 - 4 Hospital based receiving facilities with beds designated for children
 - 15 Private receiving facilities with beds designated for children
- These units are located in 19 of Florida's 67 Counties
- 32 of Florida's 67 Counties have NO receiving facility

Baker Act Data

- BA52 forms from law enforcement and mental health professionals, as well as ex-parte orders
- Received since 1997
- Over 125,000 Baker Act exams annually
- Baker Act Reporting Center
 - <http://bakeract.fmhi.usf.edu>

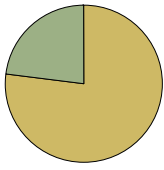


Emergency Commitments for Three Years July 2005 through June 2008

- 366,585 total emergency commitments in the three years (all ages)
- 6,437 (1.76%) for children between 5 and 10

Age	n	%
5	237	4%
6	551	9%
7	883	14%
8	1,254	19%
9	1,561	24%
10	1,951	30%

Gender and Race

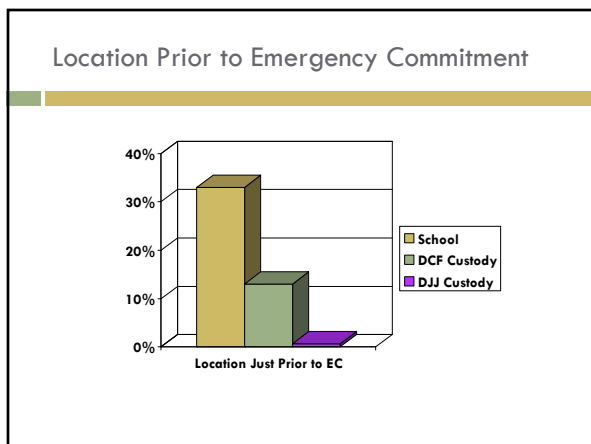
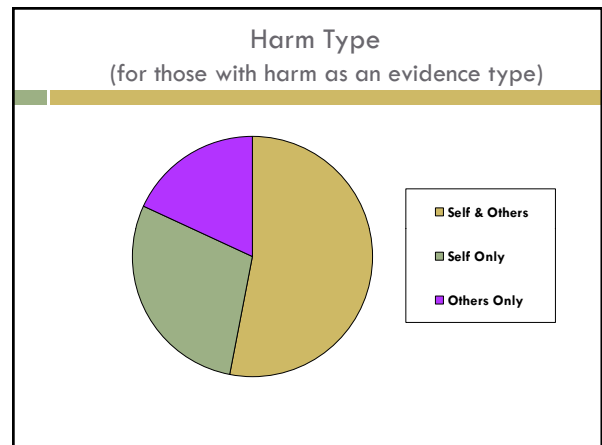
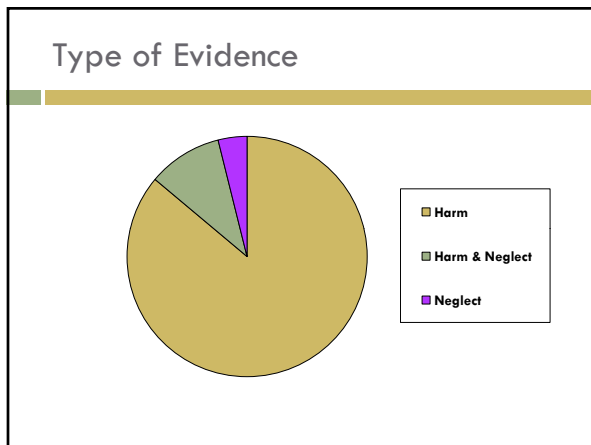
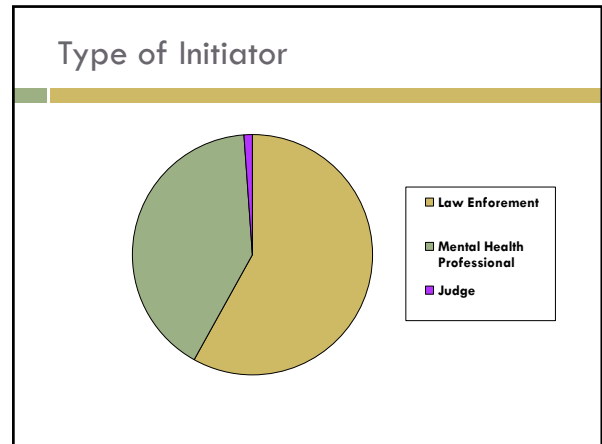


	Emergency Commitments		Population (2008)
	n	%	%
Caucasian	3,634	59%	74%
African-American	2,049	33%	22%
Other/Mixed Race	488	8%	
Asian	18	<1	
Hispanic Origin	300	5	28%

Population statistics from www.floridacharts.com
It is likely that Hispanic Origin is under-reported such that the data for this variable should be interpreted with caution.

Race and Gender

Gender	Race	% of Emergency Commitments	% of Population
Boys	African-American	25%	11%
	Caucasian	42%	38%
Girls	African-American	7%	11%
	Caucasian	13%	15%



Emergency Commitments in Three Years

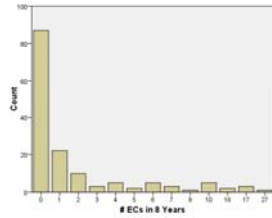
There were 3,492 children with 6,437 emergency commitments

The count of children (and repeated emergency commitments) is an undercount because social security numbers were not reported for 18% of emergency commitments of 5 to 10 year olds

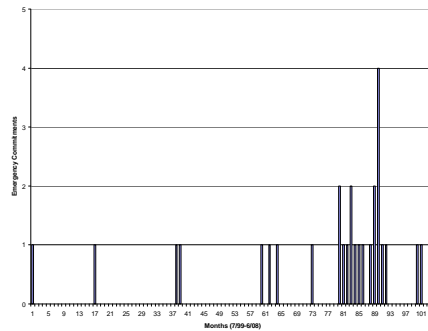
# Emergency Commitments	Children 5-10 Years Old	
	n	%
1	2,673	74%
2	510	14%
3	186	5%
4	78	2%
5	45	1%
6	35	1%
7	17	<1%
8	9	<1%
9	6	<1%
10	5	<1%
11	2	<1%
12	2	<1%
13	2	<1%
16	1	<1%

Repeated Emergency Commitments Over 8 Years

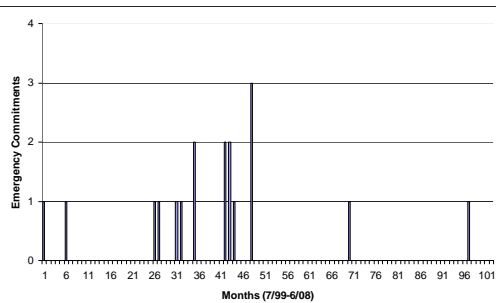
- ▣ 149 5-10 year old children with at least one emergency commitment in one year (July 1999 through June 2000)
- ▣ Counted emergency commitments for the following 8 years (July 2000 through June 2008)
- ▣ 42% had at least one more, with a range of 0 to 27.



Example of Repeated Emergency Commitments



Example of Repeated Emergency Commitments



Future Research and Policy Issues



Policy Issues and Future Research

- ▣ Five to ten year old children are a very small percentage of the total emergency commitments, but their numbers are large enough that addressing issues related to their commitment is meaningful
- ▣ Future research needs to focus on
 - reasons for and circumstances surrounding emergency commitment of these children, especially African-American boys
 - Role of schools
 - Role of law enforcement (especially school resource officers)
 - Diagnosis and behaviors
 - Impact of availability (or lack thereof) of mental health and other social services
 - Role of social support and social capital
 - The role of geography
 - Availability of and use of alternatives to emergency commitment
- ▣ Children who have emergency commitments at a young age and continue to have emergency commitments are a small group, but one that is likely in need of future research and policy attention – may have implications throughout adolescence and into adulthood