



## F36 Hoarding Disorder: Whose Problem Is It, Anyway?

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After attending this presentation, attendees will be able to: (1) specify the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V) criteria of hoarding disorder; (2) describe the limited treatment options for hoarding disorder; (3) understand that mental health treatment for an involuntarily committed patient was ruled constitutional under the 14<sup>th</sup> Amendment by the United States Court of Appeals, Fifth Circuit; and, (4) identify that the issues of involuntarily committing and treating a person for hoarding disorder may be incompatible with attaining therapeutic benefit.

This presentation will impact the forensic science community by presenting several of the questions yet to be answered about hoarding disorder's place within the realm of involuntary commitment and court-ordered treatment.

**Statement:** Hoarding disorder is a new diagnosis in the DSM-V, but there are several questions yet to be answered about its place within the realm of involuntary commitment and court-ordered treatment.

**Brief Synopsis:** Hoarding disorder is a new diagnosis in the DSM-V that is generally understood to be potentially dangerous to one afflicted by it and perhaps to the community at large. The disorder presents with challenges to clinicians and the law as to where it fits within the context of involuntary commitment and treatment.

In the case of *Donaldson v. O'Connor*, the United States Court of Appeals stated, "We hold that a person involuntarily civilly committed to a state mental hospital has a constitutional right to receive such individual treatment as will give him a reasonable opportunity to be cured or to improve his mental condition."<sup>1</sup> Despite this, there are no accepted psychotropic medication treatments for this disorder, and psychotherapy is difficult at best with a patient that does not want to undergo treatment. Even with patients willing to accept treatment, improvements are difficult to achieve.<sup>2</sup>

In *Rogers v. Commissioner of Mental Health Department*, the Massachusetts Supreme Court ruled that in non-acute emergent situations, medications could not be given against the patient's consent unless they were ruled incompetent.<sup>3</sup> Moreover, there must be treatment methods that are evidenced-based and widely accepted within the treatment community for the identified disorder leading to civil commitment; however, hoarding disorder is not generally associated with cognitive impairments, patients often demonstrate they have knowledge of their situation, and there are no accepted psychotropic medication treatments for this condition. Moreover, the hoarding behavior may be the cause of the identified danger, but is not or is rarely seen as acutely emergent.

In the situation of a hoarding-disordered patient involuntarily committed to a psychiatric unit, a number of questions arise: (1) is the person incompetent to understand their situation; (2) how can we treat them; and, (3) if there is no appropriate treatment, does that mandate release despite the continuing danger and mental illness?

If dangerous hoarding-disordered patients are not to be involuntarily held in a psychiatric unit, who in the community, if anyone, is responsible? The department of health or the police, or are the patients to be arrested or ignored despite the persistent danger? Adding to the confusion, law enforcement personnel are often encouraged to not arrest persons in the community that they suspect may be mentally ill as being incarcerated may hurt the person's ability to attain mental health care.

In this presentation, two hoarding-disordered patients who were held in a civil-psychiatric hospital for hoarding disorder are presented. In both cases, the patients were involuntarily committed; however, the court judgments did not explain how the rulings were compatible with the legal precedents established above. Both patients wished to return to their homes despite the fact that the homes were condemned by the department of health and declared too dangerous for habitation.

Hoarding disorder is a new diagnosis in the DSM-V that has gained popular attention due to the media, but the mechanics of involuntarily committing patients diagnosed with this disorder have not been sufficiently analyzed within academic forums or scientific literature. Many judges and magistrates entrusted with the gatekeeping responsibilities of civil commitment are involuntarily committing such patients without explaining how it can be appropriately done given prior legal precedents implying otherwise.



# Jurisprudence Section - 2015

## References:

1. *Donaldson v. O'Connor*, 493 F.2d 507, 510 (5th Cir. 1974).
  2. *N Engl J Med* 2014; 370:2023-2030 May 22, 2014 DOI: 10.1056/NEJMcp1313051.
  3. *Rogers v. Commissioner of Mental Health Department*, 390 Mass. 489, 458 N.E.2d 451 (1966).
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## Hoarding Disorder, Involuntary Commitment, Civil Liberties