



Psychiatry & Behavioral Sciences Section – 2007

I17 Civil Commitment and Criminality: The Fine Line Between Inpatient Treatment for Dangerousness and Criminality

Sanjay M. Sahgal, MD*, USC Keck School of Medicine, 3940 Laurel Canyon Boulevard, #411, Studio City, CA 91604; and Adam M. Weisman, PhD*, and Kaushal K. Sharma, MD*, USC Institute of Psychiatry and Law, PO Box 86125, Los Angeles, CA 90086

After attending this presentation, attendees will have learned about civil commitment laws in psychiatric inpatient practice and the poignant legal situations that arise when a criminal act is alleged against an inpatient on an involuntary hold. Forensic consultations regarding these issues will be understood more completely.

This presentation will impact the forensic community and/or humanity by addressing a challenging situation that forensic mental health professions encounter during the course of their consultations with attorneys and judges. An understanding of the issues presented can enhance the value of the input forensic evaluators can offer to the legal community.

In the State of California, under the Lanterman-Petris-Short Act, acute mentally ill individuals may be civilly committed to an inpatient treatment facility if they present as a danger to self, a danger to others, or gravely disabled. Such involuntary holds are subject to administrative review within 72 hours and judicial review in the case of extended hospitalization with similar criteria. In the case of individuals in danger to self or others, treatment facilities often continue to assess risk to self or others as a standard protocol. However, when dangerousness to others is expressed during the civil commitment, treatment providers are perplexed as to whether to handle the matter as an expression of the patient's decompensation or a criminal act leading to removal of the patient to jail in order to face criminal charges.

To better understand this issue, two psychiatric-criminal cases are presented. In each case, the defendant was civilly committed to an inpatient facility as a danger to self or others. In each case, the defendant struck out against another individual. In the first case, the victim was a psychiatric nurse attempting to medicate the defendant during an episode of acute agitation. In the second case, the victim was a fellow patient standing outside the defendant's room. Both patients were arrested and charged with assault. Each case was referred for a forensic evaluation as part of a legal defense strategy. Each attorney has used the strategy, that their client assaulted someone as an act of a mental illness.

Each case will be presented in detail, including the relevant social and psychiatric history and psycho-legal disposition. In exploring the nuances of these poignant situations, the forensic psychiatric and psychological issues that arise within the criminal justice system when patients are formally charged will be presented.

Two important questions arise from the cases: Is a person legally culpable for his violent acts when civilly committed for dangerousness to others? To what degree do such violent acts represent a treatment and containment responsibility on the part of the psychiatric inpatient team?

It will become clear from the presentations that there is significant ambiguity in both the civil commitment laws and the criminal code with respect to culpability in such matters. An understanding of the nuances of these situations will give the forensic mental health professional greater flexibility in assisting the courts during proceedings relating to these matters.

Aggression, Criminal Issues, Civil Commitment