



Psychiatry & Behavioral Sciences Section – 2011

I19 When Rights Collide: Right to a Speedy Arraignment vs. Right to Psychiatric Care

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After attending this presentation, attendees will be able to describe the tension that exists between an arrestee's right to a speedy arraignment and their right to medical treatment, including psychiatric treatment. Specifically, attendees will be able to identify the opposing ethical principles involved in this tension and be familiar with at least two landmark legal cases that have delineated these rights in the constitution and case law. By learning about a current study at Bellevue Hospital identifying the legal repercussions of admission to an inpatient psychiatric unit prior to arraignment, including the delay in length of time to arraignment, attendees will learn about the diagnostic and risk assessment considerations that go into pre-arraignment evaluations. An in-depth look at several examples of psychiatric admission that led to a significant delay in arraignment will help the attendees appreciate the complexities of balancing patient care with criminal rights in psychiatry.

This presentation will impact the forensic science community by highlighting the complexities of providing psychiatric admission to police detainees prior to arraignment. The data will systematically show the time to arraignment for detainees psychiatrically hospitalized and identify any delay as compared to the general population. This data will be used to help contribute to the understanding of the treatment of the mentally ill in the criminal justice system, specifically whether legal proceedings are significantly delayed and if a change is needed in the system so that the right to a speedy arraignment and the right to medical treatment are not so opposed.

Proposition: Every person has a right to a speedy trial under the Sixth Amendment of the United States Constitution. People with psychiatric symptoms who are under arrest may require hospitalization, which results, at least in New York City, in a dual commitment situation – civil and criminal commitment. Hospitalization necessarily involves a delay in arraignment, thus delaying their first contact with an attorney and their opportunity for release (either by posting bail, accepting a plea, or having the charges dropped). For those who would be released at arraignment, their time in custody may be significantly extended by hospitalization. However, while it is true that admission to the hospital delays an individual's criminal proceedings, it fulfills another right, which is the right to medical treatment while in custody. The Bellevue Hospital CPEP (Comprehensive Psychiatric Emergency Program) sees approximately 8,600 visits per year, about 30% of whom are pre-arraignment NYPD detainees. About 8% of those detainees are then admitted to the Bellevue Hospital inpatient forensic psychiatric, which is an average of 20-30 per month. This study will describe the population of police detainees who require psychiatric admission prior to arraignment and will compare the average length of time to arraignment following psychiatric hospitalization with the average length of time to arraignment for the general population in New York City. In-depth case review will help illustrate what is considered a significant enough psychiatric emergency to necessitate a delay in arraignment.

Method: The sample population will include all pre-arraignment detainees brought to the Bellevue Hospital CPEP and then admitted from April 2010 to August 2010. Descriptive variables, including age, race, diagnosis, psychiatric history and preliminary charge, will be collected and analyzed. Data will be collected about the length of time from arrest and admission to arraignment. This will be compared across the five boroughs in New York City, as Bellevue Hospital serves as the only inpatient forensic service in New York City for men in police custody requiring acute psychiatric admission. Clinical experience has indicated that a key factor in determining time to arraignment is the borough in which the instant offense was committed, in part because of various

geographic and systems barriers. Analysis will also involve exploring the disposition outcomes for those arraigned during hospitalization comparing the subgroups of those released with those retained in custody.

Conclusion: This presentation and study are designed to highlight the complexities of providing psychiatric admission to police detainees prior to arraignment. The data will systematically show the time to arraignment for detainees psychiatrically hospitalized and identify any delay as compared to the general population. This data will be used to help contribute to the understanding of the treatment of the mentally ill in the criminal justice system, specifically whether legal proceedings are significantly delayed and if a change is needed in the system so that the right to a speedy arraignment and the right to medical treatment are not so opposed.



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