Involuntary Commitment in Mecklenburg County: A Population Analysis

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INTRODUCTION

As part of a larger study to increase the Mecklenburg County Public Defender’s Office capacity to collect, manage, and use data, this study examines the demographic characteristics of persons involved in involuntary commitment (IVC) proceedings, court decisions, and sources of petitions. IVC is a legal process in which individuals who are believed to be a danger to themselves or others are court-ordered to undergo psychiatric treatment. The process is most commonly started by medical facilities but also includes families, police, social workers, mobile crisis, or neighbors. Once evaluated by doctors, a hearing takes place to determine if clients require treatment. The Public Defender’s Office has expressed concerns about the type of care provided to clients involved in IVC proceedings. The current study examines the types of information available to legal counsel, and the relationships among demographic characteristics, origin of the petition, and court dispositions. It is hoped that, by providing the first descriptive information about the nature of the IVC population, judges and legal counsel will become better able to specify the types of information needed to improve the IVC process and client outcomes.

METHODS

Data were obtained through legal documents, medical records and self-report interviews from 357 Mecklenburg County Public Defender clients who were undergoing evaluation for IVC. Descriptive analyses were conducted for gender and race, origin of IVC petition, diagnosis categories, court outcomes, and inpatient/outpatient treatment plans.

RESULTS

Results show that a majority of IVC petitions originated at medical facilities, and the vast majority (80.5%) of hearings were dismissed. Of the clients who contested the petition, 80% were ordered to undergo treatment. The race of those for whom IVC petitions were made was found to be similar to Mecklenburg County’s racial makeup, suggesting that there was not systematic racial bias in IVC petitions. The court dispositions were examined in relation to gender; females agreed to treatment more often than males, and were less likely to have their cases discharged. Clients were more likely to consent to treatment when medical facilities file petitions compared to when family members initiate the petition.

LIMITATIONS

- Self-reported client interviews may lead to inaccurate data
- Incomplete/missing data distorts results

REFERENCES

- Mecklenburg County demographics: http://www.census.gov/quickfacts/table/PST045215/37119

DISCUSSION

This initial analysis of IVC client demographics and court dispositions suggests that most petitions result in dismissals, suggesting that many petitions may be inappropriately filed. This suggests that many patients may be forced needlessly undergo the hearing process and the anxiety associated with it, at significant cost to local resources. It is also possible that the lack of sufficient information provided to legal counsel and judges may lead to poor decision making about patients (including inappropriate dismissals or inadequate treatment planning for patients), and less than desired outcomes. With better information about patients, judges may be better able to mandate treatments that meet patients’ needs, and reduce the likelihood of subsequent (often dismissed) IVC procedures. Additional research is needed to determine what treatments are needed and how well treatments are meeting the needs of these vulnerable citizens.