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Tables of Cases

Tables of Cases listed by parties and by jurisdiction are included to guide you to particular cases. Each listing references the page number on which the case appears in the book.

A. **Table of Cases, by Parties** lists each case in alphabetical order by both the first and second party listed. Where the case is properly styled, i.e. the first party in the name of the case is listed first, the entry for the case is **bold**. Where the second, or opposing, party is listed first, the entry for the case is not bold.

B. **Table of Cases, by Jurisdiction** lists each case by the court jurisdiction in which the case was decided. First listed are all of the federal appellate courts, i.e. the U.S. Supreme Court and the federal circuit courts. Next listed are the states' appellate court and the federal district courts for each of the states.

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I. Individuals' Rights

D. Involuntary Treatment

assaults, there was no testimony at the commitment hearing concerning these assaults. Moreover, at a hearing after the psychiatrist's 45-day initial commitment, an expert witness testified unequivocally that the psychiatrist did not pose a danger to herself or anyone else.

5 HLW 207 - MAR 29, 1996

Evidence does not support commitment.

State v. Strasburger, 909 P.2d 197 (Or. Ct. App. 1996)

A trial court erred in ordering the involuntary commitment of a patient who had previously spent 10 years at a state hospital and who, after his release, eschewed his \$900 a month disability income and decided to live by "the good will of the people" based on a personal philosophy that money caused stress and mental problems and was the "root of all evil." Uncontradicted evidence showed that the patient possessed the assets with which to provide for his basic needs, should he choose to employ them, and that he recognized the necessity of some activity on his part to provide for his survival, such as yard work or depending on the good will of others. The law permitting involuntary commitment required more than a showing that a mentally ill person held a different value system that he or she sought to live out.

5 HLW 282 - MAY 3, 1996

State statute governing mental hospital's release of defendant is constitutional.

Parrish v. State of Colo., No. 95-1229 (10th Cir. Mar. 5, 1996) - **DEx** 51827, 13 pp.

The Tenth U.S. Circuit Court of Appeals ruled that a state statute, Colo. Rev. Stat. § 16-8-120(1), governing the release of a defendant committed to a state mental health institution after an insanity verdict is constitutional.

Charles Parrish was charged with attempted first degree sexual assault, attempted first degree murder, menacing, assault in the second degree, theft, and a crime of violence. On August 20, 1981, an El Paso County jury found him not guilty by reason of insanity and, as required by statute, the state court committed him to the Colorado Mental Health Institute in Pueblo, Colo.

In March 1992, Parrish instituted release proceedings in the EL Paso County District Court, triggering a state statutory procedure, Colo. Rev. Stat. § 16-8-120, which begins with a release examination by a release committee of three doctors at the hospital. After examining Parrish, the committee determined that Parrish was ineligible for release.

At a hearing on the motion for release held in state court, three psychiatrists testified. All three concluded Parrish was suffering from an antisocial personality disorder. While one of the psychiatrists did not believe an antisocial personality disorder was akin to mental illness, all three believed Parrish suffered from an abnormal mental condition.

Based on the psychiatrists' testimony, the state trial court denied his release. Parrish appealed the decision, seeking to have the appeals court declare unconstitutional Colo. Rev. Stat. § 16-8-120(1). This part of Colorado's statutory scheme to determine insanity or incompetency and release after such findings stated:

As to any person charged with any crime allegedly committed on or after June 2, 1965, the test for determination of a defendant's sanity for release from commitment, or his eligibility for conditional release, shall be: "That the defendant has no abnormal mental condition which would be likely to cause him to be dangerous either to himself or to others or to the community in the reasonably foreseeable future."

The appeals court held that the statute is constitutional, and Parrish appealed.

The Tenth Circuit rejected Parrish's argument that the designation of "abnormal mental condition," as the applicable standard for release from commitment as overbroad, vague and unconstitutional. The Tenth Circuit explained that it was bound by the Colorado Court of Appeals' interpretation of the legal terms "mental disease or defect" and abnormal mental condition" as being equivalent. The Tenth Circuit further explained that it was bound by the state's interpretation of the language of its own statutes and legislative intent behind them.

The Tenth Circuit pointed out that the Colorado court had defined its statutory law in a way that makes the existence of a mental disease a necessary requirement for the continued confinement of an aquitee. Therefore, stated the Tenth Circuit, Colorado law will not permit the state to hold an aquitee only because he is dangerous.

The Tenth Circuit also rejected Parrish's argument that the state may not detain a person who is diagnosed sane and free from mental illness just because he has an antisocial personality disorder and may, consequently, be a danger to himself. The Tenth Circuit found no testimony in the record that Parrish was "sane."

Accordingly, the Tenth Circuit affirmed the judgment of the district court.

5 HLW 286 - MAY 3, 1996

Commitment extension reversed.

Black v. State, 915 S.W.2d 300 (Ark. Ct. App. 1996)

A probate court erred in extending the involuntary commitment of a patient at a mental health facility. The probate court granted the petition to extend the patient's commitment based upon the unsupported testimony of her social worker who conceded during cross-examination that the patient had been compliant with outpatient appointments and medications, who admitted that she had not witnessed the patient threaten or harm herself or others, and who admitted that the patient was able to care for herself and her personal hygiene. While the social worker testified that the patient refused to keep a day treatment appointment, she also conceded that the treatment staff had taken no action to have the patient taken into custody though they knew the patient was already under an involuntary treatment order.

5 HLW 300 - MAY 10, 1996

Evidence shows head injury patient should be given involuntary outpatient treatment for mental illness.

In re K.J.L., 541 N.W.2d 698 (N.D. 1996)

The North Dakota Supreme Court affirmed findings that a head injury patient should receive involuntary treatment for aggressiveness caused by mental illness. The court rejected the patient's argument that, because the lower court ordered outpatient care rather than hospitalization, this merely showed treatment could be beneficial rather than required.

K.J.L. was a resident of Dakota Alpha, a transitional rehabilitation program for adults who have suffered severe spinal or head injuries. K.J.L.'s case manager filed a petition to have K.J.L. involuntarily committed, alleging that K.J.L. was mentally ill and required treatment. The petition stated that K.J.L. "experienced periodic episodes of explosive aggressive/assaultive behavior." In particular, K.J.L. assaulted a nurse and another resident who was in a wheelchair.

As a result of this incident, K.J.L. was hospitalized by emergency at St. Alexius Medical Center in Bismark, N.D. The Morton County, N.D., district court found

probable cause to believe that K.J.L. was mentally ill and required treatment and ordered him hospitalized for 14 days at St. Alexius.

A treatment hearing was then held, under N.D. Cent. Code § 25-03.1-19, at which K.J.L. gave conflicting testimony that he was not the aggressor in the incident involving the nurse and the wheelchair patient. K.J.L.'s psychiatrist at St. Alexius testified that K.J.L. had an organic mental disturbance related to three separate head injuries. The psychiatrist testified that when K.J.L. failed to take his medication according to his treatment plan, he suffered episodes of seizures and unwarranted behavior and that K.J.L. had not been taking his medicine before the Dakota Alpha incident.

The district court found that K.J.L. required medication as a result of his head injury and that he became aggressive and did not handle his temper when he did not take his medication. The district court did not order hospitalization; rather, it ordered that K.J.L. undergo treatment for 90 days at St. Alexius as an outpatient while residing with his family. The order also provided K.J.L. with the option to return to Dakota Alpha if he chose. K.J.L. appealed, arguing that the district court had insufficient evidence to conclude that he needed treatment.

The supreme court, noting the psychiatrist's testimony, concluded that K.J.L. was "mentally ill" within the definition of N.D. Cent. Code § 25-03.1-02(10) because his self-control and judgment were substantially impaired without medication. The supreme court also agreed with the district court's conclusion that K.J.L. was a "person requiring treatment" under § 25-03.1-02(11) despite K.J.L.'s argument that, even if he were mentally ill, the trial court would not have ordered outpatient treatment if it had believed him to be dangerous.

K.J.L. claimed that the district court's outpatient treatment order merely implied that treatment would be "beneficial" but not that such treatment was not required. The supreme court, however, stated that K.J.L.'s argument ignored the underlying premise of the district court's outpatient treatment order: that his medication intake would be supervised so as to prevent seizures and stabilize his mood. Moreover, the supreme court noted, the district court was bound to choose the least restrictive alternative for K.J.L.'s treatment. Evidence showed that his mental illness could be adequately treated on an outpatient basis, the supreme court said.

As a result, the supreme court affirmed the district court's ruling.

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