

## Anger, Delusions: Involuntary Psych Detention Upheld.

**I**n reviewing and overturning a lower court which the New York Supreme Court, Appellate Division, believed had erroneously ordered a psychiatric patient released from involuntary mental health commitment, the court did have to concede the lower court was correct in stating that the patient having stabbed his brother and parents ten years earlier was not sufficient grounds to justify continued involuntary psychiatric detention at the present time.

***In order for a hospital to detain a patient for involuntary psychiatric care, it must be demonstrated, by clear and convincing evidence, that the patient is mentally ill and in need of continued, supervised care and treatment, and that the patient poses a substantial threat of harm to himself and/or others.***

NEW YORK SUPREME COURT,  
APPELLATE DIVISION, 1996.

However, there were other grounds sufficient for keeping the patient in treatment involuntarily, the court ruled. The patient was observed at the present time to be very angry, paranoid and delusional. He was talking to himself, saying that the hospital staff was trying to poison him with his medications, and that his grandfather was former boxing champion Muhammad Ali and was going to appear at the hospital and kill everyone there.

The patient refused to verbalize an intention to continue taking his medications if he were released. It was believed he would stop taking his meds, start acting out his delusions and become assaultive if released from a structured mental health treatment setting where his meds could be monitored and his behavior controlled. Application of Ford, 645 N.Y.S. 2d 27 (N.Y. App., 1996).

## Nurse Threatened By Patient: Involuntary Psych Detention Upheld.

**T**here were specific facts in the court record from which the New York Supreme Court, Appellate Division, could conclude that the patient's continued involuntary psychiatric commitment was justified. That is, based upon the facts elicited through his caregivers' testimony, the court concluded that the patient not only suffered from a mental illness, but presented a substantial threat of harm to himself and to others and was in need of continued treatment and structured care.

According to the court record, the patient, while involuntarily confined in the hospital, threatened a nurse who was carrying a hypodermic needle. He screamed at her that he would take the needle from her and poke her eyes out.

The patient often screamed at the top of his lungs that he was going to kill anyone trying to keep him at the hospital, and that, after getting his release, he was going to come back and "get his revenge." There were other aggressive outbursts in which the patient hurled verbal expletives at the staff.

The patient once masturbated in front of a female staff member.

There were problems with patient non-compliance with his medication regimen. The patient was known to try to avoid taking the medications intended to control his anxiety and impulsiveness, while he would take other medications without incident.

In trying to devise a proposed after-care plan for the patient, an appropriate caretaker could not be lined up. A family member to whose household the patient wanted to be released had significant health problems and had no ability to exert any manner of control upon the patient.

The court was also mindful that the patient had a criminal history of a conviction for rape. Just because the patient could remain stable for a few days in a secure hospital setting, his release was not justified, the court ruled. Application of Anthony M. vs. Sanchez, 645 N.Y.S. 2d 23 (N.Y. App., 1996).

## Situational Anxiety: Psych Commitment Overturned.

**T**he Court of Appeals of Ohio recently ordered the release from custody of a person involuntarily hospitalized for mental health treatment.

***The court must balance the individual's right against involuntary confinement in deprivation of personal liberty versus the State's interest in committing the emotionally disturbed so that they can get treatment.***

***This person was understandably paranoid about her husband's actions surrounding their divorce proceedings, and had voiced an isolated threat toward him in that context. Other behavior may have been eccentric, and her family could be described as dysfunctional. But she could function in society and care for herself, and she was not a substantial risk to herself or to anyone else.***

COURT OF APPEALS OF OHIO, 1996.

Her psychiatrist was treating her for anxiety over her impending divorce, and had her committed on the grounds that her anxiety had progressed to a circumscribed paranoid delusional disorder.

The court ordered her released. The psychiatrist had no direct evidence of paranoid or delusional behavior, other than statements by her son who the court felt had taken sides with his father in the divorce and thus was not credible. In re Mental Illness of Thomas, 671 N.E. 2d 616 (Ohio App., 1996).