Guidance on the Proof Necessary to Impose Special Conditions as Part of Involuntary Commitments in Indiana

Amundsen Davis Health Care Alert
March 26, 2018

RELATED SERVICES

Health Care

In a recent Indiana Court of Appeals case discussing the proof necessary to impose special conditions as part of an involuntary commitment, the Court of Appeals correctly noted that "Indiana case law is practically undeveloped" in this area of "great public importance." The Court of Appeals then provided valuable guidance to attorneys and mental health providers by expressly requiring clear and convincing evidence in support of each special condition requested from a trial court as part of an involuntary commitment. Going forward, mental health providers should be cognizant of this case, as it may impact which witnesses and testimony should be presented during commitment hearings in Indiana.

As a brief summary, to obtain an order for an involuntary commitment under Indiana law, the mental health provider must show by clear and convincing evidence that:

(1) the patient is mentally ill;

(2) as a result of the mental illness, the patient is either dangerous or gravely disabled; and

(3) detention or commitment of that patient is appropriate.

If granted, trial courts are also permitted to order special conditions as part of the involuntary commitment in an outpatient setting; common examples include orders requiring patients to reside at locations determined by the trial court or requiring that patients attend all medical and psychiatric appointments. When requesting special conditions as part of the commitment, mental health providers must present sufficient evidence that shows each special condition requested bears a reasonable relationship to the patient's treatment plan and to the protection of others.

The special condition at issue in the recent Court of Appeals case required the patient to abstain from using "alcohol or drugs, other than those prescribed by a certified medical doctor," which is a fairly common special condition requested by mental health providers during involuntary commitment proceedings in Indiana. The Court of Appeals struck this special condition from the trial court's order because the mental health provider failed to present any evidence at the commitment hearing concerning the patient's use or abuse of alcohol and drugs or explanation as to why abstinence from the same was a part of the patient's treatment plan. Unsurprisingly, the Court of Appeals was not impressed with the mental health provider's argument on appeal that "it should be obvious that [...] use of alcohol or drugs would have exacerbated his conditions of grave disability and dangerousness" and admonished the mental health provider for not presenting at the hearing "any evidence supporting this 'obvious' statement."

In the future, when mental health providers wish to pursue special conditions as part of involuntary commitments, their attorneys should be prepared to present sufficient evidence and testimony that shows each and every special condition requested bears a reasonable relationship to the patient's treatment plan and to the protection of others.