



The
UNIVERSITY
of VERMONT

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Involuntary Hospitalization:

A Look at the Constitutionality of Vermont's Current Law and a Survey of other States

Over the past fifty years, the policy of civil commitment in the United States has been reduced.¹ Patients once spent long periods or their entire lifetime involuntarily committed, whereas most patients today are discharged after 30 days or less, and many within 72 hours of being admitted. Defined as the legal procedure of admitting a mentally ill person to an institution for psychiatric treatment, civil commitment has become a revolving door for many who experience multiple periods of hospital admission each year. Consequently, civil commitment continues to impact vast numbers of patients even if the hospitalization period has been significantly reduced.²

Civil commitment presents a constitutional conflict, as it is a process of numerous restrictions on individual liberty. It intrudes on the fundamental interest in being free of external restraint.³ "Patients are subject to detailed regulation of their every activity, and they are forced to submit to various forms of intrusive treatment, including psychotropic medication, which may impose severe and unwanted side effects that are lasting."⁴ Social and occupational stigmas associated with civil commitment also persist long after discharge.⁵ As a result, a wave of reforms across the United States during the 1960s and 70s tried to "balance individuals' due process rights against needs to help and protect persons who are incapable of serving their own best interests, and concerns for safeguarding the community from dangerous or disruptive members."⁶ As a result, many states have adopted new laws that insure that individuals given rights are not infringed upon; however, these policies differ from state to state.

¹ Bruce J. Winick, "Civil Commitment," in *Encyclopedia of Psychology & Law*, ed. Brian L. Cutler, vol.1 pp.89-92, 2008, accessed March 1, 2011,

<http://www.brucewinick.com/articles-by-prof-winick/civil-commitment-bruce-jwinick>

² Winick, "Civil Commitment," *Encyclopedia of Psychology & Law*.

³ Winick, "Civil Commitment," *Encyclopedia of Psychology & Law*.

⁴ Winick, "Civil Commitment," *Encyclopedia of Psychology & Law*.

⁵ Winick, "Civil Commitment," *Encyclopedia of Psychology & Law*.

⁶ James A. Holstein, "Court Ordered Insanity: Interpretive Practice and Involuntary Commitment," New York: Walter de Gruyter, Inc., 1993.

Constitutionality

One of the most compelling federal laws challenging involuntary hospitalization without notification of hearing and legal council are *Habeas Corpus* rights.^{7,8} Since procedural due process is left to the states' discretion, state statutes may differ from real life situations. However, the due process clause of the 14th Amendment of the U.S. Constitution explicitly limits states from depriving "any person of life, liberty, or property, without due process of the law; nor deny to any person within its jurisdiction the equal protection of the laws."⁹ The 6th Amendment does not specify involuntarily committed patients, but, nonetheless states that those accused of a crime "shall enjoy the right to a speedy and public trial, by an impartial jury...be informed of the nature and cause of the accusation... and to have the Assistance of Counsel for his defense."¹⁰

Aside from Constitutional Amendments, there have been a multitude of Supreme Court cases that have shaped current federal law. There are several cases determining whether the patient *should* be hospitalized and what civil rights patients have while in treatment. Among the most notable is the 1975 ruling in *O'Connor v. Donaldson*, which prohibited involuntary hospitalization unless the individual is considered a danger to themselves or others.¹¹ Another ruling in 1979 refined the law, in *Addington v. Texas* the Court required "clear and convincing" evidence of danger before commitment, rather than the previous law requiring only "preponderance of the evidence."^{12,13} Patients who are involuntarily committed have the right to refuse psychiatric medication, determined by the 1978 ruling in *Rennie v. Klein*.¹⁴

It is up to states to determine procedural laws through statutes, usually requiring notice and a formal hearing before commitment or shortly after in emergency situations. However, University of Miami Law Professor Bruce Winick points out that "even though state statutes require a fairly formal adversarial judicial hearing, in practice these hearings tend to be brief

⁷ "United States Constitution," Section 9, Clause 2, accessed 22 February 2011

<http://www.house.gov/house/Constitution/Constitution.html>

⁸ "United States Code: Title 28, 2241. Power to grant writ," Cornell University Law School, accessed 22 February 2011 <http://www.law.cornell.edu/uscode/28/2241.html>

⁹ "U.S. Constitution 14th Amendment," accessed 22 February 2011

http://www.usconstitution.net/xconst_Am14.html

¹⁰ "U.S. Constitution 6th Amendment," accessed 22 February 2011 <http://www.usconstitution.net/const.html#Am6>

¹¹ "*O'Connor v. Donaldson*, 422 US 563 - Supreme Court 1975," accessed 22 February 2011

http://scholar.google.com/scholar_case?case=16877644373401713395&hl=en&as_sdt=2,46&as_vis=1

¹² "*Addington v. Texas*, 441 US 418 - Supreme Court 1979," accessed 22 February 2011

http://scholar.google.com/scholar_case?case=1383560548954406906&hl=en&as_sdt=2&as_vis=1&oi=scholar

¹³ Hayes, JR. "The role of *Addington v Texas* on involuntary civil commitment," *Psychol Rep.* 1989; 65(3 Pt 2):1211-5. accessed 22 February 2011 <http://www.ncbi.nlm.nih.gov/pubmed/2623112>

¹⁴ "*Rennie v. Klein*, 462 F. Supp. 1131 - Dist. Court, D. New Jersey 1978," accessed 22 February 2011

http://scholar.google.com/scholar_case?case=4948996635246689882&hl=en&as_sdt=2&as_vis=1&oi=scholar

and informal rituals at which the judge seems overwhelmingly to defer to the state's expert witnesses."¹⁵

Vermont's Involuntary Commitment Policy

Vermont Statute Title 18, § 1701 states that the two prerequisites for involuntary treatment are mental illness and dangerousness. The state of Vermont defines mental illness as "a substantial disorder of thought, mood, perception, orientation, or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but shall not include mental retardation."¹⁶

Title 18 also defines a person in need of treatment as "a person who is suffering from mental illness, and as a result of that mental illness, his or her capacity to exercise self-control, judgment, or discretion in the conduct of his or her affairs and social relations is so lessened that he or she poses a danger of harm to himself, to herself, or to others."

(A) A danger or harm to others may be shown by establishing that:

- (i) he or she has inflicted or attempted to inflict bodily harm on another; or
- (ii) by his or her threats or actions he or she has placed others in reasonable fear of physical harm to themselves; or
- (iii) by his or her actions or inactions he or she has presented a danger to persons in her or her care.

(B) A danger or harm to himself or herself may be shown that:

- (i) he or she has threatened or attempted suicide or serious bodily harm; or
- (ii) he or she has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration or serious physical debilitation or disease will ensue unless adequate treatment is afforded.¹⁷

The processes of notice of hospitalization and discharge in Vermont are detailed in Title 18 §7106. "Whenever a patient has been admitted to a hospital other than upon his or her own application, the head of the hospital shall immediately notify the patient's legal guardian, spouse, parent or parents, or nearest known relative or interested party, if known." If the involuntary hospitalization or admission was without court order, notice shall also be given to the superior court judge for the family division of the superior court in the unit wherein the hospital is located. If the hospitalization or admission was by order of any court, the head of the

¹⁵ Winick, Bruce J. "Civil Commitment," Encyclopedia of Psychology & Law, edited by Brian L. Cutler, SAGE Publications (2007) accessed 22 February 2011 <http://www.brucewinick.com/articles-by-prof-winick/civil-commitment-bruce-jwinick>

¹⁶ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7101(14))," accessed 22 February 2011. <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=18&Chapter=171>

¹⁷ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7107(17))," accessed 22 February 2011.

hospital admitting or discharging an individual shall forthwith make a report thereof to the commissioner and to the court that entered the order for hospitalization or admission.¹⁸

The length of time a patient may be held involuntarily depends on the outcome of the following procedure. Upon a physician's certification that a patient is "in need of treatment," an emergency examination must be completed by another psychiatrist "as soon as practicable, but no later than one working day after admission."¹⁹ If the patient was admitted on an application and physician's certificate, the examining psychiatrist cannot be the same physician who signed the certificate.²⁰ If the examining psychiatrist does not agree that the patient is in need of treatment, the psychiatrist must immediately discharge the patient and return them to the place from which they were taken, or to another location if reasonably requested.²¹

If, however, the examining psychiatrist agrees that the patient is in need of treatment, the patient's hospitalization may continue for an additional 72 hours, or the so-called "72-hour hold."²² At the end of the 72-hour hold, the hospital must discharge the person except in two circumstances: 1) some patients agree to voluntary treatment, or 2) an application for involuntary treatment may be filed with the district court of the proposed patient's residence, or, if the proposed patient is a non-resident, in any district court in which case the patient will remain hospitalized pending the court's decision on the application.²³

Patients in Vermont may request a preliminary hearing to determine whether there is probable cause to believe that he or she was a person in need of treatment at the time of their admission. Patients must request a preliminary hearing within five days after they have been admitted to a designated hospital for emergency examination. This request is submitted to the family court of the superior court, which must conduct the hearing within three working days of filing the request. The patient has the right to be present and represented by legal counsel at the hearing.²⁴ If the hearing establishes that the individual was in need of treatment at the time of their admission, "the individual shall be ordered held for further proceedings in accordance with the law. If probable cause is not established, the individual shall be ordered discharged from the hospital."²⁵

¹⁸ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7106)," accessed 22 February 2011.

¹⁹ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7508 (a))," accessed 22 February 2011. <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=18&Chapter=179>

²⁰ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7508 (b))," accessed 22 February 2011.

²¹ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7508 (c))," accessed 22 February 2011.

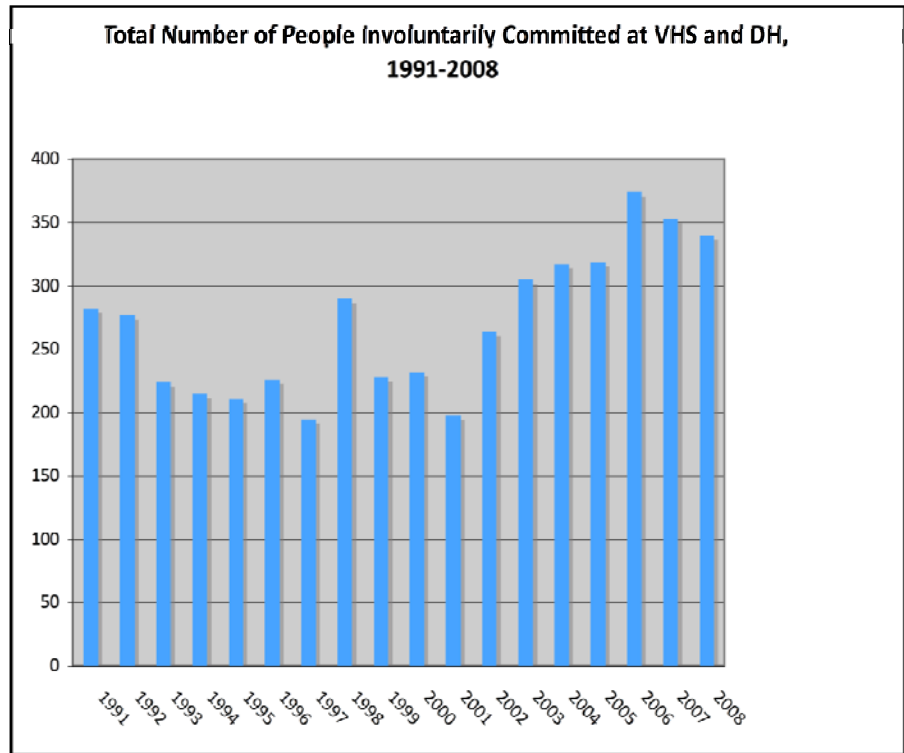
²² Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7508 (d))," accessed 22 February 2011.

²³ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7508 (d: 1-2))," accessed 22 February 2011.

²⁴ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7510 (a,b,c))," accessed 22 February 2011.

²⁵ Vermont Legislature, "The Vermont Statutes Online (18 V.S.A. §7510 (d))," accessed 22 February 2011.

The Vermont Mental Health Performance Indicator Project analyzes the volume of involuntary inpatient mental health services provided to adults in Vermont during fiscal years 1991-2008. Their data come from two databases maintained by the Vermont Department of Mental Health and include involuntary non-forensic hospitalization of adults in the Vermont State Hospital (VSH) and in designated Vermont community hospitals (DH). Their data utilize three distinct measures of hospitalization: numbers of episodes of care, numbers of patient days, and unduplicated numbers of people served.²⁶ The adjacent graph was created by VLRS using data on the final measure, unduplicated total numbers of people served each year from 1991 to 2008. The graph represents the overall trend of increasing numbers of involuntary commitment patients in Vermont from 2001 to 2008.²⁷



Other State Policies

California

Under Section 5150 of California Welfare and Institutions Code, a qualified officer or physician may involuntarily confine a person who presents a danger to themselves, others, or is gravely disabled as defined under Section 5150 for up to 72 hours.²⁸ At the end of 72 hours, the individual may either be released, kept voluntarily, or held for an additional 14 days.²⁹ If the desired patient is to continue to be held for an additional 14 days, they must first be seen by a

²⁶ Vermont Mental Health Indicator Project, Agency of Human Services. January 30, 2009. Accessed 22 February 2010. <http://mentalhealth.vermont.gov/report/pip/topic#involuntary>

²⁷ Vermont Mental Health Indicator Project, Agency of Human Services. January 30, 2009. Accessed 22 February 2010. <http://mentalhealth.vermont.gov/report/pip/topic#involuntary>

²⁸ California Welfare and Institutions Code, "Welfare and Institutions Code: Section 5150-5157", accessed 24 February 2011, <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5150-5157>

²⁹ Superior Court of California, "Lanterman-Petris-Short Act Holds Chart", accessed 24 February 2011, <http://www.lasuperiorcourt.org/mentalhealth/pdf/lps-holds-chart.pdf>

psychiatrist who must document probable cause to continue to confine them under a “Certification of Intensive Treatment,” then the patient is automatically granted a Certification of Review Hearing.³⁰ This hearing is mostly informal and mainly involves a neutral party evaluating whether or not patients need to be continually hospitalized, so that they are not routinely readmitted.³¹ This hearing must be held within four days of the request to extend the patients hospitalization for the additional 14 days and must either be performed in the presence of a judge or hearing officer.³² In addition to the automatically granted Certification of Review Hearing, California also dictates that patients being held involuntarily must be made aware of their right to a *writ of habeas corpus* hearing.³³ If a *writ of habeas corpus* hearing is requested first, the Certification Review Hearing is bypassed. For this reason, the California Network of Mental Health Clients (CNMHC), an organization contracted by the state of California to represent and advocate for persons held involuntarily, generally advises their clients to first take their Certification of Review Hearing first, and if unsuccessful, then exercise their right to a *writ of habeas corpus* hearing.³⁴

Florida

The Florida Mental Health Act of 1971, more commonly referred to as the “Baker Act”, allows for a judge, law enforcement officials, physicians, or mental health professionals to commit a patient for an emergency involuntary examination.³⁵ This examination cannot last longer than 72 hours, during which both a psychiatrist and either a clinical psychiatrist or another psychiatrist must personally evaluate the patient to determine if further hospitalization is considered necessary.³⁶ At this point, the patient may either be released, or the administrators of the facility may file a petition for additional involuntary hospitalization.³⁷ Once filed, “the clerk of the court shall provide copies to the department, the patient, the patient’s guardian or representative, and the state attorney and public defender of the judicial circuit in which the patient is located.”³⁸ Immediately after the petition is filed, the patient is appointed with a public defender to represent them and is given complete access to the patient, patient records, and witnesses relevant to the patient’s case.³⁹ Subsequently, a hearing must be held within five days of the filing of the petition.⁴⁰ A judge must preside over the hearing, and additionally, they

³⁰ Thomas, Nancy, California Network of Mental Health Clients, “Involuntary Psychiatric Treatment: California’s 72-Hour Hold and 14-Day Certification,” accessed 24 February 2011, <http://www.disabilityrightsca.org/pubs/502401.pdf>

³¹ Thomas

³² Thomas

³³ Thomas

³⁴ Thomas

³⁵ Florida State Legislature, “394.467 Involuntary inpatient placement, section 2” accessed 3 March 2011, http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.467.html

³⁶ Florida State Legislature, “394.467, section 3”

³⁷ Florida State Legislature, “394.467, section 3”

³⁸ Florida State Legislature, “394.467, section 3”

³⁹ Florida State Legislature, “394.467, section 4”

⁴⁰ Florida State Legislature, “394.467, section 6(a)1”

may appoint special magistrate to oversee the hearings as well.⁴¹ If the court decides that a patient is in need of additional hospitalization, they must specify in detail the nature and extent of the patients mental illness and then they may be held for another six months involuntarily.⁴²

Minnesota

In Minnesota, a written report must be filed with the committing court prior to the patient's final discharge or "termination of the initial commitment order," sharing copies of the report with the "county attorney, the patient, and the patient's counsel," giving them at least "five days' notice of the time and place of the hearing."⁴³ The patient will be discharged from the treatment facility if a written report is not filed "within the required time or if the written statement describes the patient as not in need of further institutional care and treatment."⁴⁴ A patient may also waive any hearings, and the waiver must be "signed by the patient and counsel...[and] submitted to the committing court."⁴⁵ Otherwise, the patient's review hearing "must be held within fourteen days" before the end of commitment and upon receipt of the written report.⁴⁶

When continued commitment is ordered by the courts, the "findings of fact and conclusions of law shall specifically state the conduct of the proposed patient which is the basis for the final determination, that the statutory criteria of commitment continue to be met, and that less restrictive alternatives have been considered and rejected by the court."⁴⁷ If the court "finds that the person continues to be mental ill or chemically dependent...the court shall determine the length of continued treatment."⁴⁸ However, Minnesota law requires "no period of commitment shall exceed this length of time or twelve months, whichever is less."⁴⁹ Additionally, reasons for rejecting each alternative must be included in the order.⁵⁰ Finally, "a copy of the final order for continued commitment shall be forwarded to the head of the treatment facility."⁵¹

⁴¹ Florida State Legislature, "394.467, section 6(a)2"

⁴² Florida State Legislature, "394.467, section 6(b)"

⁴³ Minnesota Office of the Revisor of Statutes, "253B.12, 2010 Minnesota Statutes: Treatment Report; Review; Hearing," accessed 3 March 2011 <https://www.revisor.mn.gov/statutes/?id=253B.12>

⁴⁴ Minnesota Office of the Revisor of Statutes, 253B.12

⁴⁵ Minnesota Office of the Revisor of Statutes, 253B.12

⁴⁶ Minnesota Office of the Revisor of Statutes, 253B.12

⁴⁷ Minnesota Office of the Revisor of Statutes, 253B.12

⁴⁸ Minnesota Office of the Revisor of Statutes, "253B.13, 2010 Minnesota Statutes: Mentally ill or chemically dependent persons," accessed 3 March 2011 <https://www.revisor.mn.gov/statutes/?id=253B.13#stat.253B.13>

⁴⁹ Minnesota Office of the Revisor of Statutes, 253B.13

⁵⁰ Minnesota Office of the Revisor of Statutes, 253B.12

⁵¹ Minnesota Office of the Revisor of Statutes, 253B.12

New York

New York Mental Hygiene Law establishes standards for involuntary commitment, which can take place in one of three ways.⁵² The first is by **Medical Certification**, which requires two physicians examine and certify that the patient needs involuntary treatment in a psychiatric facility. This certification must be accompanied by an application for admission made by someone familiar with the individual (a legal guardian, custodian, next of kin, treating psychiatrist or someone who lives with the person) or by one of a number of government officials. Patients may be kept in a psychiatric center for up to 60 days, though a patient, their relative, friend, or Mental Hygiene Legal Service may apply for a court hearing to appeal the commitment decision. At the end of 60 days, the psychiatric center director must apply to a judge for authorization to retain the individual as an involuntary status patient. The patient must be notified when such an application is made, and reserves the right to object and to be represented by the Mental Hygiene Legal Service or his or her own attorney at the hearing.⁵³ A second standard for involuntary commitment is **certification by a director of community services**, or an examining physician designated by the director of community services. This certificate states that the person has a mental illness which is likely to result in serious harm to self or others and for which immediate inpatient care is appropriate. A patient must be examined within 72 hours by a staff psychiatrist. If involuntary treatment is deemed necessary, a patient may be held for up to 60 days. Procedures for involuntary retention beyond 60 days and the patient's right to a hearing are the same as outlined above.

Finally, **Emergency Admission** occurs when the person has a mental illness which is likely to result in serious harm to one's self or others for which immediate observation, care and treatment in a psychiatric center is appropriate. A patient must be examined within 48 hours by a staff psychiatrist. If they confirm the patient meets requirements for emergency admission, the patient may be held for up to 15 days. To be held involuntarily beyond 15 days, the patient must meet the requirements for, and be converted to, an involuntary admission based on medical certification, as outlined above.

A distinct component of New York's Mental Hygiene Law is the Mental Hygiene Legal Service, (MHLS) that was created to "protect and advocate for the rights of people who reside in, or alleged to be in need of care and treatment in, facilities licensed to provide services for mental illness."⁵⁴ MHLS was originally established in 1965 as the Mental Health Information Service. The agency was renamed the Mental Hygiene Legal Service in 1986, with expanded duties especially in the area of involuntary outpatient treatment. Today, the MHLS provides legal services, advice, and assistance including representation, about all matters arising from

⁵² New York State Office of Mental Health, "Mental Hygiene Law- Admissions Process," accessed 3 March 2011, http://www.omh.state.ny.us/omhweb/forensic/manual/html/mhl_admissions.htm

⁵³ New York State Office of Mental Health, "Rights of Inpatients in New York State Office of Mental Health Psychiatric Centers," accessed 3 March 2011, http://www.omh.state.ny.us/omhweb/patientrights/inpatient_rts.htm#rights

⁵⁴ New York State Courts, "Mental Hygiene Legal Service," accessed 3 March 2011, http://www.courts.state.ny.us/ad4/mhls/mhls_default.htm

involuntary hospitalization. MHLS workers help patients understand and protect their rights. All MHLS services are free.⁵⁵ New York State law places MHLS in the judicial branch of New York State government, independent of other state agencies. MHLS staff members are lawyers or social workers who have a legal background. They are appointed by Presiding Justice of Appellate Division, Fourth Department.⁵⁶

Washington State

According to Washington state law, a person may not be detained for “evaluation and treatment for a period not to exceed 72 hours from the time of acceptance.”⁵⁷ When a person is involuntarily placed into an evaluation and treatment facility, “on the next judicial day following the initial detention, the designated mental health professional shall file with the court and serve the designated attorney of the detained person the petition or supplemental petition for initial detention, proof of service of notice, and a copy of a notice of emergency detention.” Treatment facilities must “notify in writing the court and designated mental health professional of the date and time of the initial detention of each person involuntarily detained in order that a probable cause hearing shall be held no later than 72 hours after detention.”⁵⁸

Washington Courts must hold a probable cause hearing if a petition is filed by specifically authorized mental health professionals for additional treatment (beyond 72 hours) This can either be achieved with an extended period of involuntary hospitalization for an additional 14 days or less restrictive involuntary outpatient commitment for up to 90 days. After the probable cause hearing, “the court shall conduct a hearing on the petition for ninety day treatment within five judicial days of the first court appearance after the probable cause hearing.”⁵⁹ If requested by the patient, a “jury trial shall commence within ten judicial days of the first court appearance after the probable cause hearing.”⁶⁰

Conclusion

Involuntary commitment policy differs across the states, and when compared with other states’ policies, Vermont’s policy appears to lack the sufficient judicial oversight of the involuntary

⁵⁵ New York State Office of Mental Health, “Rights of Inpatients in New York State Office of Mental Health Psychiatric Centers,” accessed 3 March 2011, http://www.omh.state.ny.us/omhweb/patientrights/inpatient_rts.htm#rights

⁵⁶ New York State Courts, “Mental Hygiene Legal Service,” accessed 3 March 2011, http://www.courts.state.ny.us/ad4/mhls/mhls_default.htm

⁵⁷ Washington State Legislature, “RCW 71.05.180: Detention period for evaluation and treatment,” accessed 16 February 2011, <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.05.180>

⁵⁸ Washington State Legislature, “RCW 71.05.170: Acceptance of petition – Notice – Duty of State Hospital,” accessed 16 February 2011, <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.05.170>

⁵⁹ Washington State Legislature, “RCW 61.05.310: Time for hearing – Due Process – Jury Trial – Continuation of Treatment,” accessed 16 February 2011, <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.05.310>

⁶⁰ Washington State Legislature, “RCW 61.05.310: Time for hearing – Due Process – Jury Trial – Continuation of Treatment,” accessed 16 February 2011, <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.05.310>

commitment process offered by many other states. This gap in Vermont policy raises questions of constitutionality, especially whether patients are aware of their right to appeal commitment decisions via preliminary hearings and their right to *habeas corpus*.

States like New York and California offer increased judicial oversight through agencies like New York's Mental Hygiene Legal Service, which was established explicitly to protect and serve the rights of patients. In California, involuntarily committed patients may be held for an initial 72 hours, after which they must be reassessed by a psychiatrist who will determine whether the patient needs to be continually treated. At this point, a patient is automatically granted a Certification of Review Hearing. Patients must also be informed of their right to a habeas corpus hearing at this stage. California's Network of Mental Health Clients is similar state agency that represents and advocates for patient rights.

These policies evoke a more universal value in patients' individual freedoms. They also work to ensure that there are no patients lost in the system. With increased judicial oversight and people specifically appointed to represent those involuntarily hospitalized, Vermont could amend its current system to be one that placed more value on these liberties for the increasing number of people involuntarily committed in Vermont.

Prepared in response to a request by House Representative Anne Donahue by Luke Martin, Julie Seger, and Kristen Skager, under the supervision of graduate student Kate Fournier and Professor Anthony Gierzynski on March 18, 2011.

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