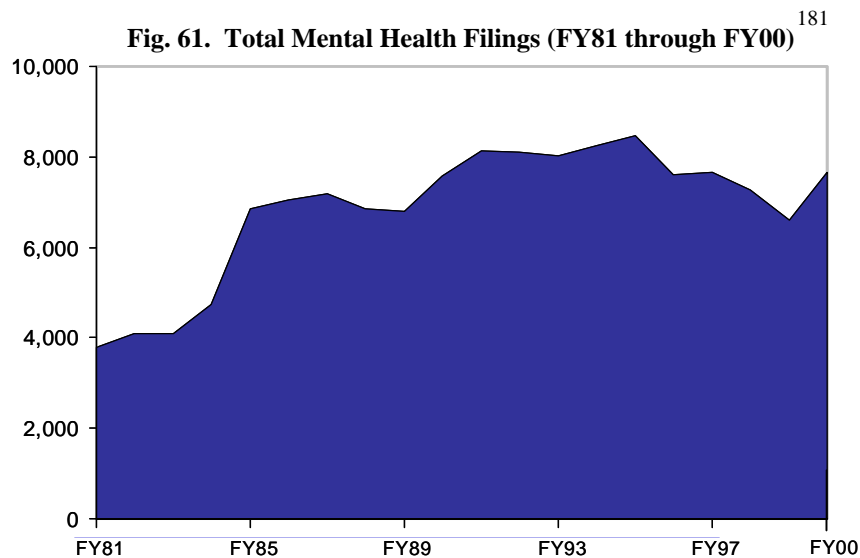


## I. MENTAL HEALTH CASES

There is an array of court proceedings that involve or are related to the mental capacity of individuals. Mental Health cases are defined for purposes of this report as petitions (1) seeking to detain a person under the provisions of the Lanterman-Petris-Short Act, (2) to examine or detain a person as mentally retarded, (3) to examine or detain a person for narcotic addictions under the Welfare and Institutions Code, or (4) to determine the present sanity of a criminal defendant.<sup>179</sup> Some of the individual case types included in the mental health case-type category are Certification, Commitment, Mental Competency, LPS Conservatorship, Not Guilty by Reason of Insanity, and Mentally Retarded and Dangerous.<sup>180</sup>

Mental Health cases represent a very small number and percent of all filings (1/10th of one percent). Mental health cases doubled between FY81 and FY00. Most of the increase occurred in the 1980s. Filings fluctuated in the 1990s, realizing the largest decline (approximately 1,500 cases) between FY95 and FY99. In FY99 and FY00, filings increased sharply.



### 1. Mental Health Filings by Court-Size Grouping

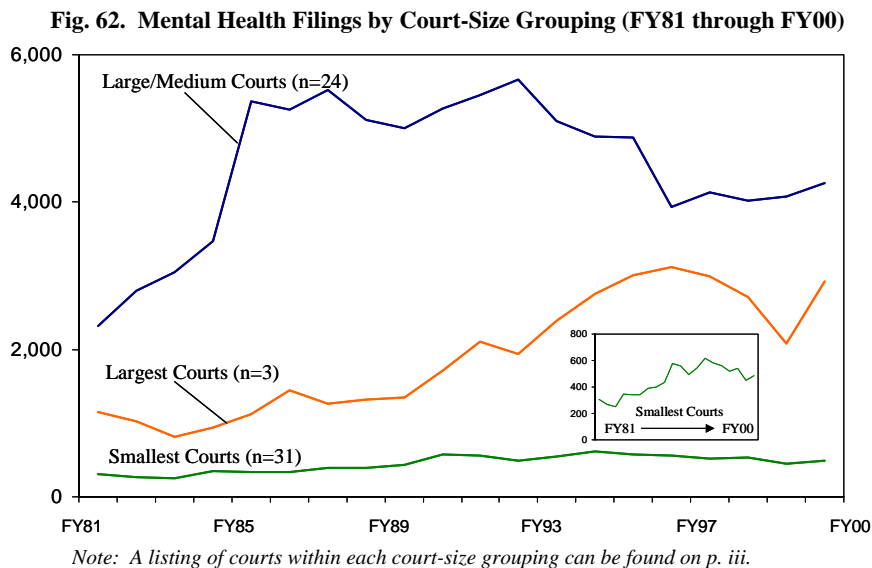
All court-size groupings had more filings in FY00 than in FY81. Each experienced an increase in the 1980s, although the rate of increase and the length of time the increase continued varies across groups. For the Large/Medium and Smallest size groupings, the greatest increase in

<sup>179</sup> Judicial Council of California, *Regulations on California Superior Court Reports to Judicial Council* (1990), p.10.

<sup>180</sup> The complete list of individual case types in the mental health case-type category include: Certification, Post-Certification Treatment, Narcotics Addict, Commitment, Mental Competency, LPS Conservatorship, Not Guilty by Reason of Insanity, Mentally Disoriented Sex Offender, Mentally Retarded and Dangerous, Juvenile (Welf. & Inst. Code, §1800), Mentally Retarded and Dangerous, *In Re Hop* (mentally disabled), and Other Mental Health.

<sup>181</sup> Filing and disposition data are from the Judicial Branch Statistical Information System (JBSIS) unless otherwise noted. For a list of individual case types in a case-type category, see p. iii. Convention for notation of fiscal years is also found on p. iii.

filings occurred in the 1980s. For the Largest court grouping, the greatest increase occurred in the first half of the 1990s. The latter part of the 1990s saw sharp declines followed by an increase between FY99 and FY00 for all size groupings.



## 2. Workload Influences

Statutory changes seem to have the greatest impact on the workload associated with mental health cases.

Certification hearings were mandated in 1983. These hearings determine whether an individual in a mental health institution should continue to be detained. In 1992, the Legislature added “medication capacity” hearings, which determine whether a patient who has refused medication has the mental capacity to do so knowingly.

Los Angeles has tracked the number of certification and medication capacity cases since 1983. The following table shows the increases occurring in representative years.

**Table 13. Certification and Medication Capacity Hearings in Los Angeles**

Year	# of Hearings	Change	
		Number	Percent
1983	8,539	--	--
1985	9,767	1,228	14.4%
1990	10,112	343	3.5%
1995	15,725	5,613	55.5%
1999	19,633	3,908	24.9%
<b>Total Change from 1983-1999</b>		<b>11,094</b>	<b>129.9%</b>

Whether Los Angeles’s numbers are indicative of the numbers in other courts will need further research, but there is reason to assume these hearings have increased workload somewhat in all counties. However, because mental health filings constitute such a small portion of all filings, the workload impact is likely very minimal.