an investigation. Forensic psychiatrists must be aware of what constitutes relevant documentation for forensic evaluations, as the court emphasized that not only traditional medical notes but also video evidence can play a role in determining the facts surrounding a patient's care and treatment. Although traditional notes record clinician patient encounters, video footage may provide critical information that either corroborates or contradicts other forms of documentation, enhancing the validity of an opinion. This case highlights the role that video records may play in psychiatric evaluations, especially in cases involving allegations of abuse, neglect, or substandard care.

This case also addresses the scope of the required by law HIPAA exception, finding that health information may be disclosed in an instance where other statutory authority requires it, even if that health information involves video of patients who did not consent to its release. This provides clarity for psychiatrists striving to balance protecting third-party patient privacy while fulfilling legal obligations.

Limitations on Competency Evaluation Requests

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Courts May Order More Than One Competency Evaluation; Involuntary Hospitalization Length Must Remain Limited

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Key words: competency; involuntary commitment; hospitalization limits

In *United States v. Alhindi*, 97 F.4th 814 (11th Cir. 2024), the U.S. Court of Appeals for the Eleventh Circuit ruled that the statute governing mental competency to stand trial does not limit the timing or frequency of competency proceedings. The district court was within its authority to order more than one competency examination. Additionally, the government's request for an additional examination did not violate the statutory four-month limit on involuntary hospitalizations.

Facts of the Case

In May 2022, Haitham Yousef Alhindi was arrested on charges of cyberstalking. Mr. Alhindi was detained pretrial because of the perceived danger he posed to the community. On July 14, 2022, the court approved defense counsel's request for a competency evaluation. But initial evaluation efforts were delayed because of COVID-19 quarantine protocols at the Bureau of Prisons facility, missing the court's deadline. After undergoing an expedited evaluation, Mr. Alhindi had a competency hearing on November 28, 2022, where he was found incompetent to proceed. The court issued a commitment order to treat Mr. Alhindi to restore his competency. On or around February 28, 2023, the Bureau informed the court that they had not been able to hospitalize Mr. Alhindi. The court again ordered the Bureau to hospitalize Mr. Alhindi in compliance with the first commitment order. On March 2, 2023, the chief of the Bureau's Psychological Evaluations Section filed a letter with the court stating that Mr. Alhindi was not exhibiting any signs of mental illness and recommended another competency evaluation. Overruling defense counsel's objection, the court ordered a second competency evaluation. During the second competency hearing on April 10, 2023, Mr. Alhindi was again found incompetent. The court issued a second commitment order. Mr. Alhindi was hospitalized on June 21, 2023, under the second commitment order. Three and a half months later, the Bureau issued a report concluding that Mr. Alhindi remained incompetent but that he could attain competency through further treatment.

Mr. Alhindi appealed the denial of his motion to dismiss the second commitment order, arguing that his time spent in prehospitalization detention violated due process rights, as commitment is statutorily limited to four months unless the court finds there is substantial probability that further hospitalization will allow the defendant to attain capacity to proceed.

Ruling and Reasoning

The Eleventh Circuit Court ruled that the statute governing the determination of mental competency,

18 U.S.C.A. § 4241 (1984), places no limits on when or how often a participant in a case may seek competency proceedings for the defendant. This decision reflects a broader interpretation of the statute, allowing for competency proceedings as necessary, without restriction on timing or frequency, to ensure that a defendant's mental state is accurately assessed at any stage of the legal proceedings. Therefore, the Eleventh Circuit found that the district court had authority to order a second competency examination of Mr. Alhindi while he awaited hospitalization under the initial commitment order. This ruling supports the district court's discretion to order further evaluations to ensure a fair trial process. The court reasoned that the statute balances the government's interest in prosecuting crimes (consistent with *Sell v. United State*s, 539 U.S. 166 (2003)), the defendant's right not to be tried while incompetent (*United States v. Cometa*, 966 F.3d 1285 (11th Cir. 2020)), and the defendant's liberty interest in avoiding involuntary confinement (*Zinermon v. Burch*, 494 U.S. 113 (1990)).

The court ruled that the government's request for a second competency examination of Mr. Alhindi did not violate the statutory four-month limit on involuntary hospitalizations. Mr. Alhindi's team argued that the second commitment order was filed more than four months after the initial commitment order. But the court reasoned that, because Mr. Alhindi was not hospitalized between commitment orders, the hospitalization four-month clock never started. The court relied on a strict interpretation of the text and grammatical structure of the statute, explaining that the four months modifier applies to the verb phrase "shall hospitalize."

A separate concurring opinion explains that, although the four-month limit in 18 U.S.C.A. § 4241 applies to the hospitalization, the prehospitalization period is subject to reasonable limits under the statute. In the concurring opinion, Circuit Judge Rosenbaum stated that, "Congress contemplated that reasonableness would govern the length of time that a defendant could be held in competency proceedings" (*Alhindi*, p 827). Judge Rosenbaum continued that, although there is no time limit for the period between commitment order and hospitalization, allowing an unreasonable prehospitalization time and a reasonable hospitalization time is illogical. Judge Rosenbaum concluded "it is equally clear that the statute does not authorize unreasonable prehospitalization wait times" (*Alhindi*, p 829).

Discussion

The Eleventh Circuit's decision in *Alhindi* highlights the courts' broad discretion in managing competency proceedings. The court's interpretation of 18 U.S.C.A. § 4241 represents a commitment to ensuring a defendant's mental state is accurately assessed before standing trial. This ruling maintains the core legal principle that a defendant should not be tried unless competent, upholding the defendant's inherent right to a fair trial. By allowing multiple competency evaluations, the court ensured that significant changes in the defendant's mental state are considered, which is essential to preserving the legitimacy of the legal process. This is important to forensic psychiatrists, who may be called upon for reassessment, even after an initial evaluation, especially if new information arises or if treatment progress must be reevaluated. Forensic psychiatrists must be prepared for legal authorities to order competency evaluations without specific statutory limits on timing or frequency.

The decision also clarifies the application of the four-month limit on involuntary hospitalizations. The court's ruling that this limit only begins once hospitalization occurs addresses a gap in the statute that could otherwise lead to confusion and complications in the judicial proceedings. The ruling established that the clock of the four-month limit does not start until the defendant is actually hospitalized. This prevents the untimely expiration of the hospitalization period in situations where there is a delay to hospitalization, as was the case here because of the Bureau of Prisons' inability to hospitalize Mr. Alhindi after the first commitment order. This interpretation preserves the time allocated for treatment and allows enough opportunity for the defendant to be restored to competency.

Additionally, the concurrent opinion introduced an important consideration regarding the reasonableness of prehospitalization detention. The opinion captures the potential for abuse if no limits are placed on the time between a commitment order and the actual hospitalization. The absence of statutory guidance on the prehospitalization period could lead to prolonged prehospitalization detention, jeopardizing the defendant's right to a speedy legal process and interest in avoiding involuntary confinement. The emphasis on reasonable limits to the prehospitalization period serves as a warning that, although the statute may not

explicitly restrict the duration of prehospitalization waits, the courts must remain committed to preventing unnecessary delays that could compromise a defendant's rights.

Overall, the Eleventh Circuit's decision reinforces the flexibility courts have in ordering multiple competency evaluations, thereby ensuring that the defendant's mental state is accurately assessed throughout the legal proceedings. It also brings attention to the need for close oversight in managing prehospitalization detention periods. This case may serve as a precedent for future interpretations of competency statutes and involuntary commitments.

Legal Liability in Correctional Suicide

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Court Considers Evidence of Substantial Risk of Suicide in Correctional Setting

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In *Smith-Dandridge v. Geanolous*, 97 F.4th 569 (8th Cir. 2024), the U.S. Court of Appeals for the Eighth Circuit ruled on a case involving the death of Andrew Dawson Bell, a pretrial detainee, who died by suicide. The court of appeals upheld the lower court's ruling, granting summary judgment in favor of the defendants based on qualified immunity. The court found that the defendants' actions, although possibly negligent in failing to properly diagnose and mitigate Mr. Bell's suicide risk, did not amount to deliberate indifference.

Facts of the Case

On the afternoon of September 24, 2016, Mr. Bell called his mother, Judy Lynn Smith-Dandridge, expressing concern about a possible break-in at his apartment. Officer Sutley was dispatched but left after he found nothing unusual. Following this, Mr. Bell made several calls to the Fayetteville police, reporting a burglary and claiming that people were trespassing onto his balcony. Officers Sutley and Jones were dispatched but left after they found no evidence of vandalism or burglary. That evening, a neighbor reported an intoxicated person who had threatened someone and was stabbing the ground. Officers Sutley and Jones were dispatched and encountered Mr. Bell walking briskly while holding a flashlight and two knives. Mr. Bell was arrested for terroristic threats, disorderly conduct, and carrying a weapon. Prior to his transport to the Washington County Detention Center (WCDC), Mr. Bell requested to be taken to the hospital for what he claimed was a broken hand. But Officer Sutley transported Mr. Bell directly to WCDC to be diagnosed by jail nurse staff, as Mr. Bell did not indicate he was in pain.

Mr. Bell arrived at WCDC around 11:15 p.m. During intake, he disclosed his diagnoses of bipolar disorder, anxiety, depression, and current psychiatric medications. Mr. Bell also disclosed a history of four previous suicide attempts, most recently about one and a half years prior, but reported to intake officers that he was not currently having thoughts about harming or killing himself or others. At 4:00 a.m., Nurse Dominguez examined Mr. Bell's hand, finding that it was not swollen or bruised and did not appear to cause Mr. Bell distress. Mr. Bell was housed with WCDC's general population. Mr. Bell made several calls that morning and afternoon from his cell block to his mother and bail bond agents related to his arrest and potential bail. Within a minute of his final call at 3:17 p.m., Mr. Bell reported having a panic attack to jail staff. Deputy Jennings checked on him, as Nurse Hill was occupied at the time. After speaking with Mr. Bell for a few minutes, Deputy Jennings informed Nurse Hill that Mr. Bell "did not seem to be panicking anymore" (*Smith-Dandridge*, p 574). Based on this update, Nurse Hill decided to "wait for now" to visit Mr. Bell.

Surveillance video showed that Mr. Bell requested via intercom again that a nurse check on him. Deputy Carter responded that a nurse would come when available. Moments after this exchange, Mr. Bell returned to his cell and immediately hanged himself. His body was discovered 10 to 15 minutes later by two jailers, who were unable to revive him.