

Comments to House Select Committee on
Involuntary Commitment and Public Safety
1 April 2026

The North Carolina Psychological Association

- Supports a more robust and sophisticated system of intervention for people with severe mental illness,
- including those who are involved with the criminal justice system.
- Iryna's Law is a step in that direction, but since it places additional demands on systems that are already overloaded,
- those systems should be funded fully and thoughtfully.
- This includes not just hospital-based care, but also expansion of pilot programs to restore defendants' capacity that are based in local detention centers.¹

The North Carolina Psychological Association was founded in 1948 and is by far the largest association of masters and doctoral level psychologists in this state. Our members are involved in both the public and private sectors of health care and justice, and our organization has long been involved in public policy. For example, NCPA successfully advocated for psychologists to become the first non-physician "first examiners" in the involuntary commitment process.² Psychologists also serve as part of the multi-disciplinary teams in state psychiatric hospitals, as instructors in those hospitals' capacity restoration programs, and as forensic evaluators providing the evaluations regarding defendants' capacity to proceed to trial. NCPA conducted a brief survey of its members in preparation of these remarks in order to draw upon the members' experiences in working with both the mental health and criminal justice systems. We will refer to those below as appropriate.

We note that the legislative changes that led to this Select Committee followed the tragic murder of Iryna Zarutka. We agree that appropriate supervision (including confinement when necessary) and assessment of the alleged perpetrators serves everyone's best interests.

Iryna's Law likely will result in more individuals pending trial being admitted to state hospitals by involuntary commitment. This would be consistent with well documented national trends. This law only deals with involuntary commitment criteria, but it will also likely uncover additional defendants who lack capacity to proceed. While it is commonly held that approximately 20% of criminal defendants evaluated for competency concerns are found incompetent and in need of restoration services, a national study in 2011 found that number to be 27.5%³. This rate appears to be accelerating. More recently, a large-scale review found that among states that track competency evaluations, the rates often exceeded that 27.5% figure with several states reporting incompetency rates closer to 45% to 60%⁴.

¹ In preparing these comments, we reviewed the Select Committee's history of meetings, and the numerous presentations on matters of relevance to our concerns. In the interests of Committee Members' time, we have trimmed our remarks to minimize repetition.

² 1985 Session Laws, Chapter 695

³ Pirelli, G., Gottdiener, W. H., & Zapf, P. A. (2011). A meta-analytic review of competency to stand trial research. *Psychology, Public Policy, and Law*, 17(1), 1.

⁴ Murrie, D. C., Gowensmith, W. N., Kois, L. E., & Packer, I. K. (2023). Evaluations of competence to stand trial are evolving amid a national "competency crisis". *Behavioral Sciences & the Law*, 41(5), 310-325. (cited in Grossi, L.

Advocating for psychology as a science, a profession, and a means of promoting human welfare

The Select Committee is aware that Involuntary Commitment and Capacity to Stand Trial involve two distinct legal definitions. The state's heavy reliance on its psychiatric hospitals to provide secure treatment for defendants who are acutely mentally ill, as well as providing capacity restoration services for those meeting that additional criteria, tends to confound those in actual practice. Without other options, care and custody of these individuals lingers at the hospital level.

The Select Committee is already aware that our state hospitals are struggling to meet demand, so not providing additional resources to the hospitals would have an adverse impact on patients who need care at the state hospitals, but who are not currently involved with the criminal courts.⁵

The great majority of the state's capacity restoration programs are based at its three state psychiatric hospitals, but there are pilot programs operating in Mecklenburg, Cumberland, Wake, and Pitt Counties to provide capacity restoration services in jails or in the community. It may be both more efficient, and more cost-effective, to expand these programs. Not every individual who needs capacity restoration requires the high level of services and supervision found in a state psychiatric hospital.

The Select Committee has received presentations regarding the high demands placed on local detention facilities and their struggles to meet the mental health and substance abuse needs of those confined there. Our members share that concern, and we urge the Select Committee to consider funding programs that improve during-confinement services as well as general coordination between detention and MH/SA treatment programs. We also urge the committee to consider a system of tracking competency evaluations and outcomes to better inform future funding needs and decisions.

We close by again recalling Iryna Zarutka, noting that improving programs to restore capacity to proceed to trial also serves victims' interests, as they deserve their day in court as soon as possible. North Carolina's citizens deserve an adequate and integrated system of mental health care that allows appropriate supervision and treatment in appropriate combinations.

Thank you for your attention to these matters.

M. (Ed.). (2025). *The Competency Restoration Handbook: A Guide and Resources for Clinicians*. Oxford University Press.)

⁵ In our survey, 39% of the psychologists said they "sometimes" encounter a patient who would likely benefit from state hospitalization but could not access this due to capacity issues; an additional 30% said they "often" or "very often" encounter such patients.