

Reasons to use a voluntary psychiatric hospitalization

Voluntary admissions to a hospital are governed by statute. An adult who is competent (all are, until a judge rules someone is incompetent) can consent for such treatment and admission to a hospital. The facility has to do an evaluation to determine if such criteria are met. Voluntary admissions allow a patient to request discharge, but there is a 72 clock hour hold (i.e. not other forms, such as '3 days' or '3 business days') within which a petition for involuntary commitment can be made.

Incompetent adults and minors (all of whom are legally incompetent by definition), a court must concur with the admission for a patient to stay at the hospital. Guardians and parents can sign such patients in on a voluntary basis. The same 72 hour hold applies here.

A minor (anyone under the age of 18 if they have not been emancipated), can sign himself in on an emergency basis. However, a parent or other legally responsible person has to be notified if possible within 24 hours. If a legally responsible person can not be found within 72 hours, DSS Child Protective Services must be called.

Reasons to use involuntary psychiatric hospitalizations

Involuntary commitments are used when someone

- ❖ does not agree to treatment,
- ❖ 'mentally ill' and 'a danger to self or others.' (Please see below for the legal definitions of these terms.)
- ❖ Or, is a substance abuser and is dangerous to self or others.

The Secretary of the Dept. of HHS designates hospitals in the state to accept involuntary patients. In this area, Cherry Hospital is the specified hospital (919 731 3204) and some private facilities too.

Procedures for an involuntary commitment

- ❖ A petition is taken by any person who has knowledge that a person is mentally ill and dangerous to self or others, OR
- ❖ is a substance abuser and is a danger to self or others
- ❖ Mental retardation is no longer a criteria for commitment.
- ❖ A petition is taken at the Magistrate's office, or Clerk of the Courts office, and is sworn to.
- ❖ If the petitioner is a physician or eligible psychologist (licensed PhD), it can be notarized.
- ❖ The magistrate issues a custody order to have law enforcement transport the patient to an area facility for evaluation, or to any physician locally available.
- ❖ A custody order must be served within 24 hours of issuance.
- ❖ The first evaluator has 24 hours to evaluate the patient after presentation to the facility.
- ❖ The first evaluator can stop the process and release the patient.
- ❖ If criteria for inpatient are met, law enforcement personnel takes the patient to a 24 hour facility

- ❖ The evaluator has 24 hours after presentation to do an evaluation.
- ❖ The patient can be released at this point as well, and is returned home by law enforcement personnel.
- ❖ At the 1st or 2nd evaluation, out-patient commitment can be recommended.
- ❖ If inpatient criteria are met, the patient is admitted for care and treatment pending a court hearing.
- ❖ The facility sends the petition and paper work to the Clerk of the Court in the county where the facility is located
- ❖ A court hearing must be held within 10 days of being taken in to custody by the law enforcement personnel.

Outpatient Commitment procedures

The criteria for these are:

- ❖ the patient is mentally ill
- ❖ is capable of surviving in the community with available supervision of family or friends
- ❖ based on past treatment history, the patient is in need of treatment in order to prevent further disability or deterioration which will predictably result in dangerousness as defined by NCGS 122C-3(11), which is offered below).
- ❖ the patient's current mental status or the nature of his illness limits or negates his ability to voluntarily seek or comply with recommended treatment

Substance abuse commitment

These are largely the same as those for a mental health commitment with the obvious difference of

- ❖ [being a substance abuser](#)
- ❖ dangerous to self or others

Involuntary substance abuse commitments are a hybrid of inpatient and outpatient. care. The order directs the area facility to provide the treatment. The facility decides the manner of treatment with input from the staff at the facility.

Patients can request hearings to be released from a substance abuse commitment.

Patients who are under commitment who do not comply with treatment can be picked up by law enforcement personnel, evaluated in the community and admitted to a 24 hour facility.

SA commitments are for 180 days, of which 45 consecutive days can be inpatient If a longer time is needed inpatient, a re-hearing must be held. At this hearing, 90 days can be ordered inpatient.

[Definitions: 'Mentally Ill' \(NC General Statute: 122C-3\)](#)

- ❖ When applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his

- affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control; and
- ❖ when applied to a minor, a mental condition, other than mental retardation alone, that so impairs the youth's capacity to exercise age adequate self-control or judgment in the conduct of his activities and social relationships that he is in need of treatment.

Dangerous to self or others

'Dangerous to self' means that in the relevant past:

1. the individual has acted in such a way as to show:
 - a. that he would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations, or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and
 - b. that there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given pursuant to this Chapter. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a prima facie inference that the individual is unable to care for himself; or
2. the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given pursuant to this Chapter; or
3. the individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given pursuant to this Chapter. Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

'Dangerous to others' means that within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is prima facie evidence of dangerousness to others.