

Mental Hold

Policy Title

PolicyTech Ref# 811Ver. 2

Administration Departments

Acute Care

Emergency Dept.

General Category

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Purpose: To define the Idaho Code for the processing and placing a person on a Mental Hold

Applies to: Person who is gravely disabled or is in imminent danger due to mental illness

Responsibility: Physician, licensed nurse at Boundary Community Hospital

Policy: Competent patients generally have the right to refuse care; however, in the case of a patient who is gravely disabled or is in imminent danger due to mental illness, a physician medical staff member or a law enforcement officer may initiate "mental hold" to hold the patient against their will while court proceedings are initiated to authorize evaluation and, if indicated, hospitalization of the patient for mental health care.

Procedure:

1. Initiating Mental Hold. An involuntary mental hold may be initiated by the following:
 - a. A physician who is a member of the Boundary Community Hospital's (BCH) Medical Staff may initiate an involuntary mental hold if the following conditions are satisfied:
 1. The patient presented or was brought to BCH for medical or mental health care;
 2. The patient is mentally ill, i.e., the patient suffers from a substantial disorder of thought, mood, perception, orientation, or memory, which grossly impairs the patient's judgment, behavior, or capacity to recognize and adapt to reality, thereby requiring the patient to receive care and treatment at an appropriate facility;
 3. The physician has reason to believe that either:
 - a. The patient is gravely disabled due to mental illness, i.e., the person, as a result of mental illness, is in danger of serious physical harm due to the person's inability to provide for any of his or her basic needs for nourishment, essential medical care, shelter or safety; or
 - b. The patient's continued liberty poses an imminent danger to the patient or others due to patient's mental illness, e.g., the patient threatens or attempts to commit suicide or inflict physical harm to himself, herself or others; and
 - c. The patient (or, if the patient lacks capacity to make health care decisions, the patient's surrogate decision-maker) refuses to consent to appropriate care on a voluntary basis.
 - d. A law enforcement officer may take a person into custody and place the person in a mental hold at BCH if the officer has reason to believe that either the patient is gravely disabled due to mental illness, or patient's continued liberty poses an imminent danger to the patient or others.

2. Process During Mental Hold. Upon initiating a mental hold, BCH personnel shall do the following:
 - a. Implement Appropriate Care. Upon initializing a mental hold, BCH personnel shall immediately initiate appropriate care for the patient, including an appropriate medical screening exam, stabilizing treatment, and/or an appropriate transfer to another facility as required by EMTALA. Refer to Emergency Medical Screening, Treatment and Transfer Policy. The care may include appropriate restraints or seclusion as described below. To the extent practicable and if medical intervention is indicated, the providers should seek appropriate consent for treatment from the patient's legally authorized surrogate decision-makers. If the patient or authorized surrogate decision-makers refuse necessary treatment, BCH personnel should ask the county prosecutor to request that the court authorize appropriate care when the county prosecutor files the petition for temporary custody as described below.
 - b. Notify House Supervisor. The physician initiating a mental hold shall immediately notify the House Supervisor.
 - c. Notify County Prosecutor. The House Supervisor or designee shall promptly contact the County Prosecutor to advise them of the mental hold so that the County Prosecutor may file a petition for a temporary custody order to hold the patient while a designated examiner conducts a mental evaluation of the patient. During business hours and on weekends, the County Prosecutor may be reached at (208) 267-7545.
 - d. Notify Designated Examiner. The practitioner or charge nurse shall also contact a qualified designated examiner to arrange for an evaluation of the patient. The Emergency Department shall maintain a list of qualified designated examiners. The Emergency Department physician that have received training can provide the initial designated examination.
 - e. Notify Family Members. The practitioner or charge nurse shall promptly notify the patient's immediate relatives of the patient's physical whereabouts and the reasons for initiating the mental hold.
 - f. Restraints. As necessary and appropriate, BCH personnel may use chemical or physical restraints or seclusion if necessary for the patient's safety of others. The restraints or seclusion shall be utilized consistent with BCH's restraint and seclusion policy. Refer to policy on Restraint and Seclusion.
 - g. Transfer of Patients. If BCH lacks capacity or capability to provide the mental or medical health care required by the patient, BCH may transfer the patient to another facility consistent with EMTALA standards. BCH personnel shall comply with BCH's policies concerning transfers. Refer to Emergency Medical Screening, Treatment and Transfer Policy. BCH shall immediately notify the County Prosecutor and, if they have been contacted, the designated examiner and appropriate family member, of the transfer.

- h. Court proceedings. The purpose of the mental hold is to allow BCH to hold a patient until a mental health examination can occur and, if indicated, give local authorities time to initiate court proceedings for the continued care of the patient. The timeline for court proceedings concerning the patient is as follows:
 - 1. Within twenty-four (24) hours after initialing the mental hold, the County Prosecutor shall file the petition for temporary custody with the applicable court.
 - 2. If the court finds that the patient is gravely disabled or imminently dangerous, the court shall grant the order allowing BCH to hold the patient and requiring an examination by a designated examiner within twenty-four (24) hours after entry of the order.
 - 3. The designated examiner shall conduct the examination within twenty-four (24) hours after the order authorizing the examination. Within twenty-four (24) hours after completing the examination, the designated examiner shall submit a report to the court.
 - 4. If the designated examiner concludes that the patient is mentally ill and is either gravely disabled or likely to injure himself or herself, the County Prosecutor shall file a petition for continued detention pending commitment proceedings within twenty-four (24) hours after the examination. If no petition is filed within twenty-four (24) hours of the examination, the patient shall be discharged unless consent is obtained for continued treatment as described below.
 - 5. Upon receipt of the Prosecutor's petition, the court shall order continued detention until the hearing takes place. The hearing shall take place within five (5) days of the examination.
 - i. Court order. If the court grants the petition for temporary custody or otherwise orders continued treatment, BCH personnel should comply with the order. If the order needs clarification or modification concerning specific modalities of treatment or otherwise, BCH personnel should work with the County Prosecutor to obtain such modification.
- 3. Termination of Mental Hold. The mental hold may be terminated as follows:
 - a. Court Failure or Refusal to Authorize Continued Care. If the court declines to issue a temporary custody order or otherwise authorize continued care at BCH, or if the time for such an order expires, BCH personnel shall document the facts and circumstances and discharge the patient unless BCH can otherwise obtain valid consent for the patient's continued care. Holding the patient contrary to the court's determination and without lawful authority may expose BCH and physicians to liability. If BCH personnel believe that new circumstances or additional facts have developed that make continued detention appropriate and such circumstances or facts were not considered by the court, the personnel should immediately contact the County Prosecutor or BCH's legal counsel to discuss the same.

- b. Resolution of Mental Health Issue. If, at anytime, the physician who initiated the mental hold or other BCH personnel conclude that the patient is no longer gravely disabled or imminently dangerous, they should discuss the matter with the County Prosecutor and, if indicated, terminate the mental hold. BCH personnel shall immediately document the facts and circumstances that justify the termination of the mental hold, including the change in the patient's condition that warrants termination of the mental hold.
- 4. Mental Hold NOT Appropriate. A mental hold pursuant to this policy is generally not appropriate in the following situations:
 - a. Voluntary Care. A mental hold should not be initiated if the patient or their legally authorized surrogate decision-maker consents to appropriate care at BCH. In that case, BCH may provide the care under Idaho's general consent laws, Idaho Code §39-4501 *et. seq.*, and there is no need to initiate a mental hold.
 - b. Medical Clearance. As a general matter, a mental hold should not be initiated if the patient has a pending medical condition that would interfere with the mental evaluation by the designated examiner. The designated examiner may not be able to perform an evaluation if the patient's medical condition interferes with the evaluation. Accordingly, to the extent that they are able to do so, BCH personnel should wait until the medical condition has resolved or stabilized sufficiently to allow an appropriate examination before initialing the mental hold. However, if the mentally ill patient and/or the authorized surrogate refuse necessary care and threaten to leave, the physician may need to initiate a mental hold even if the medical conditions have not been completely resolved.
 - c. Not Mentally Ill. Under Idaho law, a person is not considered to be "mentally ill" so as to justify a mental hold just because the person is epileptic, mentally deficient, mentally retarded, impaired by chronic alcoholism or drug abuse, or aged, unless in addition to such condition, the person is mentally ill as defined above.
- 5. Immunity. Idaho law generally protects providers who participate in a mental hold so long as they perform their duties in good faith, without gross negligence, and consistent with the procedures set forth in this policy.

References: Idaho Code §§ 39-4503 and 39-4504
Idaho Code §§ 66-317, 66-324, 66-326, 66-339B, 66-341, 66-345



Authorized by: T. Yourzek, CRRN, CNO



Authorized By - Craig Johnson, CEO

Compliance Criteria

TITLE: Mental Holds

PROCEDURE

PolicyTech Ref# 811 Ver. 2

List Departments affected by this document and which Committees approved this document (including your own service line committee).

Departments Affected	Approved by:	Date Approved:	Date Revised:	Date Archived:
Physician/Licensed Staff	Tari Yourzek	01/28/16		

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Tari Yourzek, CRRN, CNO

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