

Mental Health Commentary

Mental Hygiene Law, How It Operates

At the beginning of the year, the Mental Hygiene Law of the State of New York was changed as it refers to the care and treatment of the mentally ill person needing hospitalization.

Mental illness can be acute or chronic and need not always be treated within the walls of a hospital. Most people suffering from the pangs of mental illness voluntarily seek help. Some are persuaded to seek such assistance by relatives or friends. Occasionally, a mentally ill person whose behavior disturbs others or is considered dangerous to himself or others, needs to be admitted to a psychiatric hospital by due process of law. The intent of the law is not to treat him like a criminal, as may be suggested, but to protect his civil rights in the process of attempting to provide him with adequate care for his disabling condition. In the new law, persons under 16 years of age can be admitted to an appropriate hospital on a "voluntary" basis. The application for such admission may be signed only by parents, legal guardians or next of kin. If he is between 16 and 18 years of age, the patient may be allowed to sign himself into the hospital.

Patients under 18 years of age who have been admitted to a psychiatric hospital and who request their release, or have such a request made by others acting in his behalf, must be discharged or the hospital director must apply to a court for permission to retain him.

Persons over 18 years of age being involuntarily admitted to a psychiatric hospital must have been seen by two physicians who must certify the need for such hospitalization. Upon admission to the hospital, the patient must be examined by a physician who is a member of the psychiatric staff of the hospital and notice of

the admission must be reported to the Mental Health Information Service. In addition, within five days, notice of the admission must be sent to the nearest relative and as many as three other persons named by the patient.

There are other devices for involuntary admission of psychiatric patients. For example, the director of the Community Mental Health Services may request in writing that a police officer take a patient into custody and transport him, at county expense, to an appropriate facility. There must, of course, be evidence of the need for immediate hospitalization, for example, a risk of the patient harming himself or others.

A police officer may take into custody anyone who appears to be mentally ill and is likely to harm himself or others. Such a person may be taken to an approved hospital or temporarily detained in a safe and comfortable place until the director of the Community Mental Health Services is notified of this action and can provide professional guidance regarding a reasonable and legal plan for the person's care.

The courts can issue warrants directing that a person, apparently mentally ill and behaving in a disorderly way or who seems likely to harm himself or others, be brought before it. If the court finds the person in need of psychiatric hospitalization, this can be ordered.

Persons before the court on criminal charges who appear to be mentally ill and in need of hospital care may have the criminal action terminated and hospitalization ordered. There is similar legislation for the ad-

mission, retention and release of the mentally retarded and the alcoholic patient

Such legislation is good news and bad news to some of us. It is good news that patients committed to psychiatric hospitals have a better device by which they can seek their release; also, the reasons for involuntary admissions may be more clearly

documented if those involved in the process are faced with the possibility of justifying their actions before a court of law.

The bad news is that the diagnosis and treatment of an illness becomes a legal matter, approved of and decreed by a court of law instead of a matter between physician and patient. The red tape may take time of all

the professionals involved from other important matters in patient care.

The cost of processing such cases must increase the burden of the taxpayer or reduce the budget of other mental health services. The latter will be responded to by the collective groans of those in the business of mental health delivery systems.

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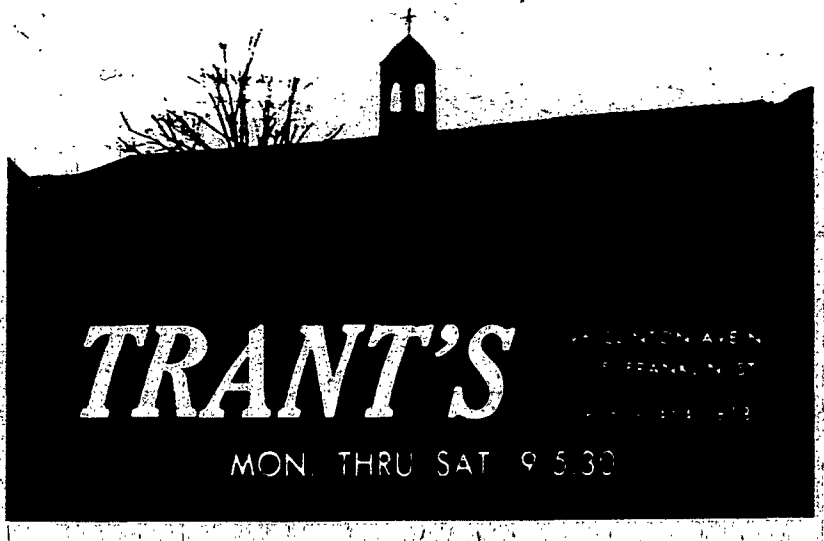
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