Suicide Assessment: No Overt Act Necessary To Justify Continued Involuntary Psych Commitment.

While being held for court-ordered mental health treatment, the patient told a psychiatric nurse she was not clear whether or not she could be safe or whether or not she was suicidal, according to the court record in the Superior Court of Pennsylvania.

The court also found it significant that the patient declined to sign a contract for safety, a procedure by which a patient agrees to approach staff members for help if and when the patient feels suicidal. The patient also refused to take her medications for depression and anxiety, refused meals and had poor personal hygiene.

The court ruled there was enough evidence to continue the patient's involuntary commitment. The law requires evidence that the patient, by reason of a mental illness, poses a clear and present danger of self-harm. The evidence must come from the thirty-day period just prior to the date extended treatment is being considered.

However, the court saw no reason to have to see an overt suicidal act during the prior thirty days, especially when the patient has been hospitalized for some of that time to prevent such acts from occurring. In re S.B., 763 A. 2d 930 (Pa. Super., 2000).

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E. Kenneth Snyder, BSN, RN, JD Editor/Publisher PO Box 4592 Seattle, WA 98194–0592 Phone (206) 440-5860 Fax (206) 440-5862 kensnyder@nursinglaw.com www.nursinglaw.com No overt suicidal act or actual self-harm is necessary for a court to commit a person involuntarily for mental health treatment or for a court to continue such treatment beyond an initial shortterm period.

The purpose of treatment in a structured setting is to prevent such acts.

It is only necessary to show that within the previous thirty days the person has acted in a manner which shows he or she is a clear and present danger to himself or herself.

The person may only have verbalized an ambivalence whether he or she will take responsibility for refraining from self-harm.

Or the person may have shown a more general inability to satisfy his or her general needs for nourishment, personal care, safety, etc., without assistance.

SUPERIOR COURT OF PENNSYLVANIA, 2000.

Restraint And Seclusion In Psychiatric Residential Treatment Of Individuals Under Twenty One: New Regulations From HCFA – Date Regulations Take Effect Delayed From March 23 To May 22, 2001.

In the March, 2001 issue of our newsletter we reported that the Health Care Financing Administration (HCFA) had announced extensive new regulations for use of restraints and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services for individuals under age twenty-one.

On March 21, 2001, after our April issue had gone to press, HCFA announced a delay in the implementation of those regulations from March 23 to May 22, 2001.

Soon after it was announced, we made the correction where we had posted the new regulations on our Internet website, http://www.nursinglaw.com. newHCFAregulations.htm

FEDERAL REGISTER, March 21, 2001 Page 15800.

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