

APA Official Actions

Position Statement on Voluntary and Involuntary Hospitalization of Adults with Mental Illness

Approved by the Board of Trustees, July 2020

Approved by the Assembly, April 2020

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Modern concepts of psychiatric treatment properly emphasize the use of recovery-oriented, person-centered, trauma-informed, community-based treatment. However, individuals experiencing severe distress or functional impairment should have access to short-term and continuing inpatient psychiatric treatment when necessary. When persons with mental illness who need inpatient care are unwilling to consent to voluntary admission, some form of involuntary hospitalization should be available when they are found to meet the criteria discussed below. Indeed, it is a public responsibility to assure that persons who meet these criteria receive prompt treatment in an appropriate hospital setting.

APA Position:

The following principles shall govern psychiatric hospitalization of adults with mental illness:

- 1. Voluntary hospitalization shall be considered and offered unless the patient’s condition makes the offer of a voluntary admission inappropriate.**
- 2. If a person who needs hospitalization refuses voluntary admission, the person shall be considered for involuntary admission. When a patient is incompetent or incapacitated and applicable law permits, admission to a psychiatric unit or hospital by a health care proxy or guardian shall be considered.**
- 3. Persons subject to involuntary hospitalization are entitled to representation by an attorney and a prompt hearing before an administrative law or judicial officer.**
- 4. The commitment process should include an examination by two or more physicians. Psychiatrists are best qualified for this role by virtue of their education, training, and experience.**
- 5. Proceedings for continued hospitalization shall require a finding by the constitutionally required standard of proof of clear and convincing evidence that the person meets the statutory criteria for civil commitment. If the person fails to meet criteria for involuntary hospitalization at any time during the commitment process, continued hospitalization requires the patient’s consent.**
- 6. Patients must have the right to a periodic judicial determination of the need for continued involuntary hospitalization at reasonable intervals, the right to be present for such proceedings, and to**

have legal representation. The responsible treatment entity shall bear the burden of proving the need for continued involuntary hospitalization after the initial commitment period.¹

7. Substantive criteria for involuntary hospitalization shall include:

- **The person is suffering from a mental disorder² as defined in the current Diagnostic and Statistical Manual of the American Psychiatric Association (not solely Intellectual Developmental Disorder, or solely Substance Use Disorder); *and*,**
- **There is a reasonable prospect that hospital treatment will lead to the improvement or prevent deterioration of the person's psychiatric symptoms; *and*,**
- **Hospitalization is consistent with the principle of the least restrictive alternative; *and*,**
- **The person is either unable or unwilling to consent to voluntary hospitalization; *and*,**
- **As the result of the mental disorder, the person is likely to (i) cause harm to self; (ii) suffer physical harm as a result of an inability to satisfy the person's basic needs for nourishment, personal or medical care, shelter, or self-protection; (iii) suffer substantial mental deterioration associated with significant impairment of judgment, reason, or behavior causing a marked decrement in the person's previous ability to function; or (iv) cause harm to others.³**

8. No person shall be denied hospitalization because of administrative, judicial, or institutional delay, or inability to pay.

9. Once committed, patients refusing treatment shall have proper procedural protection before treatment proceeds.

10. Transportation during the commitment process shall be provided by medically trained persons in the least restrictive manner appropriate, avoiding the use of restraints and physically coercive measures whenever possible. Hearings for hospitalized patients, whenever possible, shall be held in an appropriate location in the hospital itself.⁴

¹ This requirement excludes forensic patients, where the burden of proof may be on the patient.

² Mental Disorder is defined by the current version of the Diagnostic and Statistical Manual as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning." Although Intellectual and Developmental Disorders, Neurocognitive, and Substance Use Disorders are mental disorders, generally they have not fallen within the scope of general civil commitment statutes. Some states have separate laws governing commitment for one or more of these conditions. Hence, unless accompanied by additional symptoms that may warrant psychiatric hospitalization (e.g., delusional ideation, hallucinations) they are not addressed in this position statement.

³ High risk of severe property destruction may be considered a form of harm to self or others when appropriate.

⁴ American Psychiatric Association. (2016). *Location of Civil Commitment Hearings* [Position Statement]. Retrieved from <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2016-Location-of-Civil-Commitment-Hearings.pdf>

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