

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site <http://nsmha.org>

NSMHA Contract Memorandum 2012-011

Date: August 17, 2012

To: Regional Integrated Crisis Response
Regional Hospital Inpatient
David Sager, WCPC
Denise Katterhagen, Peace Health
Joseph Zibulewsky, Peace Health
Julie Zarn, Providence
Margie Campbell, Peace Health
Paula Gallagher, Skagit Valley Hospital

From: Dr. Keith Brown, NSMHA Medical Director, Greg Long, NSMHA Deputy Director and Sandy Whitcutt, Quality Specialist

Subject: Role of Designated Mental Health Professionals (DMHP)

The attached memo is to clarify the professional role of the Community Mental Health System's DMHPs in Medical emergencies.

Contract File

MEMORANDUM

TO: Hospital Inpatient Medical Directors

FROM: Keith Brown, Medical Director, NSMHA, Greg Long, Deputy Director, NSMHA and Sandy Whitcutt, Quality Specialist, NSMHA

SUBJECT: Role of Designated Mental Health Professional (DMHP) in Medical Emergencies

DATE August 15, 2012

CC: **ICRS**

This memo is intended to clarify the professional role of the Community Mental Health System's Designated Mental Health Professionals (DMHPs) in Medical emergencies. The civil commitment process does not allow health care providers to force medical care on a patient without consent.

Background

North Sound Mental Health Administration (NSMHA) oversees voluntary and involuntary crisis response services for mental health in the North Sound Region (Island, San Juan, Skagit, Snohomish and Whatcom counties). The DMHPs have the authority in the State of Washington to detain people who are dangerous to themselves or others or gravely disabled due to a mental disorder.

RCW rules

There have been several incidents when a DMHP has been called to evaluate a patient on a medical or surgical unit who is refusing medical care. It appears that the health care professionals are attempting to use the civil commitment process to force medical treatment on an unwilling patient. However, in many of these cases, the DMHP investigation reveals that the patient does not meet criteria for mental health commitment. Moreover, even when it is warranted, the Mental Health commitment process does not allow any medical treatment of any kind against a person's wishes.

Under RCW 71.05, a patient may be subjected to mental health commitment in the event of a psychiatric emergency when the patient is unwilling or unable to consent to voluntary care. While a decision to refuse medical care may reflect poor judgment, it does not constitute grounds for mental health commitment. In general, patients are presumed competent to make medical decisions on their own behalf unless a court has determined that the patient is not competent to participate in medical decision making.

In the event of a medical emergency, RCW 7.70.05 can allow health care professionals to provide treatment without the patient's consent. When the situation is not an emergency, health care providers have the option to pursue a court order seeking:

- a. To deliver non emergent medical care to an incompetent patient, or
- b. To seek appointment of a legal guardian who can make medical decisions on behalf of the patient.

When the patient is exhibiting an imminent danger to self or others or gravely disability, due to a mental disorder, then civil commitment can be considered. In this case, voluntary psychiatric hospitalization will always be considered as the preferred option unless the patient is unwilling or unable to accept voluntary treatment.

If you have any questions regarding this memo, please feel free to contact me at NSMHA at 360-416-7013 or at sandy_whitcutt@nsmha.org.