



Mental Hygiene Law - Admissions Process

MHL Admission Standard	Who Applies for/Initiates Request for Hospital Evaluation	Who examines at Time of Application	Available Transport	Who Evaluates at Hospital Prior to Admission	Who Confirms	Duration of Hospital Stay
<p>Voluntary (§9.13) Standard: person has a mental illness for which care and treatment in a mental hospital is appropriate; person is suitable for admission on a voluntary basis</p>	<p>Patient makes application. <i>(For patients under 18, see reverse #1)</i> [Form OMH 472]</p>	<p><i>(See " Who Evaluates at Hospital Prior to Admission")</i></p>	<p>Peace/police officers/ambulance service may transport at patient's request. [No form]</p>	<p>Staff MD of any hospital* must confirm that the person meets the Voluntary Standard. [Form OMH 472]</p>	<p style="text-align: center;">— — —</p>	<p>Indefinite. Patient to notify hospital in writing prior to leaving. If director objects, he or she must apply within 72 hours for a court order of retention. (MHL §9.13 (b))</p>
<p>Informal (§9.15) Standard: person has a mental illness for which care & treatment in a mental hospital is appropriate; person is suitable for admission on an informal basis and does not pose a substantial threat of harm to self or others.</p>	<p>Patient makes oral request - no written application. (Patient is served with written notice of status and rights upon admission.)</p>	<p>(No application)</p>	<p>Peace/police officers/ambulance service may transport at patient's request. [No form]</p>	<p>Staff MD of any hospital* (See reverse #2) should confirm that the person meets the Informal Standard. [No form]</p>	<p style="text-align: center;">— — —</p>	<p>Indefinite. Patient must be permitted to leave at any time while on informal status.</p>
<p>Involuntary - Two Physician Certificate</p>	<p>Any of eleven parties may make</p>	<p>Two MDs using Involuntary</p>	<p>Peace/police officers/ambula</p>	<p>Staff psychiatrist of any hospital,* other than one</p>	<p style="text-align: center;">— — —</p>	<p>Up to 60 days.** Patient</p>

<p>(§9.27) Standard: person has a mental illness for which care & treatment in a mental hospital is essential to his/her welfare; person's judgment is too impaired for him/her to understand the need for such care and treatment; as a result of his/her mental illness, the person poses a substantial threat of harm to self or others. (See reverse #3)</p>	<p>application. (See reverse #4) [Form OMH 471]</p>	<p>Standard [Form OMH 471 A]</p>	<p>nce service may transport at examining MD's request [Form OMH 471B]</p>	<p>of the two original certifying MDs, must examine and confirm that the person meets the involuntary standard. [Form OMH 471]</p>		<p>may be held involuntarily beyond 60 days if the hospital applies for a court order of retention and the court is satisfied the patient continues to meet the Involuntary Standard. (MHL §9.33)</p>
<p>Involuntary - Director of Community Services (DCS) or Designee (§9.37) Standard: same as Emergency Standard</p>	<p>DCS or Designee makes application. [Form OMH 475]</p>	<p>DCS or Designee using Emergency Standard. (See reverse #5) [Form OMH 475 A/475B]</p>	<p>Peace/police officers must transport at DCS or Designee's request. Ambulance service is authorized to transport. [Form OMH 475]</p>	<p>Staff MD of any hospital* must confirm that the person meets the Emergency Standard. [Form OMH 475C]</p>	<p>Staff psychiatrist must, within 72 hours after admission, (excluding Sundays and Holidays) examine and certify that the patient meets the involuntary §9.27 Standard. [Form OMH 475D]</p>	<p>Up to 60 days.** Patient may be held involuntarily beyond 60 days if the hospital applies for a court order of retention and the court is satisfied the patient continues to meet the Involuntary Standard. (MHL §9.33)</p>
<p>Emergency (§9.39) Standard: reasonable cause to believe that the person has a mental</p>	<p>In accordance with each appropriate section of the MHL the</p>	<p>(No application)</p>	<p>Peace/police officers must transport at initiator's</p>	<p>Staff MD of §9.39 hospital must examine and determine that the person meets the</p>	<p>Staff psychiatrist must, within 48 hours after admission,</p>	<p>Up to 15 days.** Patient may be held involuntarily</p>

<p>illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/ herself or others. "Likelihood of serious harm" means:</p> <ol style="list-style-type: none"> 1. a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to him/herself (See reverse #6). or 2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear 	<p>following parties may initiate (no application):</p> <ol style="list-style-type: none"> A. §9.39 Not specified B. §9.41 Peace or police officers. (See reverse #7) C. §9.43 Court (through Civil Order). D. §9.45 DCS or Designee. (See reverse #8) E. §9.55 Qualified psychiatrist supervising or providing treatment in an OMH licensed or operated facility without a psychiatric inpatient unit. (See reverse #9) F. §9.57 Director of a general hospital without a psychiatric inpatient unit, upon the recommendation 		<p>request. Ambulance service is authorized to transport. [A-F: Form OMH 47 4A/476A] [G: Form OMH 48 2]</p>	<p>Emergency Standard. [Form OMH 474]</p>	<p>examine the patient and confirm the first MD's finding that the patient meets the Emergency Standard. [Form OMH 47 4]</p>	<p>beyond 15 days if he/she meets the Involuntary Standard and is converted to a §9.27 involuntary admission, in accordance with the process described above.*** (MHL §9.39 (b))</p>
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<p>of serious physical harm.</p>	<p>on of an Emergency Room MD; or, director of a C.P.E.P., upon the recommendation of a C.P.E.P. MD . (See reverse #9)</p> <p>G. §9.58 Mobile Crisis Outreach Team physician or qualified mental</p> <p>H. health professional. (See reverse #10)</p>					
<p>C.P.E.P.**** Emergency (§9.40) Standard: person may have a mental illness for which immediate observation, care and treatment in a C.P.E.P. is appropriate and which is likely to result in serious harm to him/herself or others. "Likelihood of serious harm" means:</p>	<p>In accordance with each appropriate section of the MHL the following parties may initiate (no application):</p> <p>A. §9.40 Not specified</p> <p>B. §9.41</p> <p>C. §9.43</p> <p>D. §9.45</p> <p>E. §9.55</p> <p>F. §9.57</p>	<p>(No application)</p>	<p>Peace/police officers must transport at initiator's request Ambulance service is authorized to transport. [A-F: Form OMH 47 4A/476A] [G: Form OMH 48 2]</p>	<p>Staff MD of C.P.E.P. must, within 6 hours after the person is received in the C.P.E.P. emergency room examine and determine that he/ she meets the C.P.E.P. Emergency Standard. [Form OMH 476]</p>	<p>Staff psychiatrist must, within 24 hours after the patient is received in the C.P.E.P. emergency room, examine the patient and confirm the first MD's finding that the patient meets the C.P.E.P. Emergency Standard</p>	<p>Up to 72 hours (after which the patient must be discharged from C.P.E.P.). ** Patient may subsequently be held involuntarily if he/she meets the Involuntary Standard (§9.27) or Emergency Standard</p>

<ol style="list-style-type: none"> 1. a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to him/herself (See reverse #6). or 2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm. 	<p>G. §9.58 {A-G are the Same as for Emergency (§9.39) Admission}</p>				(in which case the patient must be moved to an extended observation bed). [Form OMH 476]	(§9.39) and is admitted to an appropriate facility in accordance with the processes described above.***** (MHL §9.40 (e) (f))
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* As defined in MHL §1.03 (10). Includes any facility operated or certified by OMH which provides inpatient care or treatment of the mentally ill, including a certified ward, wing or unit of a general hospital.

** Note that the patient (or the patient's representative) may, at any time, request a court hearing regarding the patient's commitment, which generally must be held within 5 days after receipt of the request. If the court denies the application for the patient's release, and the patient is on involuntary status under §9.27 or §9.37, he/she may be held for the remainder of the 60-day commitment period or for up to 30 days, after the application for release is denied, whichever is later.

*** Note that such patient's 60-day commitment period will be calculated from the day he/she was first admitted under §9.39.

**** Comprehensive Psychiatric Emergency Program.

***** Note that such patient's 60-day commitment period (pursuant to §9.27) or 15-day commitment period (pursuant to §9.39) will be calculated from the time he/she was initially received in the C.P.E.P. emergency room.

1. (MHL §9.13) The following four parties may apply for a voluntary MHL §9.13 admission when the patient is under 16 years of age: 1) child's parent, legal guardian or next-of-kin; 2) social services official or authorized agency with care and custody of such child, subject to the terms of any court order or any instrument executed pursuant to Social Services Law §384(a); 3) Director of Division for Youth, acting in accordance with section five hundred nine of the executive law, or 4) having custody of the child pursuant to an order issued pursuant to Family Court Act §756 or §1055. If the patient is over 16 and under 18 years of age, the director may, in his or her discretion, admit such child as a voluntary patient on his or her own application, or on the application of any of the four parties described above.
2. Note that for policy rather than legal reasons, some hospitals, including most OMH psychiatric centers, do not accept informal admissions.
3. "Substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs.
4. (MHL §9.27) The following eleven parties may be applicants for a person's involuntary admission: 1) someone residing with the person; 2) person's father, mother, spouse, sibling, child or nearest relative; 3) committee of person; 4) officer of any public or well recognized charitable agency or home in whose institution the person resides; 5) DCS or Director of Social Services; 6) Director of hospital in which the person is hospitalized; 7) Director of a facility providing care to alcoholics, substance abusers or substance dependent persons; 8) Director of Division for Youth; 9) Social Services official or authorized agency with custody or guardianship of children over 16 years of age; 10) someone having custody of a child pursuant to Family Court Act §756 or §1055; or, 11) qualified psychiatrist who is either supervising the treatment of or treating person for a mental illness in a facility licensed or operated by OMH.
5. (MHL §937) A DCS or Designee authorized to certify persons pursuant to this provision includes: a) a DCS, if also a physician, b) a physician designated by the DCS and approved by the State Commissioner of Mental Health, or c) in counties with a population of less than 200,000, a DCS who is a licensed psychologist or certified social worker, if a §9.39 hospital is not located within 30 miles of the person and a designated physician is not immediately available. If a certificate of examination is completed by a DCS who is not a physician, the receiving hospital must have the patient evaluated by a second staff physician within 24 hours after admission (in addition to complying with all the other confirmation requirements). [Form OMH 475C]
6. Such "other conduct" includes the person's refusal or inability to meet his or her essential need for food, shelter, clothing or health care, provided that such refusal or inability is likely to result in serious harm if the person is not hospitalized immediately.
7. (MHL §941) Peace or Police officers may take custody and transport to a §9.39 hospital or C.P.E.P. "any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others." Pending the person's examination at such hospital or C.P.E.P., such officers may temporarily detain him or her "in another safe and comfortable place, in which event, the officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action."
8. (MH §9.45) The DCS or Designee must receive a report from one of the following that the person meets the Emergency Standard: a parent, spouse, child, adult sibling or committee of the person; a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing services to the person; or, a licensed physician, health officer, peace or police officer. A DCS or Designee authorized to direct the removal of the person pursuant to this provision

includes: a) a DCS or Designee as defined in MHL §9.37 (see No.5 above); or b) a Designee of the DCS who is a licensed psychologist, certified social worker or registered psychiatric nurse, or who otherwise meets the education and experience requirements established in Part 102 of NYCRR Title 14.

9. The qualified psychiatrist (MHL §9.55) or physician (MHL §9.57) must determine, upon an examination of the person, that he or she appears to meet the Emergency Standard.
10. (MHL §9.58) A physician or qualified mental health professional who is a member of an approved mobile crisis outreach team is authorized to remove, or direct the removal of, a person to a §9.39 hospital or C.P.E.P. for the purpose of evaluation for admission, "if such person appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others." "Qualified mental health professional" means a licensed psychologist, certified social worker or registered professional nurse approved by OMH to serve in a mobile crisis outreach program. (Note that this statute does not make reference to the appropriateness of or need for immediate observation, care and treatment in a hospital.) [Form OMH 482].