Mental health study guide

Rights of Patients

• Mental health patients with all civil rights afforded to all people
  – Except right to leave hospital in case of involuntary commitment

• Principles for Provision of Mental Health and Substance Abuse Treatment Services (American Psychiatric Association [APA])

Involuntary Hospitalization

• Civil commitment: may be needed if the person is a danger to themselves or others and in need of psychiatric care.
  • Laws determined by each state: retain the right of informed consent, client loses the right to refuse tx only when they are a danger to themselves or others.
  – Knowledge of laws of state of practice necessary: an order by judge must be obtained

• Persons held without consent presenting with imminent danger to self or others
  – Proven at hearing if person is to be committed

• Detention in facility for 48 to 72 hours on emergency basis
  – Then hearing to determine possible commitment to facility

Release from the Hospital

• Voluntary hospitalization: right to request discharge at any time
  – Release unless danger to self or others; if such danger present, then commitment proceedings instituted

• Patients no longer dangerous discharged from hospital

Mandated Outpatient Treatment

• Conditional release or outpatient commitment

• Continued participation in treatment on involuntary basis after release from hospital into community
  – Examples: taking prescribed medications, keeping appointments with health-care providers for follow-up, attending specific treatment programs or groups
**Conservatorship/Guardianship**

- Legal guardianship; separate from civil commitment for hospitalization
  - Grave disability
  - Incompetency
  - Inability to provide self with food, clothing, shelter
  - Inability to act in own best interests
- Consent to be obtained from legal guardian who speaks for patient

**Least Restrictive Environment**

- Right to treatment in least restrictive environment appropriate to meet patient’s needs: if a client’s tx needs can be met via an outpatient basis this will be the likely course of action vs an inpatient facility where it is more restricted.
- Free of restraint or seclusion unless necessary
- Central philosophy to deinstitutionalization of large state hospitals, move to community-based care and services

**Least Restrictive Environment (cont.)**

- Restraint: application of physical force to person without permission
  - Human
  - Mechanical
- Seclusion: involuntary confinement in specially constructed, locked room equipped with security window or camera for direct visual monitoring
  - Restraint/seclusion only for shortest time necessary
- Short-term use of restraints and seclusion
  - Face-to-face evaluation in 1 hour, every 8 hours (every 4 hours for children)
  - Physician’s order every 4 hours (every 2 hours for children)
  - Documented assessment by nurse every 1 to 2 hours
  - Close supervision of patient
  - Debriefing session within 24 hours after release from seclusion or restraint

**Confidentiality**

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Civil (fines) and criminal (prison sentences) penalties for violation of patient privacy
- Duty to warn third parties: exception to patient confidentiality
Insanity Defense

• Insanity
  – Legal meaning but no medical definition
  – Person unable to control his or her actions or understand the difference between right and wrong at time of crime (M’Naghten Rule)
• Argument that verdict absolves legal system of responsibility
  – People do not always receive needed psychiatric treatment

Nursing Liability
• Responsibility for providing safe, competent, legal, ethical care
• Meeting standards of care developed from:
  – ANA’s Code of Ethics for Nurses with Interpretive Statements
  – ANA’s Scope and Standards of Psychiatric–Mental Health Nursing Practice
  – State nurse practice acts/federal agency regulations
  – Agency policies and procedures/job descriptions
  – Civil, criminal laws

Torts
• Wrongful act resulting in injury, loss, damage
• Unintentional torts
  – Negligence
  – Malpractice
• Elements to prove malpractice
  – Duty
  – Breach of duty
  – Injury or damage
  – Causation
• Intentional torts
  – Assault
  – Battery
  – False imprisonment
• Three elements to prove liability
  – Willful voluntary act
  – Intention to bring about consequences or injury
  – Act as substantial factor in injury or consequences
Ethical Issues

• Ethics: branch of philosophy dealing with values of human conduct (rightness and wrongness of actions) and
goodness or badness of motives and ends of such actions

• Utilitarianism: theory that bases decisions on greatest good for greatest number

• Deontology: decisions based on whether action is morally right or wrong, with no regard for consequences

Deontological Principles

• Autonomy: right to self-determination, independence

• Beneficence: duty to benefit others or promote good

• Nonmaleficence: requirement to do no harm

• Justice: fairness

• Veracity: honesty, truthfulness

• Fidelity: obligation to honor commitments, contracts

Ethical Dilemmas in Mental Health

• Ethical dilemma
  – Conflict of ethical principles
  – No one clear course of action

• Many dilemmas in mental health involving patient’s right to self-determination and independence (autonomy)
  and concern for “public good” (utilitarianism)

• ANA Code of Ethics for Nurses guides choices about ethical actions

Ethical Decision-Making

• Gathering information

• Clarifying values

• Identifying options

• Identifying legal considerations, practical restraints

• Building consensus for decision reached

• Reviewing, analyzing decision
**Self-Awareness Issues**

- Talk to colleagues or seek professional supervision.

- Spend time thinking about ethical issues; determine your values and beliefs regarding situations before they occur.

- Be willing to discuss ethical concerns with colleagues or managers.