

# Legal 2000 Process in Nevada

Lesley R. Dickson, M.D.



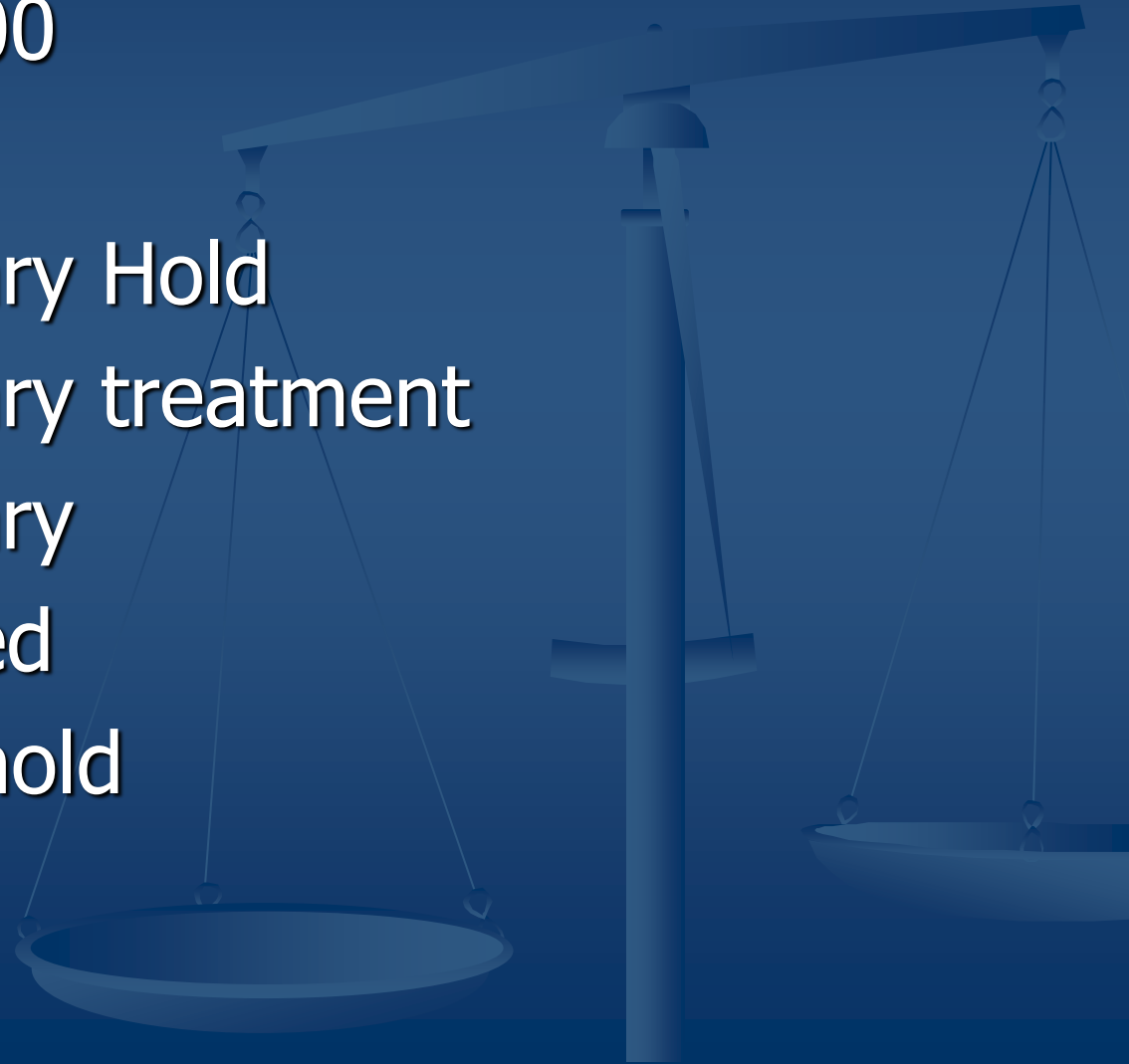
# Civil Commitment Definition

- Civil action:
  - a legal action to recover money or property
  - enforce or protect a civil right
  - prevent or redress a civil wrong
  - the “opposite” of a criminal action
- Commitment:
  - a legal process for admitting a mentally ill person to a psychiatric treatment program
  - usually involuntarily
  - involves a court or judicial procedure.

# Civil Commitment

## Other Terms

- Legal 2000
- L2K
- Involuntary Hold
- Involuntary treatment
- Involuntary
- Committed
- 72 hour hold



# Case A

Ms. A, a 74 yo African American woman, was brought to the ER by the police. She was unkempt, dirty and foul smelling. She does not look at the interviewer and is apparently confused and unresponsive to most questions. She knows her name and address but not the day or month. She is unable to describe the events that led to her coming to the ER.

# Case A cont'd

The police report they were called by neighbors because Ms. A was wandering around the neighborhood and not taking care of herself. The mobile crisis unit had gone twice but could not get in. Finally, the police broke in and were met by a snarling German shepherd whom they tranquilized. They found Ms A hiding in the corner, wearing nothing but a bra. The apartment was filthy and the floor littered with dog feces. They found a gun which they confiscated and brought Ms A in.

# LEGAL 2000

## The Nevada Process of Civil Commitment

Patient brought to ER by EMS, etc.  
Page A of Legal 2000R completed

Initial evaluation establishes that patient does not meet criteria

Patient is discharged or referred to CTC for detox, etc.

Patient meets criteria and medical evaluation establishes patient is medically clear

Page B of Legal 2000 completed.  
Patient transferred to a mental health facility

Patient meets criteria but medical evaluation determines patient is not medically clear

Patient is admitted to hospital for treatment.  
Page B of Legal 2000 is not completed

# Nevada Legal 2000 Form

## APPLICATION, CERTIFICATION AND MEDICAL CLEARANCE FOR EMERGENCY ADMISSION OF AN ALLEGEDLY MENTALLY ILL PERSON TO A MENTAL HEALTH FACILITY

### Definition of Mental Illness, NRS 433A.115:

As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, "mentally ill person" means any person whose capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for personal needs is diminished as a result of mental illness to the extent that (s)he presents a clear and present danger of harm to self or others, but does not include any person in whom that capacity is diminished by epilepsy, mental retardation, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

I have reason to believe that \_\_\_\_\_ is a mentally ill person as follows:

A person presents a clear and present danger of harm to self or others, if, within the preceding 30 days, (s)he has, as a result of mental illness (Check all that apply):

- (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, (s)he will be unable to satisfy the need for nourishment, personal or medical care, shelter, self-protection or safety due to mental illness, and if there exists a reasonable probability that death, serious bodily injury or physical debilitation will occur within the next 30 days unless admitted to a mental health facility pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive and adequate treatment is provided.
- (b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide and if there exists a reasonable probability that (s)he will commit suicide unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330 inclusive, and adequate treatment is provided; or
- (c) Mutilated self, attempted or threatened to mutilate self or committed acts in furtherance of a threat to mutilate self and, if there exists a reasonable probability that (s)he will mutilate self unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive, and adequate treatment is provided.
- (d) Inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that (s)he will do so again unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive and adequate treatment is provided.

**Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others. (Do not give diagnosis to describe behaviors).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am currently licensed in the state of Nevada as a  physician,  psychologist,  social worker,  registered nurse,  clinical professional counselor,  accredited agent of the Department of Human Resources,  an officer authorized to make arrests in the state of Nevada,  marriage and family therapist, or,  physician assistant

Current Nevada license number (if applicable): \_\_\_\_\_ Badge number (if applicable): \_\_\_\_\_

Person completing application signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### 433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.

1. Before an allegedly mentally ill person may be admitted to a public or private mental health facility pursuant to NRS 433A. 160, (s)he must:

- a. First be examined by a licensed physician, physician assistant or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
- b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL CLEARANCE: MUST BE COMPLETED IN ITS ENTIRETY AND A COPY OF THE EXAMINATION REPORT ATTACHED.  
On the basis of my personal examination of this allegedly mentally ill person on \_\_\_\_\_ day at \_\_\_\_\_ o'clock, am/pm, this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.

Name of examining medical professional: \_\_\_\_\_ Current Nevada License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

# APPLICATION, CERTIFICATION AND MEDICAL CLEARANCE FOR EMERGENCY ADMISSION OF AN ALLEGEDLY MENTALLY ILL PERSON TO A MENTAL HEALTH FACILITY

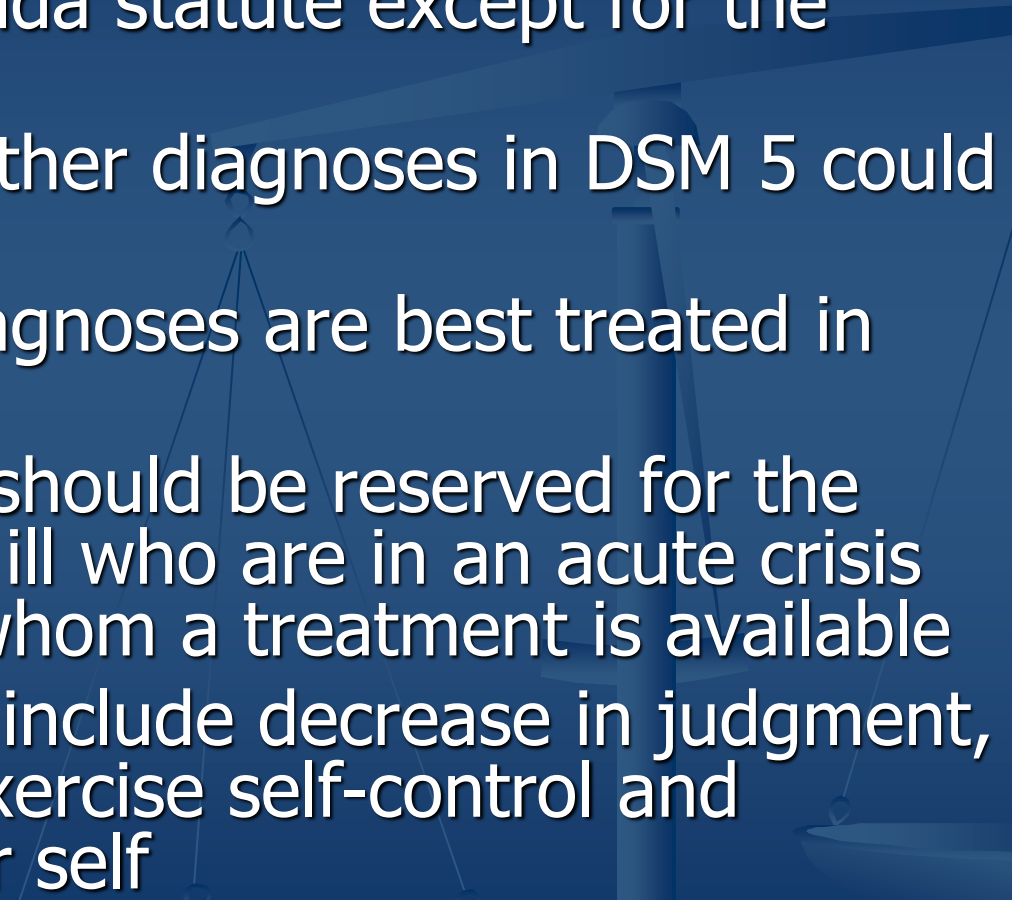
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# Definition of Mental Illness

- Left vague in Nevada statute except for the exclusions
  - Theoretically, all other diagnoses in DSM 5 could qualify
  - However, most diagnoses are best treated in another setting
  - A mental hospital should be reserved for the seriously mentally ill who are in an acute crisis situation and for whom a treatment is available
  - Thus, criteria also include decrease in judgment, lack of ability to exercise self-control and inability to care for self
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# Serious Mental Illnesses

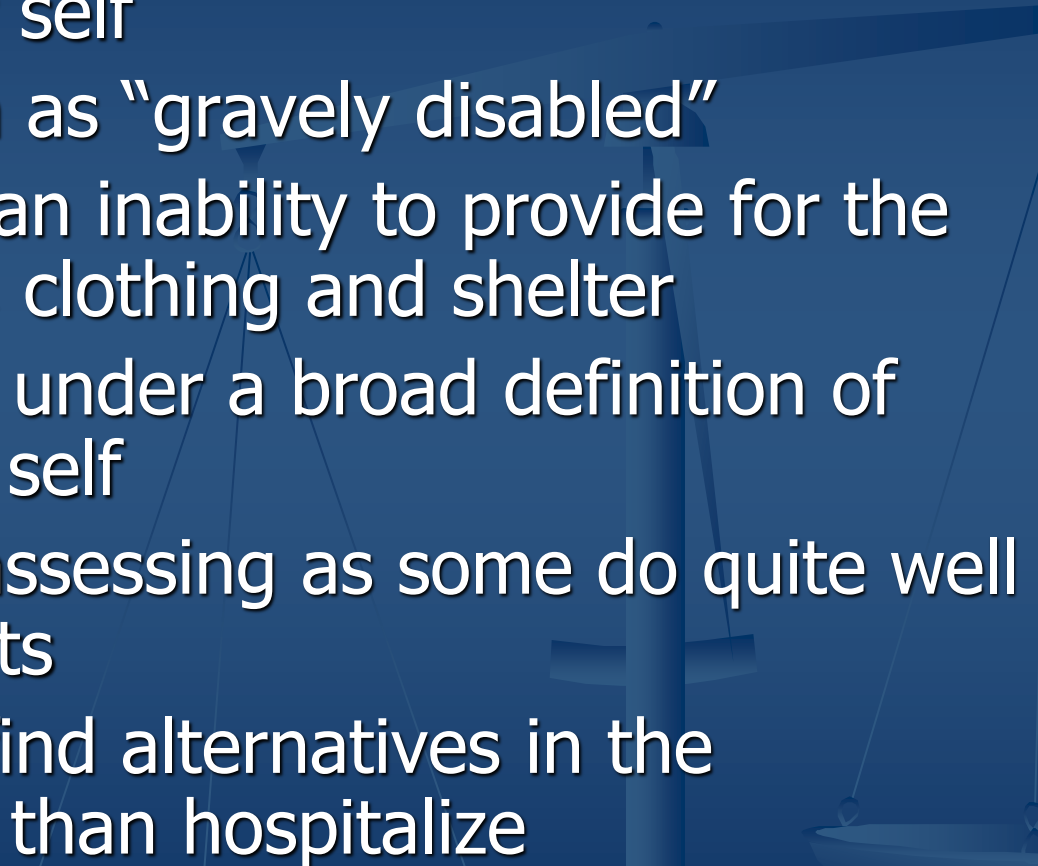
- Schizophrenia and schizoaffective disorders in the throes of psychotic symptoms, usually secondary to medication issues or drug use
- Bipolar disorder, particularly while manic, again due to medication issues or drugs
- Major Depression with psychotic symptoms, extreme negativity and suicidal impulses
- PTSD with exacerbations from environmental stressors or drug use
- Severe personality disorders, particularly borderline and antisocial (conduct disorder in children), under the influence of drugs or severe environmental stress

I have reason to believe that \_\_\_\_\_ is a mentally ill person as follows.

A person presents a clear and present danger of harm to self or others, if, within the preceding 30 days, (s)he has, as a result of mental illness (Check all that apply):

- (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, (s)he will be unable to satisfy the need for nourishment, personal or medical care, shelter, self-protection or safety due to mental illness, and if there exists a reasonable probability that death, serious bodily injury or physical debilitation will occur within the next 30 days unless admitted to a mental health facility pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive, and adequate treatment is provided.
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- (d) Inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that (s)he will do so again unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive and adequate treatment is provided.

# Criteria a

- Unable to care for self
  - Sometimes known as “gravely disabled”
  - Usually limited to an inability to provide for the essentials of food, clothing and shelter
  - Can be subsumed under a broad definition of dangerousness to self
  - Must use care in assessing as some do quite well living on the streets
  - May do better to find alternatives in the community rather than hospitalize
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# Case A, cont'd

You find out from the police that Ms. A had empty pill bottles for sertraline (Zoloft) and aripiprazole (Abilify) but that they were last filled six months ago. The chart tells you her Temp is 102 and pulse 95 with a BP of 110/70. Her labs showed an elevated WBC with slight left shift and her urinalysis was consistent with an infection. She also has a blood sugar of 400. After some IV fluids, she does answer yes to a history of diabetes but says she cannot afford the medications the doctor prescribed for her. She asks to be discharged so she can take care of her dog.

# Medical Clearance

433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.

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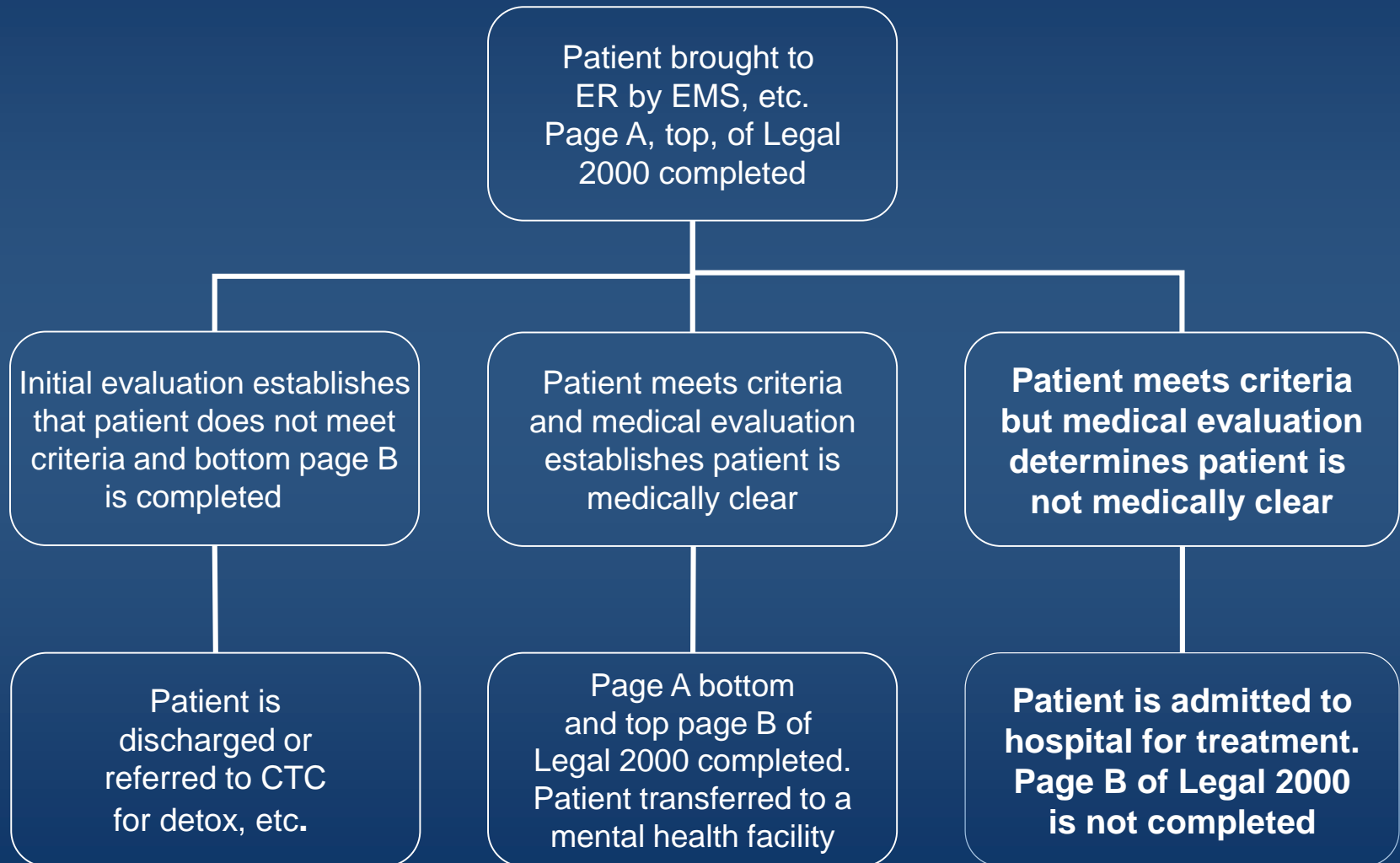
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Name of examining medical professional: \_\_\_\_\_ Current Nevada License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

# LEGAL 2000

## The Nevada Process of Civil Commitment



# Medical Clearance

- January 1, 2008 added physician assistant and advanced practice nurse to statute as able to perform medical clearance
- Medical clearance serves to establish that patient does not have a medical problem that is causing or significantly contributing to the psychiatric symptoms
- And also establishes that any other medical problem is stable enough for the patient to be admitted to a mental health facility where acute medical interventions are very limited
- Medical clearance may include a pregnancy test in a female, a urine toxicology screen and blood alcohol or breathalyzer test if not done in the field.
- Optional testing would include a CBC and chemistry panel including blood glucose and other laboratory testing as indicated by medical history



# Patient Who is Not Medically Cleared

Patient admitted to hospital for medical treatment. Risk management notified. Patient evaluated by psychiatrist.

Risk Management notifies court.

Psychiatric Consultation

No underlying psychiatric illness. Cleared by psychiatry and Page B of Legal 2000 not completed. Legal 2000 discontinued.

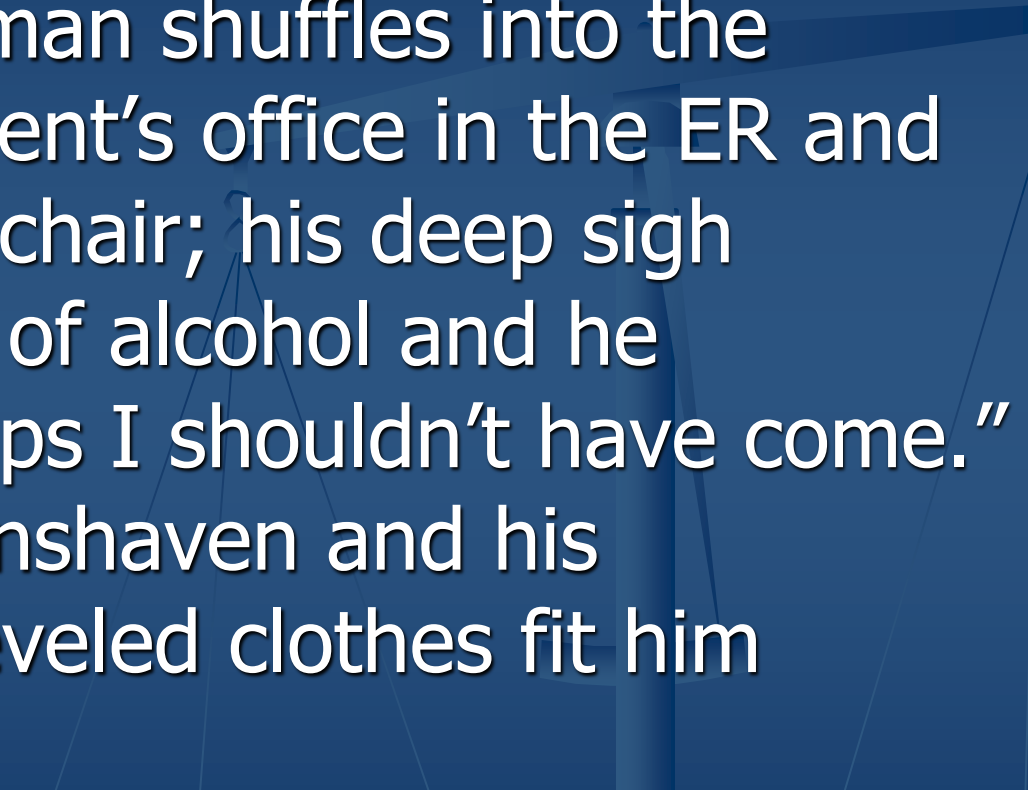
Psychiatric symptoms due to a substance use disorder. When medically stable, refer to substance abuse program. Legal 2000 discontinued.

Psychiatric diagnosis generates treatment recommendations. Treatment successful and patient no longer meets commitment criteria. Legal 2000 discontinued.

Psychiatric treatment does not lead to significant improvement by time medically cleared. Page B completed and patient transferred to mental health facility.

# Case B

A middle-aged man shuffles into the psychiatric resident's office in the ER and slumps into the chair; his deep sigh releases a whiff of alcohol and he remarks, "Perhaps I shouldn't have come." He is graying, unshaven and his somewhat disheveled clothes fit him loosely.

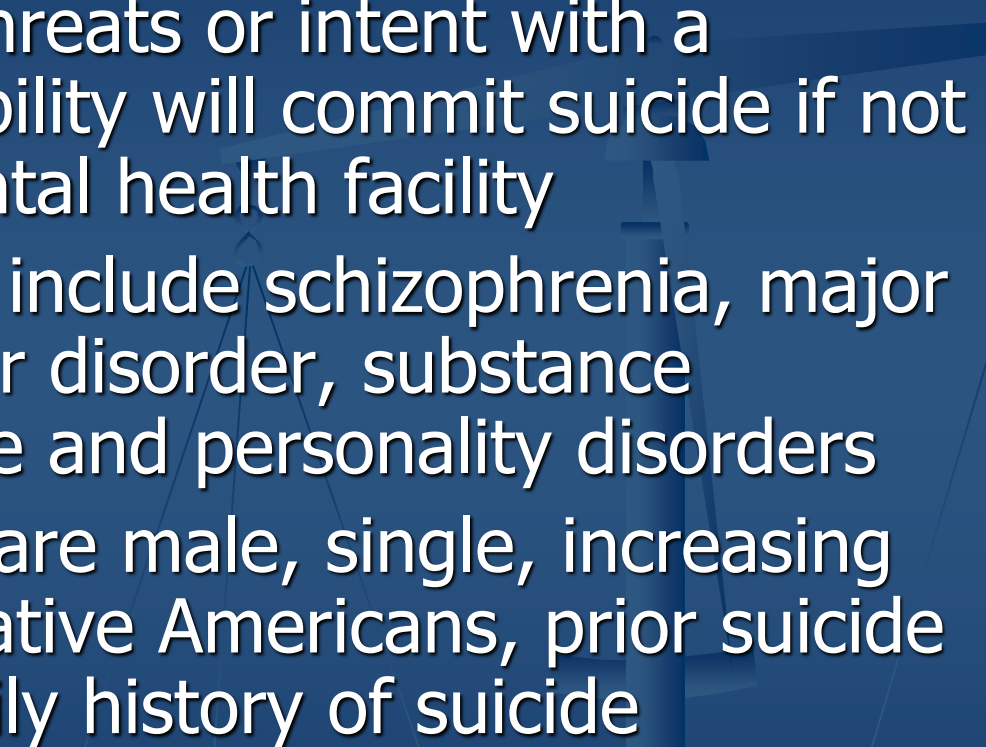


# Case B cont'd

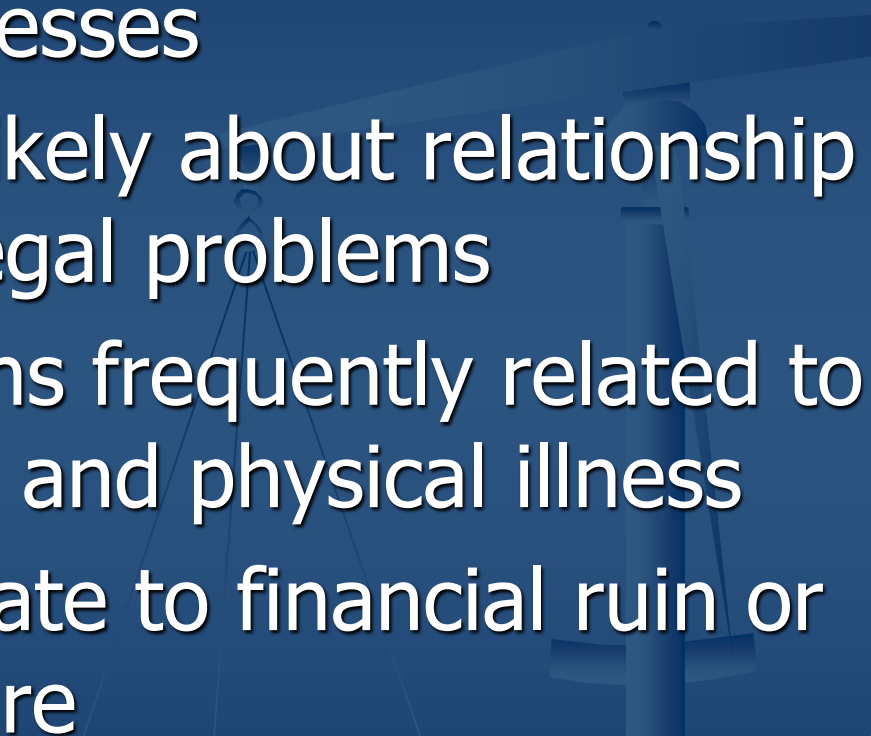
Empathic questioning reveals that two months ago he lost his job because of alcohol related absenteeism. This proved to be the last straw for his wife who took the children and went to her parents' home.

He is sleeping little and his appetite is gone. His drinking buddies say he's "no fun" and his parents do not want to hear from him. He has no friends or relatives in town. He has been thinking seriously of suicide.

# Criteria b

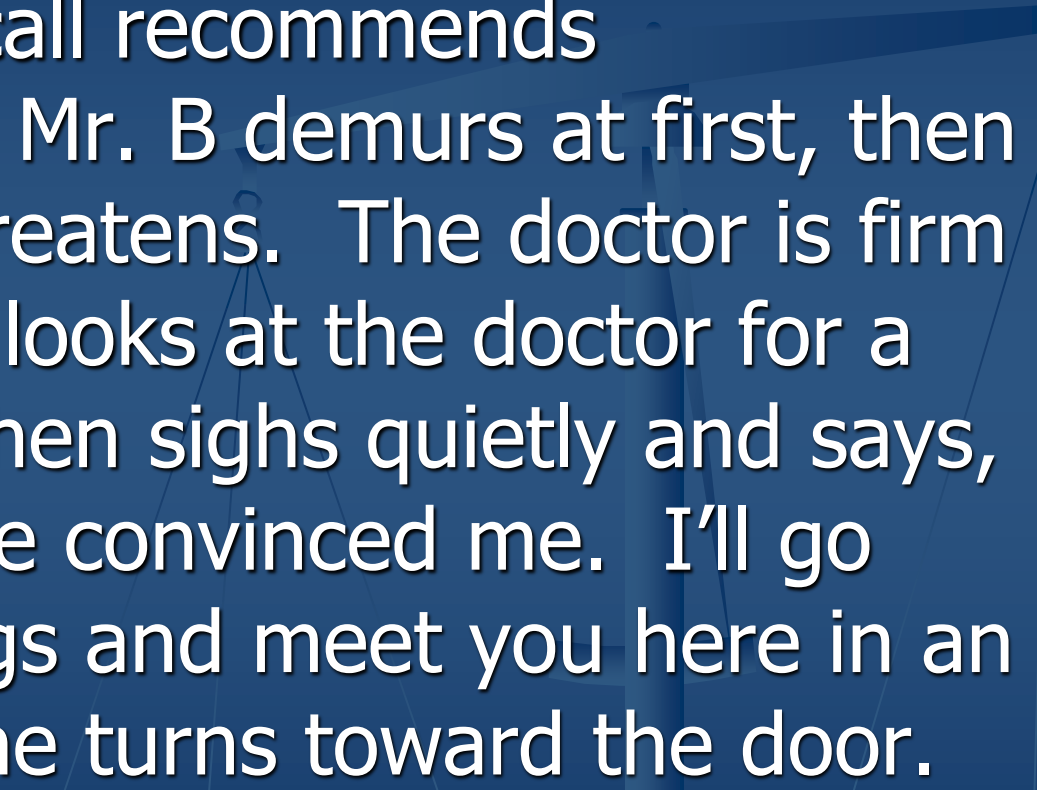
- Suicidal actions, threats or intent with a reasonable probability will commit suicide if not admitted to a mental health facility
  - High risk illnesses include schizophrenia, major depression, bipolar disorder, substance abuse/dependence and personality disorders
  - Static risk factors are male, single, increasing age, White and Native Americans, prior suicide attempts and family history of suicide
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# Criteria b

- Psychosocial stresses
  - Younger more likely about relationship problems and legal problems
  - Older populations frequently related to declining health and physical illness
  - Other issues relate to financial ruin or shame and failure
- 

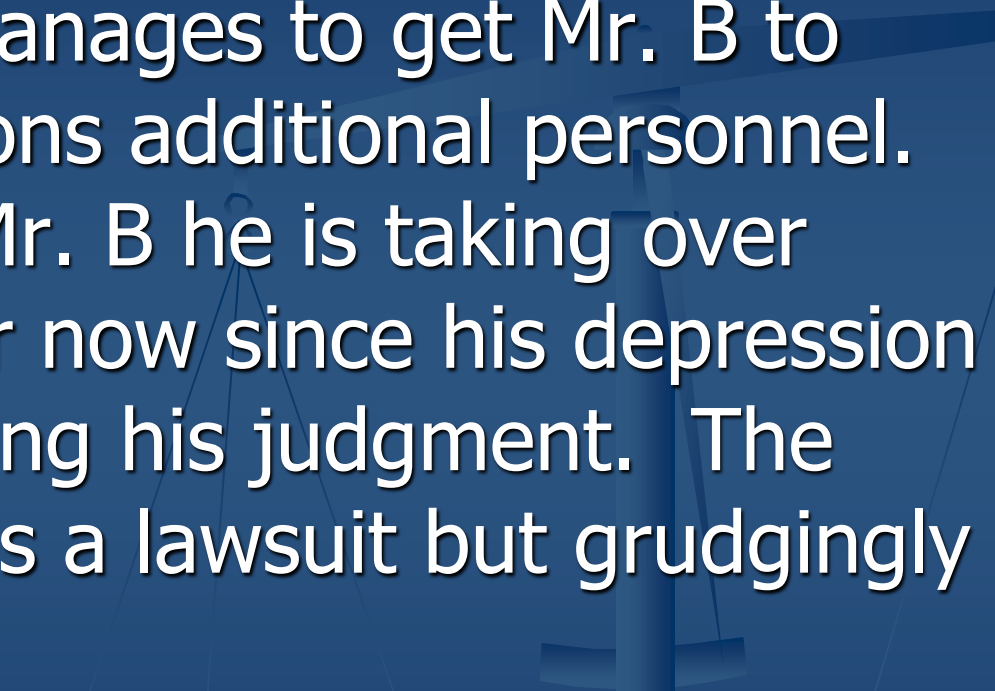
# Case B cont'd

The doctor on call recommends hospitalization. Mr. B demurs at first, then argues, then threatens. The doctor is firm and the patient looks at the doctor for a long moment, then sighs quietly and says, "OK, Doc, you've convinced me. I'll go pack some things and meet you here in an hour." Rising, he turns toward the door.



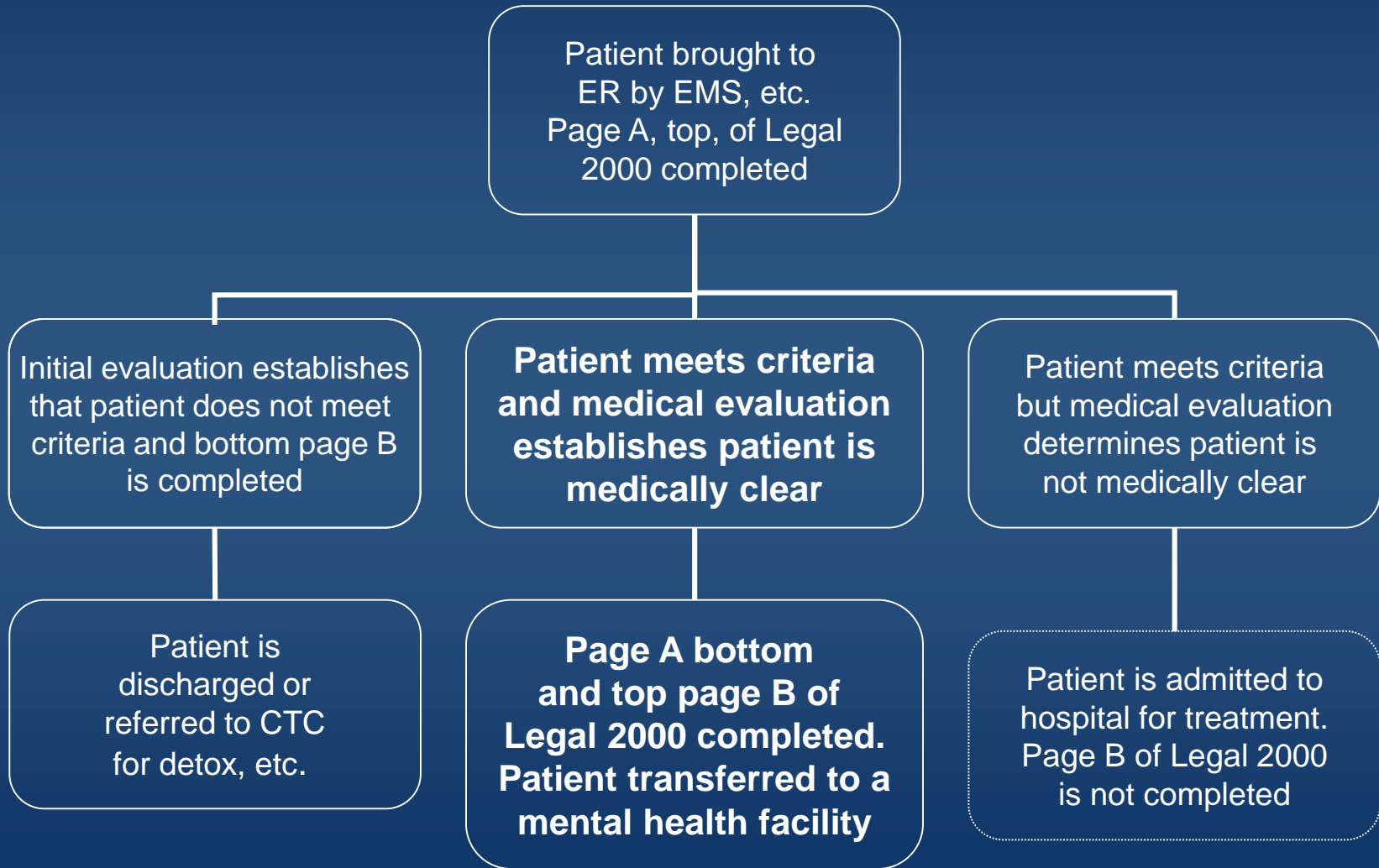
# Case B cont'd

The resident manages to get Mr. B to wait and summons additional personnel. He explains to Mr. B he is taking over responsibility for now since his depression is clearly impairing his judgment. The patient threatens a lawsuit but grudgingly complies.

A faint, stylized image of a scale of justice is visible in the background, centered behind the text. The scale has a vertical pillar and two pans hanging from a horizontal beam. The image is semi-transparent and serves as a decorative element.

# LEGAL 2000

## The Nevada Process of Civil Commitment





# Legal 2000 form, top, back page

**CERTIFICATION: Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.115.**

I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others. My opinions and conclusions are based on the following facts and reasons (Do not give diagnosis to describe behaviors):

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Psychiatrist  Psychologist  Physician Assistant (supervising psychiatrist): \_\_\_\_\_

Physician  CSW with psychiatric training  APRN with psychiatric training \_\_\_\_\_

Accredited agent of the department

Name of examiner: \_\_\_\_\_

Signature

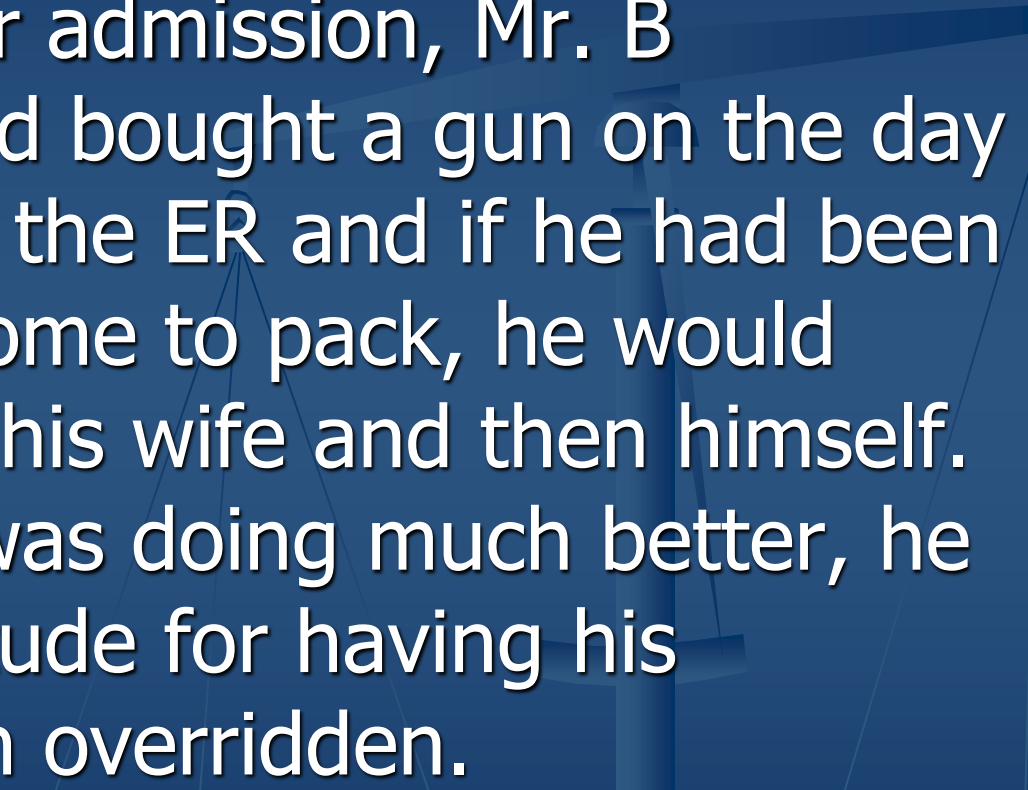
Date

Time

\_\_\_\_\_  
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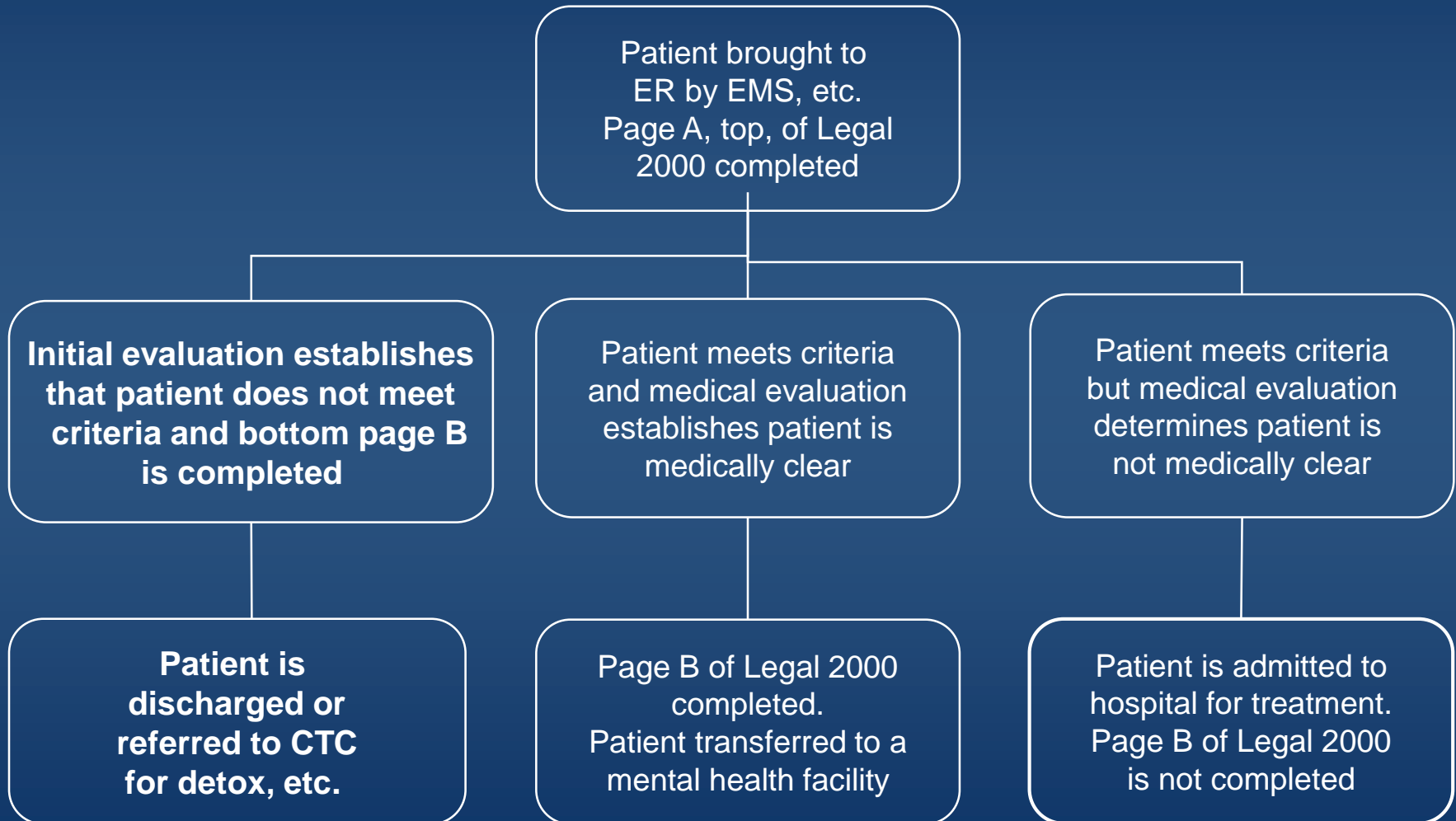
# Case B cont'd

Three days after admission, Mr. B confesses he had bought a gun on the day he presented to the ER and if he had been allowed to go home to pack, he would have used it on his wife and then himself. Later, after he was doing much better, he expressed gratitude for having his momentary wish overridden.



# LEGAL 2000

## The Nevada Process of Civil Commitment



# Legal 2000, bottom, back page

DE-CERTIFICATION: I have personally observed and examined this allegedly mentally ill person and have concluded that (s)he is not or is no longer a danger to self or others as a result of mental illness. **Describe in detail the behaviors you observed in the person leading you to believe (s)he is not mentally ill and a danger to self or others as described in NRS 433A.11:**

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Psychiatrist  Psychologist  Physician Assistant (supervising psychiatrist): \_\_\_\_\_

Physician  CSW with psychiatric training  APRN with psychiatric training \_\_\_\_\_

Accredited agent of the department

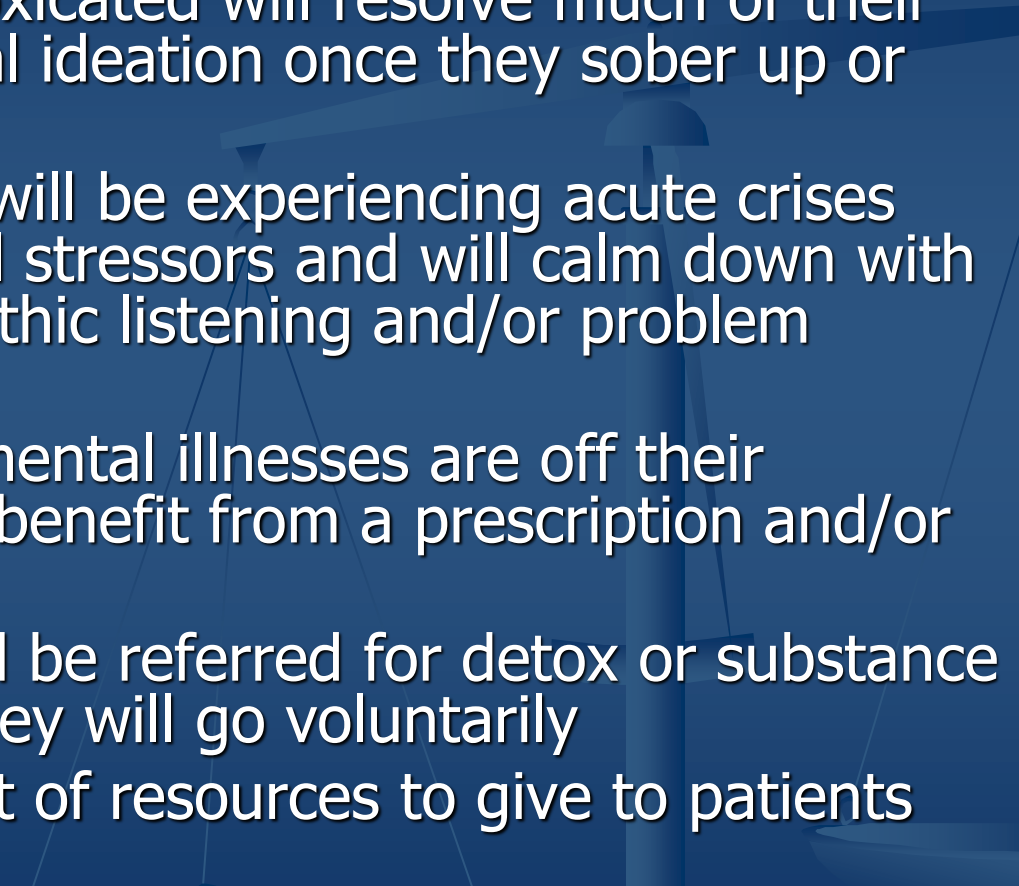
Name of examiner: \_\_\_\_\_  
Signature Date Time

\_\_\_\_\_  
Print Name

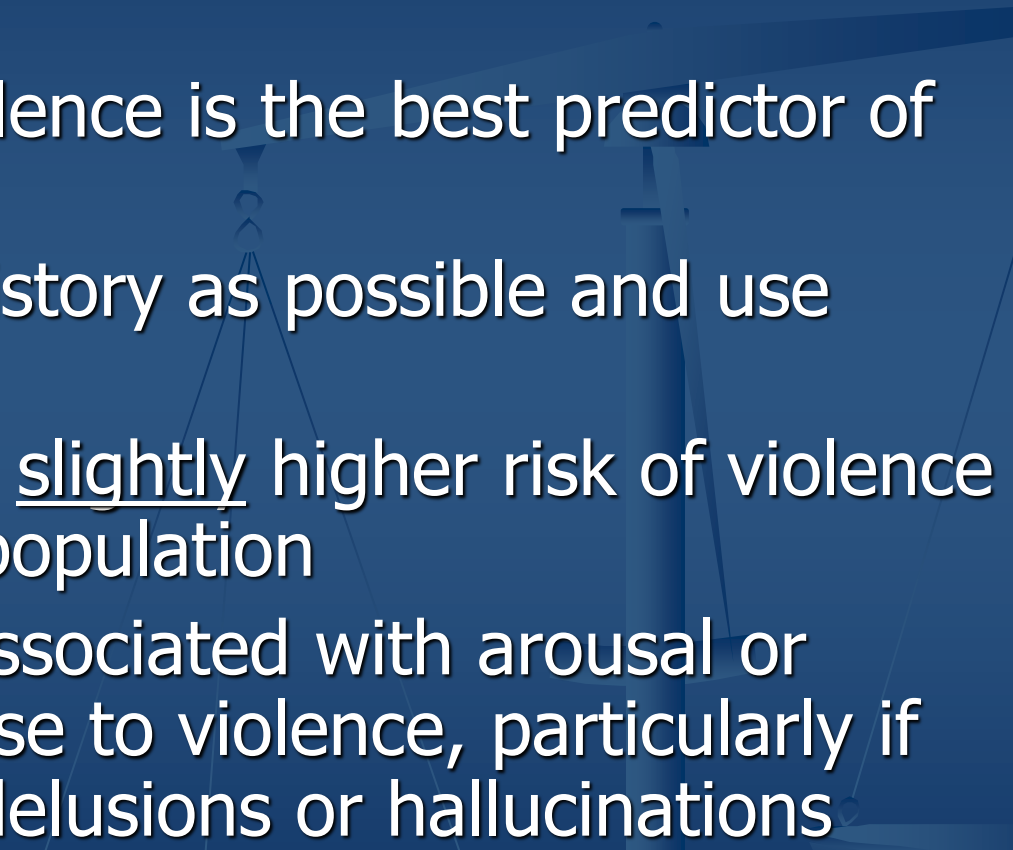
# The ER Problem

- Estimated that of the 14,000 patients, or more, presenting to local ER's with initial part of Legal 2000 completed, only 2,500 to 3000 (23%) will ultimately receive inpatient care at a psychiatric hospital
- The remainder will be found to:
  - have medical problems or dementia
  - need detoxification from alcohol or other substances
  - need rapid stabilization of an acute exacerbation of a chronic mental illness, i.e. get back on meds
  - need help with an acute crisis situation such as homelessness, job loss or relationship problems

# Non-Committable Patients

- Patients who are intoxicated will resolve much of their suicidal and homicidal ideation once they sober up or detoxify
  - Many other patients will be experiencing acute crises due to environmental stressors and will calm down with time and some empathic listening and/or problem solving
  - Some patients with mental illnesses are off their medications and will benefit from a prescription and/or dose in the ER
  - Some patients should be referred for detox or substance abuse treatment if they will go voluntarily
  - Important to keep list of resources to give to patients and families
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# Criteria d

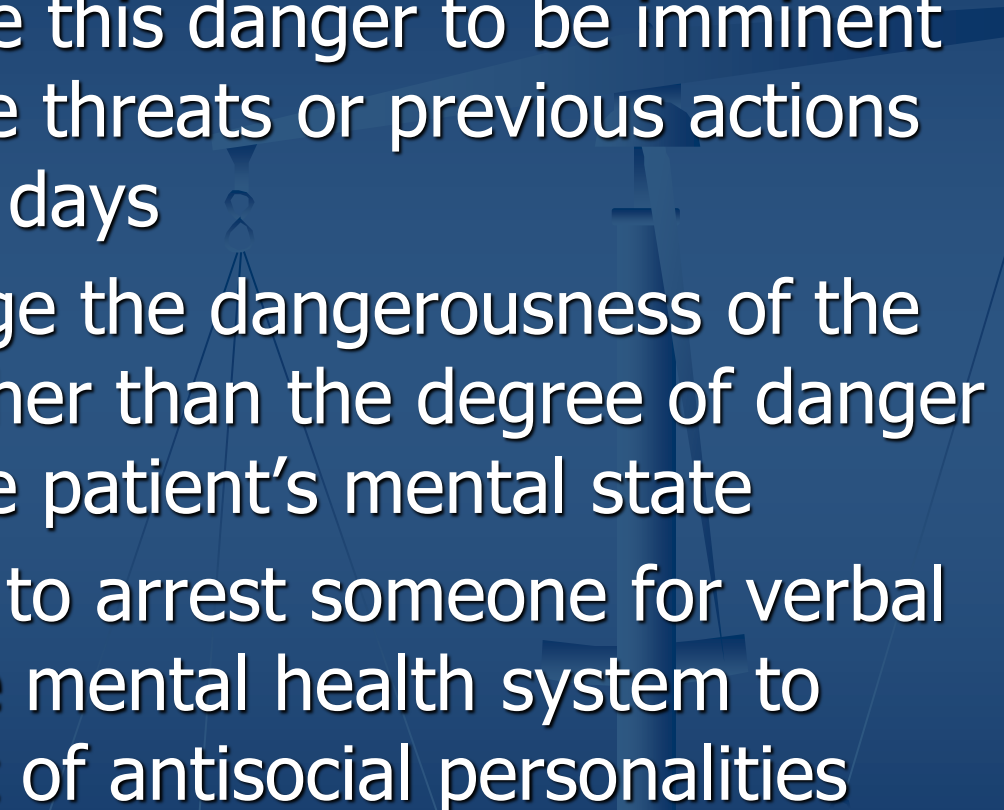
- Danger to others
  - Past history of violence is the best predictor of future violence
  - Obtain as much history as possible and use multiple sources
  - Mentally ill have a slightly higher risk of violence than the general population
  - Psychotic states associated with arousal or agitation predispose to violence, particularly if involve paranoid delusions or hallucinations
- 

# Criteria d cont'd

- Mental illnesses most associated with violence are schizophrenia, bipolar mania, alcohol and other substance abuse and personality disorders
- Demented and delirious patients can behave unpredictably and strike out, thus the NH transfer
- Recent stressors are relationship issues and economic problems such as job loss
- History of abuse, victimization and family violence predispose
- Affect states are most important to assess such as fear, anger, confusion and humiliation

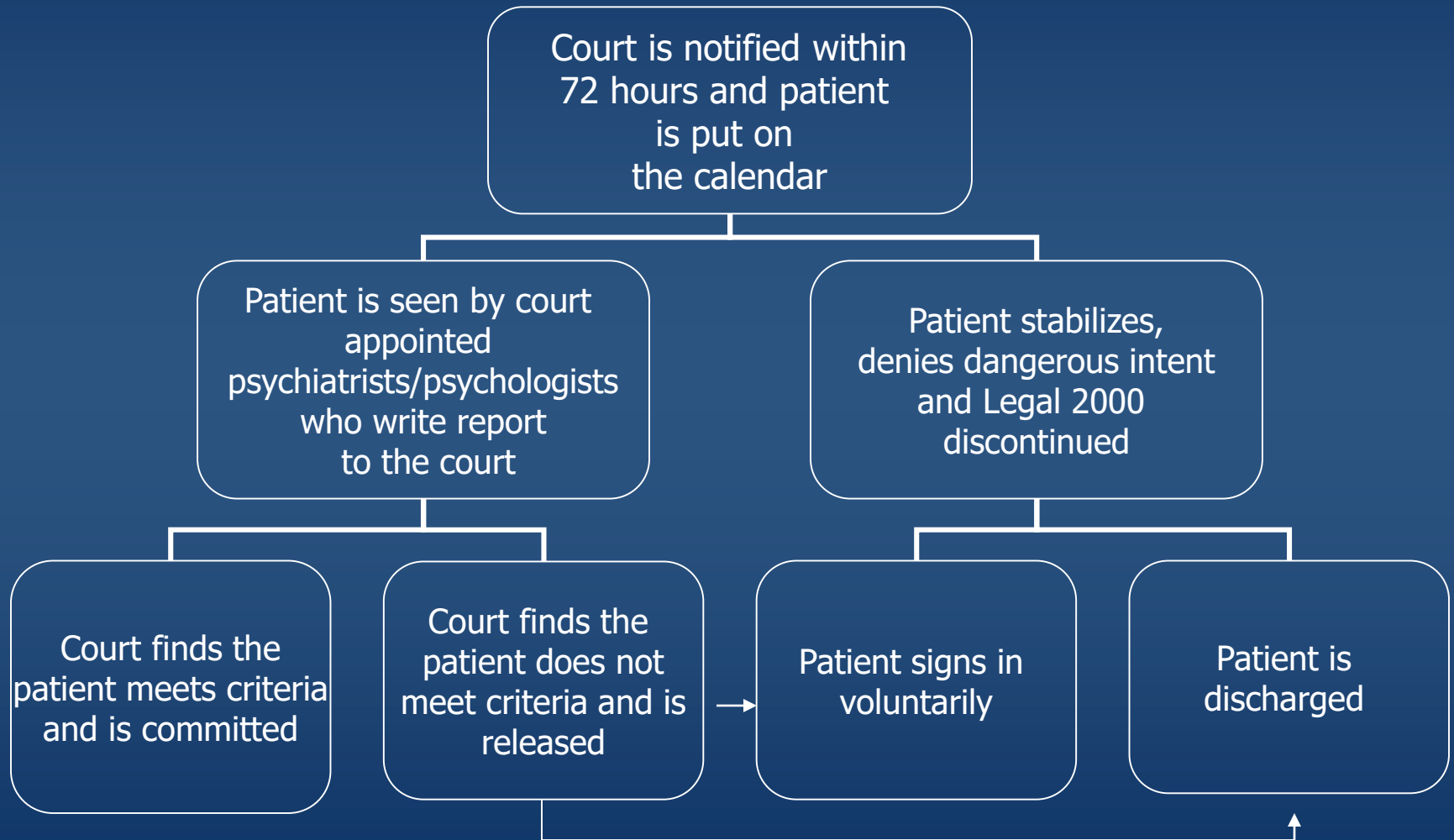


# Criteria d cont'd

- Most states require this danger to be imminent and in Nevada, the threats or previous actions must be within 30 days
  - Clinician must judge the dangerousness of the threats or acts rather than the degree of danger represented by the patient's mental state
  - Police are unlikely to arrest someone for verbal threats forcing the mental health system to attempt treatment of antisocial personalities
- 

# Process of Commitment

## When L2K Complete



# That's all – Case Closed

