

Chapter 10: Voluntary Admission of Competent Adults for Treatment of Mental Illness

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10.1 Overview

Judicial review is not required for the voluntary admission of a competent adult to a 24-hour facility for the treatment of mental illness, discussed in this chapter, or substance abuse (*see supra* Chapter 4). There is no representation by Special Counsel or an appointed attorney in the process. A voluntary admission may be less restrictive and involve fewer collateral consequences than an involuntary commitment, so respondent's counsel in involuntary proceedings should assess whether voluntary admission is an option.

10.2 Procedures for Admission and Discharge

A. Application for Admission

Any competent adult may voluntarily seek admission at a 24-hour facility for treatment of a mental illness. The individual must appear at the facility and sign a written application for admission. An evaluation is required prior to admission to “determine whether the individual is in need of care, treatment, habilitation or rehabilitation for mental illness or substance abuse or further evaluation by the facility.” G.S. 122C-211(a). Note, however, that a private physician or facility is not required to accept a person for treatment or evaluation. G.S. 122C-209.

Voluntary admission to a Veteran's Administration facility generally follows the procedures described above for competent adults. G.S. 122C-331. The Veteran's Administration may impose additional requirements for admission consistent with Chapter 122C. *Id.*

B. Discharge and Notice of Provision for 72-Hour Hold

Persons voluntarily admitted to locked treatment facilities, termed 24-hour facilities by statute, are generally required to be released upon written request.

G.S. 122C-212(a). A crucial exception is that the facility is allowed to hold an individual for up to 72 hours after written request for discharge. G.S. 122C-212(b). This information must be included in the written application for voluntary admission. G.S. 122C-211(b).

C. 24-Hour Evaluation

A person voluntarily admitted to a 24-hour facility that provides treatment that includes medical care must be evaluated by a facility physician within 24 hours of admission. The evaluation must include a determination of the need for treatment of mental illness and whether the person will benefit from the available treatment. G.S. 122C-211(c). If medical treatment is not a part of the treatment offered, the person is to be medically evaluated within 30 days if treatment is anticipated to continue more than 30 days. This requirement is waived if there is a physical examination report signed by a physician within the preceding 12 months of admission. G.S. 122C-211(d).

D. No Provision for Attorney or Transportation

There is no constitutional or statutory requirement for provision of counsel for a person voluntarily seeking admission to a 24-hour facility. Neither is there a provision for the city or county to provide transportation to the facility for admission or upon discharge.

E. No Hearing Required

There are no court proceedings upon the voluntary admission of a competent adult to a 24-hour facility. Court proceedings are instituted only if a written request for discharge is made and the facility institutes involuntary commitment procedures during a 72-hour hold. *See supra* § 10.2B.

10.3 Collateral Proceedings

A. Voluntary Admission to Have No Effect on Incompetency Proceeding

Voluntary admission, as well as involuntary commitment, to a facility for treatment of mental illness, substance abuse, mental retardation, or developmental disability, is to have no effect on incompetency proceedings. G.S. 122C-203. This presumably means that the fact of admission or commitment alone is not determinative in a guardianship proceeding under Chapter 35A, or former Chapters 33 or 35, of the General Statutes. The underlying facts regarding the respondent's symptoms or behavior may be admissible, however, if relevant to the incompetency proceeding.

B. Voluntary Admission Not Admissible in Involuntary Proceeding

The voluntary admission for treatment of mental illness “shall not be competent evidence in an involuntary commitment proceeding.” G.S. 122C-208. There is a statutory exception for use of evidence of “treatment history” in an involuntary *outpatient* proceeding. *Id.* Presumably, respondent’s underlying symptoms and behavior may be admissible if relevant.

