

# Navigating Your Way

## THROUGH A MENTAL HEALTH CRISIS HOLD IN NEVADA

VERSION 2.0

You or a loved one may  
be held in a hospital,  
crisis center, or  
psychiatric hospital  
without consent if you or  
a loved one are believed  
to be in a mental health  
crisis and are a danger to  
self or others. **Learn what  
this means for you and  
your loved one.**



Nevada  
Hospital  
Association



Nevada Statewide  
Coalition Partnership

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You may find this and other useful information at: <https://nvbh.org/involuntary-hold/>

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*1 in 5 Americans  
live with mental  
illness.*

**—NATIONAL ALLIANCE ON  
MENTAL ILLNESS (NAMI)**





# Getting Started...

## WHERE IS ONE TAKEN ON A MENTAL HEALTH CRISIS HOLD?

If you are placed on a hold, you will be taken to a hospital or crisis center for evaluation. Once evaluated by a healthcare professional, you may either be discharged or transported to an inpatient psychiatric unit.

## HOW LONG DOES A MENTAL HEALTH CRISIS HOLD LAST?

A mental health crisis hold lasts for up to 72 hours. If, at any time during the crisis hold, the healthcare provider overseeing your care believes you need additional treatment to address your mental health crisis, they may petition the court for a court ordered admission to extend the hold.

## WHO CAN PLACE A MENTAL HEALTH CRISIS HOLD?

The following individuals can put someone on a mental health crisis hold:

- Authorized Law Enforcement
- Physician
- Physician Assistant
- Psychologist
- Marriage and Family Therapist



- Clinical Professional Counselor
- Licensed Clinical Social Worker
- Registered Nurse
- Advanced Practice Registered Nurse

## WHY WAS I OR MY LOVED ONE PLACED ON A MENTAL HEALTH CRISIS HOLD?

A person may be held if there is a *substantial likelihood of serious harm to himself/herself or others due to mental illness*, and if, without care or treatment, is at risk of:

- Attempting suicide or having thoughts or plans of suicide
- Attempting homicide or having thoughts or plans of homicide
- Causing bodily injury to himself/herself or others
- Incurring a serious injury, illness, or death resulting from being unable to care for oneself due to mental illness with complete neglect of basic needs for food, clothing, shelter, or personal safety.

## MENTAL HEALTH CRISIS HOLD PROCESS

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
An individual is assessed to be at risk of harming self or others due to mental health crisis	Mental health crisis hold is placed on the individual in the community or a healthcare facility and 72-hour detention begins	The individual receives a medical assessment to make sure there is no medical condition that requires immediate treatment	The individual receives evaluation from a medical or mental health professional in order to certify that crisis is due to mental illness	Once evaluated and cleared, the individual, while under detention at any time, may be accepted and transported to inpatient psychiatric facility	If 72 hours is anticipated to run out, and individual is still assessed to be danger to self or others, the provider may petition the court for involuntary court ordered admission, extending the detention until a court hearing on the petition. (Court must schedule hearing within six business days)

An individual on a hold can be released at any point during the process if they are assessed to **no longer be a danger to self or others due to mental illness.**

You may find this and other useful information at:

<https://nvbh.org/involuntary-hold/>

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## What the law says...

Many of the laws in Nevada associated with adults in mental health crisis also apply to minors:

- 1) Under Nevada law, a mental health facility or hospital can hold a minor under emergency admission without parental consent for up to 72 hours from the time when the mental health crisis hold is initiated.**
- 2) The person who may be placing the mental health crisis hold must attempt to contact the parent or guardian to obtain their consent prior to initiating the hold.**
- 3) If a mental health crisis hold is necessary, the child may be transferred to a hospital for their safety.**
- 4) The hospital or mental health facility must provide notice to the parent or guardian as soon as practicable and no later than 24 hours after admission.**
- 5) It is important to know that a youth mental health crisis hold is not necessary or recommended if a parent or guardian is supportive of the recommended treatment.**

## WHAT NEVADA LAW SAYS ABOUT MENTAL HEALTH CRISIS

A person in mental health crisis: any person (1) who has a mental illness; and (2) whose capacity to exercise self-control, judgment and discretion in the conduct of the person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself/herself or others.

## WHAT IS NOT A MENTAL HEALTH CRISIS?

The following health issues are not a mental health crisis, but may occur at the same time as mental health crisis:

- Epilepsy
- Intellectual disability
- Dementia (i.e., Alzheimer's)
- Delirium
- Alcohol/drugs (either brief intoxication or dependence/addiction)  
(NRS 433A.0175)

## WHAT DOES THIS MEAN FOR YOU OR YOUR LOVED ONE?

If a person is in danger of harming themselves or someone else, or is unable to care for themselves due to mental illness, a friend, family member or community member can call 9-1-1 to have law enforcement or a mobile crisis team assess the situation.

If law enforcement, after observation, believes the person to be in a mental health crisis, they can place the person on a mental health crisis hold and bring the person to a hospital for further evaluation.

This process is designed for the safety and well-being of the person in crisis, their family and community.

**If you and your child are experiencing conflict or crisis, the Children's Mobile Crisis Response Team is available to help 24/7 at 702-486-7865. More information can also be found at [www.knowcrisis.com](http://www.knowcrisis.com).**

# Individual & Family Options to Support Those Experiencing Mental Illness

You or a loved one may be struggling with mental illness. Here are some options that you can consider:

## National Alliance on Mental Illness (NAMI) Family-to-Family Class

NAMI Family-to-Family is a free, 8-session educational program for family, significant others and friends of people with mental health conditions. It is a designated evidenced-based program. This means that research shows that the program significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition. NAMI Family-to-Family is taught by NAMI-trained family members who have been there, and includes presentations, discussions and interactive exercises. More information on NAMI Nevada can be found here: [www.naminevada.org](http://www.naminevada.org) | 775-470-5600

## Nevada PEP (Parents Empowering Parents)

Nevada PEP services are about empowering families to be life-long advocates for their children through education and skill building. PEP recognizes that parents are experts on their children and must learn about disabilities, intervention needs, and how to develop a support system to meet those needs. More information can be found here: [www.nvpep.org](http://www.nvpep.org) | 702-388-8899

## Psychiatric Advance Directive (PAD)

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. Completing a PAD, along with general estate planning and health care power of attorney documentation, are all important steps that designate someone to communicate your healthcare and estate decisions for you in the event that you are unable to. Please note PADs may not apply when an individual is placed on a mental health crisis hold. More information on PADs can be found here: [www.nrc-pad.org/states/nevada/](http://www.nrc-pad.org/states/nevada/)

## Crisis Hotline: Crisis Support Services of Nevada

The Crisis Hotline is for individuals in Nevada who are in need of an empathetic ear, a caring heart and a helping hand to anyone in need. Help is available through hotline, text line and in-person advocacy services. For more information please visit: [www.cssnv.org](http://www.cssnv.org) | 1-800-273-8255

## Welfare Check

A welfare check is a law enforcement contact with a person when there is a significant concern for their wellness or safety. Requests for welfare checks often originate from the person's family members, loved ones, significant others, close friends, employers or neighbors. If a citizen makes a request for a welfare check it is important that they provide information regarding the person's medical history, psychological history, substance use history, access to weapons, and any other circumstances surrounding the person that give rise to the concern for their wellbeing. If a welfare check is found to be warranted, the responding officers will use this information when determining which course of action is most appropriate. It is not unusual for a responding officer to call the requestor to obtain more information based on the unique circumstances of the call, so those requesting such checks should keep their phone nearby. Welfare checks do not give officers automatic authority to go into someone's house. **If you believe a welfare check is needed, you may request one by contacting your local law enforcement.**



# Individual & Family Options to Support Those Experiencing Mental Illness CONTINUED

## Mobile Outreach and Response

Mobile Outreach Safety Teams (MOST), Rural MOST, and Crisis Response Team (CRT)/ Mobile Crisis Response Team (for youth) are behavioral health outreach teams using mental health clinicians and, at times, law enforcement who engage individuals experiencing crisis due to mental illness and other substance use issues. Mobile Crisis Response Team (for youth) is available statewide, 24/7. MOST Teams are not yet available in all parts of Nevada. Please visit Nevada's Crisis Intervention Team training website at [www.nvcit.org/find-support-in-crisis/](http://www.nvcit.org/find-support-in-crisis/) for more specific information on where these teams are located in Nevada.

## Family Petition to Courts

NRS 433A allows for family to petition district courts for a mental health crisis hold to respond to an individual alleged to be in mental health crisis. There are some limitations to this option:

- Courts follow the same criteria for mental health crisis, described in NRS 433A.0175, as law enforcement and hospitals. Substance use is not criteria for detaining an individual.
- Law enforcement staffing is limited in many areas, and this order may take time for law enforcement to carry out.
- This order is only to provide for assessment at the hospital.

## Supported Decision Making

Nevada state law, NRS 162C, provides for a supported decision making agreement between an individual and the individual's supporter. A supporter can be anyone that the individual trusts, who will look out for the them and give them advice. A supported decision-making agreement is a tool that accommodates an individual with a disability by encouraging providers to support the decision making capacity of an individual with additional guidance from a trusted supporter, instead of discriminating against them. This keeps the individual at the center of all decisions and does not give away personal autonomy. For more information, please go to: [www.nevadaddcouncil.org/supported-decision-making/](http://www.nevadaddcouncil.org/supported-decision-making/)

## Guardianship

Guardianship is a legal process used to protect individuals who are unable to care for their own well-being due to disability or incapacity. A court may appoint a legal guardian to care for an individual who is in need of special protection. For more information, please go to: [www.nevadaddcouncil.org/supported-decision-making/](http://www.nevadaddcouncil.org/supported-decision-making/)



# PSYCHIATRIC ADVANCE DIRECTIVES (PAD)



## Psychiatric Advance Directives are medical-legal documents that allow individuals with mental illness to:

- Advocate for their desired care on their own behalf and uphold core principles in the provision of health care such as the preservation of patients' rights of self direction and self-determination in guiding one's care.
- Direct providers of health care on how they wish their psychiatric care to be provided in the event that they are incapable of making decisions concerning such care or are incapable of communicating such decisions.
- Designate another person to make decisions on their behalf in the event they become incapable of making such decisions.
- You can find a copy of Nevada's Psychiatric Advance Directive at: [www.nrc-pad.org/states/nevada-forms/](http://www.nrc-pad.org/states/nevada-forms/)
- You can register your Psychiatric Advance Directive with the Advance Directive Registry at the Secretary of State's Office at: [www.nvsos.gov/sos/online-services/nevada-lockbox/about-advance-directive-registry](http://www.nvsos.gov/sos/online-services/nevada-lockbox/about-advance-directive-registry). The Secretary of State is responsible for electronically storing and making available filed documents to the registrant and/or authorized entities by request in conjunction with the registrant's medical care. This central repository allows your psychiatric advance directive to be accessed by healthcare providers when you experience crisis.

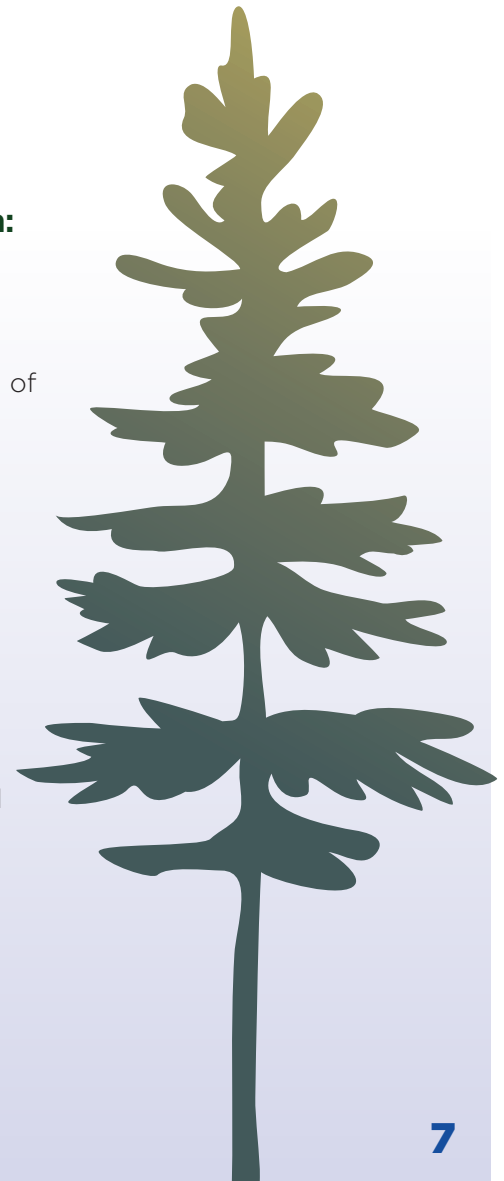
## Situations in which your PAD may not be taken into consideration:

Mental health providers may decline to follow your advance directives if:

- A) Compliance, in the opinion of the attending physician or other provider, is not consistent with generally accepted standards of care for the provision of psychiatric care for your benefit;
- B) Compliance is not consistent with the availability of psychiatric care requested;
- C) Compliance is not consistent with applicable law;
- D) You are admitted to a mental health facility or hospital pursuant to certain sections of the Nevada Revised Statutes that regulate the process of involuntary commitment to inpatient psychiatric facility, and a course of treatment is required pursuant to those provisions; or
- E) Compliance, in the opinion of the attending physician or other provider, is not consistent with appropriate psychiatric care in case of an emergency endangering your life or health, or the life or health of another person.

In the event that one part of the advance directive is unable to be followed, all other parts of the advance directive must still be followed.

*\*more information can be found about these rights at NRS 449A.600-645*



# What to Expect...



***Below are some things that you can expect with a mental crisis hold.***

## **WHAT CAN YOU EXPECT DURING THE 72 HOURS?**

While at the medical facility, your healthcare team (doctors, nurses, social workers, etc.) will meet with you to determine your medical and mental health needs. They will also help you get to the appropriate treatment if you can't get it at their facility.

During your time, you will receive medical assessment based on your health needs that may include vital signs, diagnostic tests, labs, etc.

Many people will not need to go into an inpatient mental health hospital, but for those that do, the process can take anywhere from several hours to several days.

***There are several factors that affect how long you stay at the hospital*** while waiting to get into an inpatient mental health treatment facility:

- Treatment of a critical medical condition or an infectious disease
- Injury
- Assessment of the cause of your crisis which may be due to a mental illness
- Referral to the appropriate treatment facility based on insurance and method of payment

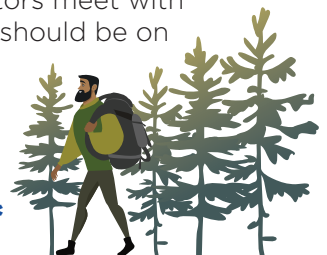
## **WHAT MAY HAPPEN DURING THE CRISIS HOLD?**

- You may be discharged.
- You may opt to stay as a voluntary patient.
- The hospital may ask the court for an order to extend the hold up to an additional 180 days. This is called an involuntary court ordered admission. (For the majority of people, inpatient hospitalizations are often brief, lasting an average of 5-7 days.)

## **THE COURT PETITION PROCESS**

What you should know about the court petition process that extends the hold after 72 hours:

- When the healthcare provider petitions the court to extend the hold, the court will schedule a hearing within six judicial days, excluding weekends and holidays, and appoint an attorney to represent you or your loved one. During that time, your attorney will meet with you and determine if you are willing to stay in the hospital or if you want to challenge the hold.
- The court may have their doctors meet with you as well, to make sure you should be on the hold.



## **THE COURT PROCESS AND YOUR LEGAL RIGHTS\***

**Nevada law states that you have the following rights while going through the court process:**

- A.** You have the right to a hearing and the right to be present at that hearing.
- B.** You have the right to an attorney, if you cannot afford to hire an attorney, one will be appointed for you.
- C.** The court will provide doctors, who will see if you meet criteria for inpatient mental health hospitalization, prior to your hearing.
- D.** At the hearing, the district attorney represents the state and will present evidence in support of the petition.
- E.** The court will hear and consider all relevant testimony including your perspective and the doctors' opinions.



**The mental health crisis hold process is designed to keep you safe. With this in mind, your rights may be denied if your actions put the health and safety of you and those around you at risk.**



## **PATIENT BILL OF RIGHTS: PART ONE**

### **YOUR RIGHTS WHILE IN A HOSPITAL**

#### **1) Your Treatment**

You have the right to be informed of the nature of your condition, proposed treatment or procedure, risks, benefits and prognosis and any continuing health care needs in terms you understand.

#### **2) Participation in Your Treatment**

You have the right to participate in the decision making process related to the plan of your care. You also have a right to participate in the discussion of ethical issues that may arise.

#### **3) In the Least Restrictive Setting**

You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.

#### **4) No Discrimination**

You have the right to receive access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, gender identity, national origin, religion, disability, or sources of payment.

#### **5) Right to Refuse Treatment**

You have the right to refuse treatment as otherwise provided by law, and to be informed of the consequences of your refusal.

#### **6) To be Informed**

You have the right to be informed of the hospital's rules and regulations as they apply to your conduct.

#### **7) Respectful Care**

You have the right to receive considerate respectful care at all times and under all circumstances.

#### **8) Communication**

You have the right to effective communication with your health care team and other hospital members including being provided with an interpreter or other communication aides or services at no cost to you.

#### **9) Patient Support and Advocacy**

You have the right to know what patient support services are available, including patient advocates to assist with care coordination, quality of care concerns, and billing issues.

#### **10) Access to Medical Records**

You have the right to have access to your medical records according to hospital policy.

#### **11) Cultural and Spiritual Practices**

You have the right to have access to professionals to assist you with emotional and/or spiritual care. You also have the right to exercise your cultural values and spiritual beliefs as long as they do not interfere with others, or the planned course of medical care.

#### **12) Grievance**

You have the right to express concerns regarding any of these rights in accordance with the grievance process.

#### **13) Advance Directive**

You have the right to create a medical advance directive or a psychiatric advance directive (PAD) to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.

#### **14) Confidentiality**

You have the right to expect that all communication, and records pertaining to your care are confidential, and will not be used or disclosed except as required or permitted by law.

*\*More information can be found about these rights at NRS 449A.100-124.*



## **PATIENT BILL OF RIGHTS: PART TWO**

### **YOUR PRIVACY RIGHTS**

**The exchange of information for care coordination between your providers is important, however, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) federal law protects your healthcare privacy rights as well as addresses security and privacy of health-related information.**

- Your medical records, including treatment plans, are confidential and you have the right to control who is able to access your information except for special circumstances as discussed below.
- A patient must sign an authorization for the hospital to release information about your medical care to anyone including confirming or denying if someone is or was a patient.
- Listening carefully to family members may be all the staff is able to do during a phone call.

Family members are welcome to call the hospital at any time to share information with an employee. An employee will not share information and/or provide an update to the family member unless the patient has signed an authorization allowing disclosure of information to that person.

**PLEASE NOTE:** If you are a parent of a patient under the age of 18 or a legal guardian of a patient, you always have the right to receive information.

**Patients often change their minds and sign an authorization one day and revoke it the next which means that contact with family members could change within 24 hours. Patients retain their right of choice even in cases where family disagrees. In cases where patients and families disagree or oppose, patient rights and choices override family preferences and directives.**

## **YOUR RIGHTS REGARDING YOUR HEALTH CARE INFORMATION**

**You have the right to...**

- Inspect and copy your medical records
- Amend the information
- Request a summary of who has been provided your health information
- Request restrictions on who can receive your health information
- Request confidential communication
- Receive a paper copy of the Notice of Privacy Practices

*\*More information can be found about these rights at NRS 449A.100-124.*



# Patient Rights & Nevada Law

## YOUR LEGAL RIGHTS IN AN INPATIENT MENTAL HEALTH FACILITY\*

### 1) Legal

You have the right to retain and consult with an attorney at any time. Also, you have the right to request a court hearing if you think you are being wrongly held. The court will decide whether or not your mental health crisis hold should be removed.

### 2) Right to Be Informed

If you are in a psychiatric facility, you have the right to receive a copy of the facility's admission and discharge criteria.

### 3) Second Opinion

You have the right to receive a second evaluation from a psychiatrist or psychologist who does not have a contractual relationship with or financial interest in the facility.

### 4) Clothing and Personal Items

You have the right to wear your own clothing and keep personal items, including toilet articles, unless those articles may be used to harm yourself or others.

### 5) Personal Storage

You have the right to have access to storage for private use.

### 6) Visitors

You have the right to see visitors during regular visiting hours.

### 7) Telephones

You have the right to reasonable use of telephones, including making and receiving confidential calls.

### 8) Letters

You have the right to access materials for writing letters, including stamps, and to mail and receive unopened correspondence with some exception noted in NRS 433.482. This does not include packages.

### 9) Language Interpreter

You have the right to have reasonable access to an interpreter if you do not speak English or are hearing impaired.

### 10) Coordination with Family and Friends

If you sign a release of information form, you have the right to designate a person for the facility to share your medical and mental health information. Otherwise, your information will not be shared with others and will remain confidential (except as permitted or required by law).

### 11) Informed Consent

You or a parent or guardian (for minors under 18 years of age) have the right to review your treatment plan, including reasonable risks, benefits and purposes of the treatment. This includes any treatment alternatives available. You must provide a signature consenting to the agreed upon treatment plan. You can also withdraw your consent.

*\*More information can be found about these rights at NRS 433.456-536.*



# FREQUENTLY ASKED QUESTIONS



## WHAT CAN I EXPECT FROM TREATMENT?

Treatment starts with the evaluation of the situation directly related to the admission, the gathering of patient history, and diagnosis evaluation. Patients work on developing the life skills and coping strategies appropriate for their illness and circumstances, which they will need to continue to use after discharge. The more a patient and their support system is engaged in treatment and embracing new ways of doing things, the more successful treatment can be.

## WHAT IS A TYPICAL DAY LIKE?

Each day, patients follow a structured schedule that may include group and/or individual therapy, recreational activities, treatment plan meetings, family sessions, and private time for reflection and working on written assignments. Each patient is seen regularly by a psychiatric provider (psychiatrist and/or advanced practice psychiatric nurse and/or physician assistant).

## ARE FAMILIES EXPECTED TO BE INVOLVED?

Yes! It is extremely important that family members participate in treatment. Family members are essential members of each patient's treatment team and family support assists in healing. It is also very helpful for families to understand and participate in the discharge and aftercare plans. Once discharged, if you notice any changes in behavior or the safety level of your loved one, please call the treating provider and make them aware of your concerns immediately.

## HOW CAN I OBTAIN UPDATES ON MY FAMILY MEMBER'S STATUS IN TREATMENT OR IN THE HOSPITAL?

In order for you to obtain information about the status or condition of your loved one, the patient must sign a release that allows the hospital to share their information with others. Some hospitals in Nevada have attempted to make this process easier by providing patients with codes that family members can use to see if the patient is currently hospitalized. Codes may be words or a short combination of numbers that lets the provider know that your family member of loved one shared it with you and that they support you getting updates and other information about their progress.

## WHAT IF I DON'T HAVE INSURANCE TO PAY FOR TREATMENT?

There are several options for those who do not have insurance but need mental health treatment. A hospital social worker or staff person will work with you to ensure you get the care you need.

The following options are available so you can get treatment:

- Many individuals are eligible for Medicaid, which after an often quick enrollment process, will allow you to access private hospitals offering inpatient mental health services.
- If you are ineligible for Medicaid and do not have insurance, the State of Nevada operates two psychiatric hospitals (Northern Nevada Adult Mental Health Services (NNAMHS) in Reno and Southern Nevada Adult Mental Health Services (SNAMHS) in Las Vegas) that provide services for individuals without insurance. However, these state hospitals are considered to be "safety net" services and could take several days before you could be admitted due to limited bed availability.



# Planning for Discharge & Advocating for Your Care

## PLANNING FOR DISCHARGE

### What to expect:

- A discharge planner, who could be a social worker, nurse, or other hospital staff, will meet with you within the first 24 hours of your stay to discuss your goals, preferences, and needs to begin developing a discharge plan to leave the hospital. Your provider overseeing your care will also be involved in making sure that this plan is aligned with your goals for care and treatment.
- If your plan changes during your stay, you can meet with your discharge planner to reassess and change the plan as needed.
- The following elements will be used to develop your plan and connect you to providers who can support you after discharge:
  - Your diagnosis
  - Medical issues and past medical history
  - Ongoing needs after discharge
  - Any risk for needing to be admitted again
  - Information on psychiatric advance directive (PAD)
  - Your social, family, psychological, employment, food, housing and transportation needs
  - Communication needs, language barriers, diminished eyesight or hearing, literacy
- When your discharge planner meets with you, they will help you select a provider and can give you information on the provider's quality of services.
- You and your caregiver (if you have one) will be involved in the development of your discharge plan and will be notified of your final plan so you can prepare for after discharge.

## HAVE A CONCERN ABOUT YOUR CARE?

**All hospitals strive to provide the best care possible, however there may be times when you are not satisfied with the care you are receiving. The following actions can help in these situations:**

- If you believe your rights have not been observed, discuss your concern with any staff member in person and/or in writing.
- Request to speak to a patient advocate at the hospital, who can help you navigate the hospital's complaint and grievance process. This person serves as an advocate for those admitted to the hospital. The patient advocate is available to both you and your family, assisting in clarifying information, supporting your rights and connecting people to the right resources. The patient advocate can help with grievances and also can pass along compliments regarding your rights and the quality of care and service at the hospital.
- If you have a concern about your rights, you may discuss your concerns with your attorney.





## NEVADA LAWS THAT APPLY TO MENTAL HEALTH CRISIS

To read the specific laws, please visit:  
[www.leg.state.nv.us/NRS/NRS-433A.html](http://www.leg.state.nv.us/NRS/NRS-433A.html)

Thank you to the Northern Regional Behavioral Health Policy Board for their leadership and support in clarifying and standardizing the mental health crisis hold process in the 2019 Nevada legislative session through AB 85. This document was prepared by the Statewide Mental Health Workgroup, a multidisciplinary group composed of law enforcement, courts, hospitals, healthcare providers, peers and family members, and treatment providers across Nevada, and was facilitated by the Northern Regional Behavioral Health Coordinator. A special thanks to the Statewide Mental Health Crisis Hold Workgroup for their work on developing and supporting language and ideas for AB85 and ongoing development of education on mental health crisis holds.

The document was created for informational purposes only. Nothing in it is intended to be medical or legal advice. Please note that laws and the interpretation of the laws by the courts changes from time to time, and more recent information may be available. Questions about specific situations should be directed to your health care provider, a patients' rights advocate or legal counsel.

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