# Rights for the Mentally Ill Patient

In general, psychiatric facilities usually provide patients with a list of basic rights derived from various sources. Rights have been modified to some level, but most facilities share commonalities. Patients in a mental health facility have the right to quality care. This means they have the right to be free from excessive and/or unnecessary medication, the right to dignity and privacy, the right to an attorney and private care providers, and the right to not be subjected to treatments without fully informed consent. Patients also have the right to refuse treatment, and have the right to withhold consent or withdraw consent at any time, even if they are committed involuntarily. Patients have the right to be provided with information regarding risks, benefits and alternatives of treatment. The patient must be voluntarily accepting of the treatments. Patients have the right to confidentiality of care and treatment. Healthcare providers have an ethical responsibility to keep patients' information private. The general rule for restraints is that it is the last resort, and is the use of the least restrictive means of restraint for the shortest duration.




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## RIGHTS FOR THE MENTALLY ILL PATIENT

### Right to Treatment

Treat

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### Right to Refuse Treatment

Refusing Treat

Patients also have the right to refuse treatment and have the right to withhold consent or withdraw consent at any time, even if they are committed involuntarily. Patient’s right to refuse treatment with psychotropic drugs has been debated, based somewhat on the issue of patients’ mental ability to give or withhold consent to treatment. If there is an emergency to prevent a person from causing harm to themselves or others, institutions can medicate a person without a court hearing. After a court hearing, a person can be medicated if the following are met: 1) The person has severe mental illness, 2) The person’s ability to function is deteriorating or they are exhibiting threatening behavior, 3) The benefits of treatment outweigh the harm, 4) the person lacks the ability to make a reasoned decision about their treatment, 5) Less-restrictive services are inappropriate.

### Right to Informed Consent

Informed Consent Signature

Patients have the right to be provided with information regarding risks, benefits and treatment alternatives. The patient must be voluntarily accepting of the treatments. Even though the registered nurse can provide education about the treatment, the prescriber is legally responsible for securing informed consent. Consent must be given for surgery, electroconvulsive treatment (ECT), the use of experimental drugs or procedures and research. Many processes or procedures carry a level of implied consent, such as when a nurse is approaching a patient with medication, and the patient indicates a willingness to receive the medication. For a patient to provide informed consent, they must have the capacity to understand in order to make an informed decision. If the patient is deemed incompetent, they may be appointed a legal guardian or representative (often these are family members) who is responsible for giving or refusing consent for the patient. <br>

### Right to Confidentiality

Confidential Lock-and-key

Patients have the right to the confidentiality of care and treatment. Healthcare providers have an ethical responsibility to keep patients' information private. Discussions about a patient in public areas should be avoided, and paperwork should never contain full patient identifiers. Exceptions to this rule are when there is a duty to warn third parties when they may be in danger from the patient, and suspected abuse cases.

## Considerations

### Restraints

Restraints

Historically, restraint and seclusion in mental health facilities have been marked by abuse, overuse, and even a tendency to use restraint as punishment. There are now strict guidelines that are mandated. The American Psychiatric Nurses Association (APNA) promotes minimizing and eventually eliminating the use of seclusion and restraint. The general rule for restraints is that they are used as the last resort, and that it should be the least restrictive means of restraint for the shortest duration. Verbally intervening, reducing stimulation, actively listening, providing diversion, offering as needed (PRN) medications are all things to be considered before using restraints. In emergencies, a registered nurse may place a patient in seclusion or restraint but must obtain a

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written or verbal order as soon as possible. Restraint or seclusion orders are never written as an PRN or as a standing order. These orders to manage self-destructive or violent behavior may be renewed for a total of 24 hours with limits depending upon the patient's age. Adults 18 years or above are limited to four hours; children and adolescents nine to 17 years of age are limited to two hours, and children under nine years of age have a one hour limit. After 24 hours, a physician must personally assess the patient. Restraint or seclusion must be discontinued as soon as the patient exhibits safer behavior.<br>

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