The American Psychiatric Association is convinced that most persons who need hospitalization for mental illness can be and should be informally and voluntarily admitted to hospitals in the same manner that hospitalization is afforded for any other illness.

Moreover, modern concepts of psychiatric treatment emphasize the use of community-based outpatient facilities for the treatment and care of the mentally ill who voluntarily seek these services. Psychiatrists attempt to avoid hospitalization to every possible extent, although for some patients a period of hospitalization, usually brief, continues to be the indicated treatment.

Unfortunately, a small percentage of patients who need hospitalization are unable, because of their mental illness, to make a free and informed decision to hospitalize themselves. Their need for and right to treatment in a hospital cannot be ignored. In addition, public policy demands that some form of involuntary hospitalization be available for those mentally ill patients who constitute a danger either to themselves or to others. In such cases, it is a public responsibility to guarantee the right to treatment and to due process. This guarantee can have meaning and substance only if provision is made for proper judicial review, and for appropriate and adequate procedures, treatment facilities, and personnel.

Any form of involuntary hospitalization should provide full rights of due process: all of these rights should be guaranteed the patient regardless of the ability to pay for the services they may entail. It is suggested that these rights encompass the following provisions:

1. That a psychiatric examination and evaluation be made by the hospitalizing physician;
2. That the patient and other parties to the procedure have legal counsel available to them;
3. That the court, or the jury when requested by the patient, promptly determine the need for hospitalization, and in making such determination have available to it the results of an examination of the patient by one or more psychiatrists;
4. That, in addition, examination by one or more independent psychiatrists other than those appointed by the court be allowed the patient if he requests it;
5. That if, and after, the patient is hospitalized, frequent and periodic reports of his condition, treatment, and progress be made to the committing court or to its agency, to the patient's attorney, and to all of the examining physicians, and, further, that the responsibility for follow-up action on these reports be that of the agency attached to the committing court;
6. That the patient have the right to seek a judicial determination of the need for his continued hospitalization at reasonable intervals of time, and not less than every six months, that in such proceedings the patient be entitled to legal counsel and to examination by one or more independent psychiatrists, and that the burden of proof of the need for continued hospitalization rest with the responsible treatment authority or agency; and
7. That no patient be denied treatment because of administrative, judicial, or institutional delay.