

Connecticut Department of Children and Families

Chapter 44

STANDARDS REGARDING THE DELIVERY OF HEALTHCARE

Involuntary Administration of Psychotropic Medication

Policy 44-5-2.2

Policy -

The decision to administer involuntary psychotropic medication to a child in non-emergency situations requires weighing the child's right to refuse psychiatric medications against the need to provide necessary treatment to a child with a serious mental disorder. The Department of Children and Families has defined a process that utilizes professional clinical judgment and practice standards to make decisions regarding involuntary psychotropic medications that are then presented to the Superior Court for an independent judicial determination of the necessity for the medication.

Background -

Involuntary medication treatment by its nature is controversial. However, when someone considered to be mentally ill disagrees with an assessment of his or her medication needs, the right to refuse medication is sometimes challenged by the treatment provider on the grounds that the illness has robbed the person of the ability to understand the condition and to make appropriate decisions about treatment.

Patients older than age 14 and their parents or guardians have the right, in most cases, to refuse to consent and they must be taken seriously when they express concerns about the need for or the psychological and physical effects of medications.

Pursuant to Conn. Gen. Stat. §17a-543, "No patient shall receive medication for the treatment of the psychiatric disabilities of such patient without the informed consent of such patient, except in accordance with [statutory] procedures"

Conn. Gen. Stat. §17a-540(8) defines "**informed consent**" as "permission given competently and voluntarily after a patient has been informed of the reason for treatment, the nature of the proposed treatment, the advantages or disadvantages of the treatment, medically acceptable alternative treatment, the risks associated with receiving the proposed treatment and the risk of no treatment."

The use of involuntary medication, administered against a patient's, parent's or guardian's wishes, shall be fully discussed with all treatment team members, with the child, with parents or guardians, with the Area Office social work or Juvenile Services staff and with legal representatives for the child, parents and guardians.

Emergency Administration of Involuntary Medication -

Involuntary medication may be administered to a child in an emergency situation. "**Emergency situation**" is defined as the circumstance in which a physician determines that treatment, including medication, is necessary to prevent serious harm to a child. Such emergency treatment may be administered pending receipt of or in the absence of parental consent, for only so long as the emergency lasts.

Legal Reference: Conn. Gen. Stat. §17a-81.

Non-Emergency Involuntary Medication Of Uncommitted Children -

DCF shall not consider the non-emergency involuntary administration of psychotropic medications to an uncommitted child unless the child is a patient at Riverview Hospital.

If the patient is younger than age 14, written consent to administer psychotropic medication is required only from the parent or guardian.

If the patient is age 14 or over, written consent must also be obtained from the child.

If written consent is requested from the patient or patient's parent or guardian, the DCF attending physician shall review with the patient and his/her parent or guardian:

- the risks and benefits of the psychotropic medication,
- side effects from the medication,
- the preferences of the patient,
- the patient's religious and cultural views about the medication, and
- the prognosis with and without the medication.

In a case in which the parent or guardian refuses to consent to medication, and/or the patient, regardless of age, refuses to take the medication, and the patient is sufficiently ill that the DCF attending physician believes that the administration of the medication is medically necessary and in the best interest of the patient, the DCF physician shall request a second opinion by a child and adolescent psychiatrist not employed by DCF regarding the need for medication. The DCF attending physician shall also notify the Riverview Medical Director and the DCF Agency Medical Director. If the independent child and adolescent psychiatrist is in agreement regarding the need for medication, and the DCF Medical Directors concur with the DCF attending physician, Riverview medical staff shall apply to the DCF Medical Review Board for a recommendation.

If the DCF Medical Review Board recommends involuntary medication, Riverview staff shall then contact the DCF Office of Legal Affairs for a legal consultation. If the decision is made to proceed with court action, the Office of Legal Affairs shall contact the Office of the Attorney General to initiate an application to the appropriate court for a court order for the involuntary administration of psychotropic medication against the parent's and/or patient's wishes.

If there is disagreement among the physicians consulted as to the necessity for involuntary medication, a court order will not be pursued.

If there is agreement between the attending physician and the independent physician, but the Agency Medical Director and/or the Medical Review Board disagrees, then the DCF Commissioner shall make the final decision whether or not to seek a court order for involuntary medication administration.

Involuntary Administration of Psychotropic Medication to Committed Children -

Providers caring for children under the guardianship of DCF shall request consent for psychotropic medication administration from the DCF Central Medication Consent Unit in accordance with DCF Policy 44-5-2.1. A DCF physician shall review with the patient and, where appropriate, the parent:

- the risks and benefits from the medication,
- side effects from the medication,
- the preferences of the patient,
- the patient's religious and cultural views about the medication, and
- the prognosis with and without the medication.

In cases in which consent is obtained from the Central Medication Consent Unit but the patient, regardless of age, refuses to take the prescribed medication, and the patient is sufficiently ill that a DCF physician reasonably believes the administration of the medication is medically necessary and in the best interest of the patient, the DCF physician shall immediately notify the Area Office social work or Juvenile Services staff and, additionally, shall request a second opinion by a child and adolescent psychiatrist not employed by DCF. The DCF physician shall also notify the facility

Medical Director, if applicable, and the DCF Agency Medical Director.

If the independent child and adolescent psychiatrist, the DCF Medical Directors and the DCF physician are all in agreement that the medication should be administered involuntarily, the recommendation of the DCF Medical Review Board shall be sought.

If the Medical Review Board also recommends involuntary administration, the DCF medical and Area Office social work or Juvenile Services staff shall consult with the assigned attorney from the DCF Office of Legal Affairs. If the decision is made to seek a court order, the Office of Legal Affairs shall contact the Office of the Attorney General to initiate an application to the appropriate court for a court order for the involuntary administration of psychotropic medication against the patient's wishes.

If there is disagreement between the independent psychiatrist and the DCF physician, a court order will not be pursued. If there is agreement between the physicians, but disagreement by the Medical Review Board or the Agency Medical Director, the Commissioner shall make the final decision as to whether to seek a court order for involuntary medication administration.

Cross Reference: 44-5-2.1, "Psychotropic Medications: Informed Consent."

Documentation for Court Action -

When the decision has been made to seek a court order to administer medication involuntarily, the Area Office or Juvenile Services staff, and the DCF medical staff, with the assistance of the assigned attorney from the DCF Office of Legal Affairs, shall collaborate to submit to the court, in support of the motion, affidavits and other documentation sufficient for the court to determine whether:

- the proposed medication is in the best interests of the patient, and
- there is no less intrusive course of treatment available.

The affidavits and documentations submitted shall include, at a minimum, the following information:

- an explanation of the patient's diagnosis and prognosis, or his or her predominant symptoms, with and without the medication;
- information about the proposed medication, its purpose, the method of its administration, the recommended range of dosages, possible side effects and benefits, ways to treat side effects, and risks of other conditions such as tardive dyskinesia;
- a review of the patient's history, including medication history and previous side effects from medication;
- an explanation of interactions with other drugs including over-the-counter drugs, street drugs and alcohol; and
- information about alternative treatments and their risks, side effects and benefits including the risks of no treatment.