I. INTRODUCTION

Section 504 of the Federal Rehabilitation Act of 1973 affects the use of a mandatory withdrawal for students with mental disorders and prohibits dismissing a student solely because of a mental disorder. However, a student may be recommended for voluntary hospitalization or subject to involuntary hospitalization for psychiatric reasons if the Director of Counseling Services in conjunction with the University Psychiatrist of Student Health Services concludes, on the basis of clear and convincing evidence, that:

A. the student is mentally ill, as defined by the current American Psychiatric Association Diagnostic and Statistical Manual or its equivalent,

AND

B. the student has acted in such a way in the relevant past as to show that the student

1. is dangerous to self because:

   (a) the student would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of the student’s daily responsibilities and social relations, or to satisfy the student’s need for nourishment, personal or medical care, shelter, or self-protection and safety; AND
there is a reasonable probability of the student suffering serious physical
debilitation within the near future unless adequate treatment is given. A
showing of behavior that is grossly irrational, of actions that the student is
unable to control, of behavior that is grossly inappropriate to the situation,
or of other evidence of severely impaired insight and judgment shall create
a prima facie inference that the student is unable to care for him/herself;

OR

(b) the student has attempted suicide or threatened suicide and that
there is a reasonable probability of suicide unless adequate treatment is
given;

OR

(c) the student has mutilated him/herself or attempted such mutilate
and that there is a reasonable probability of serious self-mutilation unless
adequate treatment is given.

Previous episodes of dangerousness to self, when applicable, may be
considered when determining reasonable probability of physical
debilitation, suicide, or self-mutilation.

OR

2. is dangerous to others because:

within the relevant past, the student has inflicted or attempted to inflict or
threatened to inflict serious bodily harm on another, or has acted in such a
way as to create a substantial risk of serious bodily harm to another, or has
engaged in extreme destruction of property; and that there is a reasonable
probability that this conduct will be repeated. Previous episodes of
dangerousness to others, when applicable, may be considered when
determining reasonable probability of future dangerous conduct.

II. HOSPITALIZATION

There are times when the treatment and/or level of care that the North Carolina A&T State
University ("University") Counseling Services department provides is not sufficient to meet the
needs of the University's students. When students need a higher level of care than Counseling
Services is able to provide, having the student treated at an area hospital becomes a clinical
consideration.

A. Cases in Which Counseling Services May Consider Hospitalization Include, but
are not Limited to:
1. A student is contemplating suicide or is threatening to seriously harm or kill themselves.

2. A student is presenting with delusional or psychotic thinking and is displaying behavior that is grossly irrational or grossly inappropriate to the situation, or whose insight and judgment is impaired to the point that they are unable to care for themselves.

3. The student has threatened to kill or seriously harm another individual.

4. A student's mental and/or emotional state has decompensated to a point in which they are not able to function in daily life.

B. Voluntary Hospitalization

When a counselor has a reasonable belief that a person is mentally ill and is a danger to self or others, and the student is willing to be voluntarily admitted to a hospital, the counselor will assist the student in arranging for appropriate hospitalization.

As a rule, Counseling Services discusses the option of inpatient hospitalization when a student reaches a threshold in which the department is unable to provide an appropriate level of care and the student is believed to be in danger of greater harm if the student does not receive a higher level of care. It is Counseling Services' belief that individuals are left more empowered when they, and sometimes along with their families, make the decision to admit themselves into a hospital. During these critical times, Counseling Services will often obtain a release from the student and include families in the decision making process.

C. Involuntary Hospitalization

When a counselor has a reasonable belief that a person is a mentally ill and is a danger to self or others, and that person is not willing to be voluntarily hospitalized, the counselor may initiate involuntary hospitalization procedures for 72-hour treatment and evaluation.

There are times when a student will decide not to admit him/herself, yet present an imminent threat to self or others. That is, the student has made it clear that the student intends to commit suicide, commit homicide, or engage in an activity that poses a threat of serious harm to self, others or the University facilities. During these times, Counseling Services may make the clinical decision to involuntarily commit the student.

The process of involuntarily hospitalizing an individual is a serious matter made with great consideration. This process involves the loss of civil freedom and
rights by the individual. This process is always used as a last resort and only after all other reasonable measures and steps have been taken and/or considered. Involuntary hospitalization is used only as a means to preserve and protect a student’s life, the life of other individuals, or property.

D. Emergency Hospitalization

N.C. General Statute 122C-262 permits, when a student is:

1. mentally ill,

2. dangerous to self or others AND

3. requires immediate hospitalization to prevent harm to self or others, that student may be transported, without a petition for commitment or a magistrate or court order, directly to a hospital to undergo an examination by a physician or eligible psychologist. This emergency hospitalization option should be used only in clear cases of the need for immediate action to prevent harm.

III. STUDENT RETURN TO THE UNIVERSITY AFTER A PSYCHIATRIC HOSPITALIZATION

Upon return to the University after a psychiatric hospitalization, voluntary or involuntary, or a voluntary withdrawal due to psychiatric reason, the student must be reassessed. In such instances, the following occurs:

Counseling Services will generate a letter informing the student that the following procedures must be completed in order to return to the University:

A. The treating psychiatrist or psychologist must complete the Treating Doctor’s Re-Enrollment Questionnaire.

B. The student will need to participate in a face-to-face interview with the Director of Counseling Services, the Assistant Directors of Counseling Services, and/or the University Psychiatrist before returning to the University.

C. The student may be asked to meet with the Student Mental Health Conference, Section IV. below, to discuss concerns about the student’s return.

D. In the case of a student withdrawal or suspension, the student must then apply for readmissions through the Office of Admissions.
IV. STUDENT MENTAL HEALTH CONFERENCES

A. The Director of Counseling Services and/or the University Psychiatrist may, based on their clinical assessment, initiate a Student Mental Health Conference. The focus of this conference will be to determine if the student is ready and able to undertake the psychological, emotional, social and academic rigors of the unstructured and sometimes stressful university environment. The conference will include, but is not limited to, the Director of Counseling Services, the University Psychiatrist, the Dean of Students, and the Director of Disability Services. The student may or may not be asked to be a part of this conference.

B. The Dean of Students may require a student to participate in a Student Mental Health Conference when an alleged violation of the Student Conduct Regulations (misconduct prohibited by the University) has occurred in which the student demonstrates evidence of a physical and/or emotional condition which would preclude an effective resolution of the situation through the judicial conduct process. Any student who participates in a Mental Health Conduct Conference is entitled to the same rights and has the same responsibilities as any other student who participates in any other judicial conference, hearing or appeal. All university judicial procedures and guidelines apply to Mental Health Student Conferences.

Once a determination is made by the Dean of Students (based on the incident report) to refer the student to a Student Mental Health Conference, the conference will be scheduled with the student, the Director of Counseling Services, the University Psychiatrist and the Director of Disability Support Services, all of whom will serve as hearing officers. The Dean of Students will preside over the conference.

If it is determined that the student accepts responsibility or is found responsible for the violation(s), the Dean of Students in collaboration with the University Psychiatrist and Director of Counseling will determine an appropriate intervention/sanction(s). The Dean of Students may impose any sanction provided for in the Student Conduct Code. A student found responsible for violating the Code of Student Conduct after a Student Mental Health Conference may appeal the decision to the Vice Chancellor for Student Affairs in the same manner as provided in the Student Conduct Code (see basis for Appeal and Appellate Procedures in Student Handbook).

In the event that a determination is made that a student should not remain in school and/or in campus housing, there will be no academic penalty for the term in which the student is enrolled. Any student dismissed from school, in accordance with this policy, will be advised in writing of the procedure for applying for readmission to the University.
Approved by the Board of Trustees

Harold L. Martin, Sr.
Chancellor

Melody C. Pierce
Vice Chancellor for Student Affairs

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Revised: