

## Clinician's Procedure for Respondents with Mental Retardation

Physician or psychologist petitioners (and other clinicians who are authorized to perform the first commitment examination) must assess the respondent for mental retardation when conducting the examination that will form the basis of their petition. If the petitioner has reason to believe that the respondent is mentally retarded, this finding must be documented on the petition and examination report. (Similarly, in the case of the emergency procedure for individuals needing immediate hospitalization, any finding of mental retardation must be stated on the emergency certificate.)

**Magistrate:** Upon reviewing the petition, if the magistrate finds that, in addition to probably being mentally ill, the respondent is also probably mentally retarded, the magistrate must contact the area authority (local management entity) before issuing a custody order. The area authority arranges admission to a psychiatric facility that is not a state-operated facility, and the magistrate designates this 24-hour facility on the custody order as the facility where the respondent will be taken for a second examination and custody pending the commitment hearing.<sup>1</sup>

**Mental retardation** is a developmental disorder usually first diagnosed in childhood or adolescence. It is characterized by significantly sub-average intellectual functioning and impairments in adaptive functioning. It is not possible to determine, based on a respondent's behavior during a psychotic episode, whether the respondent has mental retardation. Questions to ask in determining whether respondent is also probably mentally retarded are:

1. Has a doctor or psychologist ever said the person has mental retardation?
2. Has the person ever been in special education classes for students with mental retardation?
3. Has the person ever received special services for persons with mental retardation, such as sheltered workshop or group home placement?
4. Did the problems related to intelligence functioning begin before age 22?

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<sup>1</sup> A respondent may be admitted to the state hospital if (1) the respondent is so extremely dangerous that he or she poses a serious threat to the community and to patients committed to non-state hospital psychiatric units, as determined by the director of the N.C. Division of MH/DD/SAS or the director's designee; or (2) the respondent is so gravely disabled by multiple disorders and medical fragility, or multiple disorders and deafness, that alternative care is inappropriate, as determined by the director of the N.C. Division of MH/DD/SAS or the director's designee.