MISSISSIPPI: EMERGENCY EVALUATION

Mississippi Code Title 41, Chapter 21: see page five for key definitions

TAC Treatment Advocacy Center

September 2026

Criteria	Is a person with mental illness *and* there is no reasonable alternative to emergency custody.	Poses an immediate substantial likelihood of physical harm to self or others, *or* is gravely disabled and unable to care for self, due to being a person with mental illness.
Who can initiate?	Any interested person (*see definition on page five*)	• Licensed psychologist* • Nurse practitioner* • Physician assistant* • Licensed physician
How?	Contact the local Community Mental Health Center (CMHC) for a pre-affidavit screening.	Have reason to believe a person meets the criteria.
What do they initiate?	The CMHC will conduct a pre-affidavit screening to investigate the need for involuntary treatment. The screening may be waived if the person is being treated in a licensed hospital with acute psychiatric beds, has received two qualified professional evaluations, and the hospital notifies the CMHC that the individual is hospitalized at least 24 hours before the affidavit is filed.	May initiate the person's emergency admission.
Where does the proposed patient go?	Nowhere before the pre-affidavit screening.	May be admitted to any licensed medical facility, available regional mental health facility, or crisis stabilization unit.
What's the time limit for the response?	The CMHC must complete the screening within 24 hours of the request.	There is no statutory time limit for the health care practitioner's response. However, it is presumed that the professional acts without delay.

*Who is certified to complete examinations to determine a person's need for involuntary treatment.

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Initiated by	Any interested person (*see definition on page five*)	• Licensed psychologist • Nurse practitioner • Physician assistant • Licensed physician
What happens?	The CMHC will appoint a mental health professional as a "screener" to investigate the person's need for involuntary treatment. The screener cannot be the same person who initiated the process. The investigation includes an interview with the person and others with knowledge of the person's condition, if practicable; investigation of the alleged conduct supporting the criteria; reasons for rejecting or recommending alternatives to involuntary treatment; and information relevant to treatment. If the person is not interviewed, the screener must document the reasons. If the screener is unable to complete an in-person screening because the person is actively violent (*see definition*) or refuses to participate, an affidavit may be filed for an order for the sheriff to intervene. The chancellor may direct the clerk to issue an order directing the sheriff to take the person into civil custody and transport them for a physical and mental examination and treatment by a CMHC. The screener will submit a report to the chancery court with their findings and recommendation. If the investigation does not provide enough evidence to support involuntary treatment, the screener will not recommend involuntary treatment. If the screener recommends involuntary treatment, the screener's report will certify that a less restrictive alternative treatment was considered and specify the reasons it was found not appropriate. The interested person may then file a Uniform Civil Commitment Affidavit with the clerk of the chancery court of the county in which the person who may need involuntary treatment resides, or, if the chancellor permits, in the county where they may be found. The affidavit may be filed contrary to the recommendation of the screener. The affidavit must describe the person's behavior, state that less restrictive alternative treatment was considered and why it was not deemed appropriate, and state whether the filer received notice of the pre-affidavit screening recommendation.	The person will be admitted as an emergency patient for up to 72 hours. The person may be given treatment indicated by standard medical practice. The initiating practitioner must certify in writing the reasons for the person's involuntary admission. If the person does not voluntarily agree to treatment before the end of 72 hours, the practitioner must contact the CMHC to request a pre-affidavit screening. The screening, screener report, and affidavit then follow the same process described for "any interested person" (*see left column*).

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Intiated by	Any interested person (*see definition*)	• Licensed psychologist • Nurse practitioner • Physician assistant • Licensed physician

What's next?

The chancellor reviews the affidavit and the screening report.

If the screener does not recommend involuntary treatment, the chancellor may decline to proceed. If the chancellor proceeds, or if the screener recommends involuntary treatment, the chancellor immediately appoints two health care practitioners to conduct physical and mental examinations of the person. The two appointed practitioners may be licensed physicians or one licensed physician and one psychologist, nurse practitioner, or physician assistant.

At the same time, the chancellor also appoints an attorney for the person, if it is determined that the person does not have one.

If the chancellor finds probable cause to believe that the person meets criteria, the chancellor may order the person to be held as an emergency patient at a licensed medical facility, crisis stabilization unit, or other suitable location for the examinations. The chancellor may also order a peace officer to transport the person to that facility or location.

The appointed practitioners must complete full physical and mental examinations within 48 hours after the examination order and attorney appointment, with a possible eight-hour extension. Each practitioner must file a report and a certificate describing the mental and acute physical problems, whether the person has a mental illness and should be ordered to treatment, and the reasons for that opinion.

Any health care practitioner who conducts a physical and mental examination may sign the certificate required for establishing a guardianship or conservatorship for the person and take care of other related requirements as otherwise provided by law, at the time of conducting the physical and mental examinations.

If the appointed practitioners certify that the person is not in need of treatment, the chancellor must dismiss the affidavit without the need for a further hearing.

If the chancellor or clerk finds, based upon the appointed practitioners' certificates and any other relevant evidence, that the person is in need of treatment, the clerk schedules the hearing within three days after the certificates are filed unless the person's attorney requests an extension. The hearing will take place within five days after the certificates are filed unless the court extends the hearing date by no more than five additional days.

The person may be released; or the chancellor may order the person be retained as an emergency patient at the licensed medical facility, crisis stabilization unit, or other available suitable location designated by the court, pending the hearing on involuntary treatment.

The person may be held in a jail or carceral facility upon all of the following:
- The CMHC has tried and failed to find another appropriate facility;
- The chancellor specifically authorizes jail custody; *and*
- The person is actively violent (*see definition*).

The CMHC must provide treatment during this placement. The person must not be held in this placement for longer than 24 hours unless the chancellor permits one additional 24-hour period.

What's the duration of the hold?	The person may be held for 48 hours, with a possible eight-hour extension, for examination. If the examining practitioners certify that the person needs treatment, the person may continue to be held as an emergency patient for an additional five to ten days, until the hearing on involuntary treatment.
Who decides whether to continue to a hearing?	The court, upon receiving the health practitioner certificates recommending involuntary treatment (*see "Inpatient and outpatient treatment" on page six*).
Is there a form?	Forms used in the emergency evaluation process are available through the Mississippi Department of Mental Health, including the Uniform Commitment Affidavit and Pre-affidavit Screening Form. A statewide standard form to request a pre-affidavit screening was not located in preparation of this document.

KEY DEFINITIONS

- "**Affidavit**" means the Uniform Civil Commitment Affidavit developed by the Department of Mental Health.
- "**Actively violent**" means the person's behavior creates an immediate and serious danger to the safety of the individual or another person; the person has inflicted or attempted to inflict serious bodily harm on another person; the person has acted in such a way as to create a substantial risk of serious bodily harm to another person; or the person has engaged in extreme destruction of property. There must also be a reasonable probability that this conduct will be repeated.
- "**Appointed examining practitioner**" or "**examining practitioner**" means a health care professional appointed by the court during the emergency evaluation process to conduct a mental and physical examination of a person who may be in need of treatment.
- "**Chancellor**" is a judge who presides over a chancery court.
- "**Chancery court**" is the court with authority to oversee involuntary treatment proceedings.
- "**Clerk**" means the clerk of the chancery court. A county official responsible for daily administration of the court, the clerk schedules hearings and maintains court records.
- "**Director**" means the chief administrative officer of a treatment facility or other employee designated as the chief's deputy.
- "**Interested person**" means an adult, including, but not limited to, a public official, and the legal guardian, spouse, parent, legal counsel, adult child, next of kin, other relative, or other person designated by the person who may need treatment.
- "**Person with mental illness**" means any person who has a substantial psychiatric disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which:
  - Is manifested by instances of grossly disturbed behavior or faulty perceptions *and* poses a substantial likelihood of physical harm to themself or others as demonstrated by:
    - A recent attempt or threat to physically harm themself or others,
    - A failure to provide necessary food, clothing, shelter or medical care for themself, as a result of the impairment; *or*
  - Limits or negates the person's ability to make an informed decision to seek or comply with recommended treatment and based on treatment history and other relevant psychiatric evidence, is in need of treatment to prevent further disability or deterioration which would predictably result in dangerousness to themself or others.

  A person does not qualify as a "person with mental illness" based only on one or more of the following conditions: epilepsy, an intellectual disability, brief periods of intoxication caused by alcohol or drugs, dependence upon or addiction to any alcohol or drugs, or senile dementia.
- "**Physician**" means any person licensed by the state of Mississippi to practice medicine.
- "**Psychologist**" means a licensed psychologist who has been certified by the State Board of Psychological Examining Practitioners as qualified to perform examinations for the purpose of civil commitment.
- "**Treatment facility**" means a hospital, community mental health center, or other institution qualified to provide care and treatment for persons with mental illness.
- "**Substantial likelihood of bodily harm**" means that:
  - The person:
    - Has threatened or attempted suicide or to inflict serious bodily harm to themself;
    - Has threatened or attempted homicide or other violent behavior; or
    - Has placed others in reasonable fear of violent behavior and serious physical harm to them; *or*
    - Is unable to avoid severe impairment or injury from specific risks; *and*
  - There is substantial likelihood that serious harm will occur unless the person is placed under emergency treatment.

KEY ABBREVIATIONS

- Community Mental Health Center (CMHC).

Criteria	The person has received an emergency evaluation (*see "Emergency evaluation" on page one*) and is a person with mental illness (*see definition*).
When can outpatient be court-ordered?	Upon discharge from the hospital or from a community setting.
Who can initiate?	Two appointed health care practitioners (*see "Emergency evaluation" on page one*).
How?	File certificates of examination with the clerk of the chancery court where the affidavit for commitment was filed (*see "Emergency evaluation" on page one*).

Required documentation	The certificates accompany documents provided during the emergency evaluation process (*see page one*), including the pre-affidavit screening report and the Uniform Civil Commitment Affidavit containing factual descriptions of the person's recent behavior and a statement of what less restrictive alternative treatment was considered.
	
	The certificate must include a report of the examining practitioner's findings, with a statement about why the professional believes criteria are met and a placement recommendation.
	
	The certificate and report must recommend outpatient treatment if the examining practitioner certifies that:
	• The person:
	  ◦ Has mental illness;
	  ◦ Is capable of surviving safely in the community with available supervision from family, friends, or others;
	  ◦ Is in need of treatment to prevent further disability or deterioration that would result in significant deterioration in the ability to carry out activities of daily living, based on treatment history and other relevant medical or psychiatric evidence; *and*
	• The person's current mental status or the nature of their illness limits or negates their ability to make an informed decision to voluntarily seek or comply with recommended treatment.
	The examining practitioner must also provide contact information for the proposed outpatient treatment provider.

What's next?	If both appointed examining practitioners certify that the person does not need treatment, the affidavit is dismissed and there is no hearing. If the chancellor or chancery clerk finds, based on the examining practitioner certificates and other evidence, that the person needs treatment, the clerk must immediately set a hearing. The hearing must be held within three days after the certificates are filed unless the person's attorney asks for more time. The hearing cannot be more than five days after the certificates are filed unless the court grants an extension, and that extension cannot be more than five additional days. The person and attorney must receive notice of the hearing, including the date, purpose, possible outcome, facts supporting commitment, and expected witnesses. The hearing is before the chancellor and may be held where the person is detained. The person's hearing rights include the right to be present at the hearing, unless the chancellor finds the person cannot attend and states the reasons on the record. At the end of the hearing, if the chancellor finds by clear and convincing evidence that the person meets the criteria and that no suitable alternative is available, the chancellor must order treatment in the least restrictive setting that can meet the person's treatment needs. The chancellor determines setting based on the examining practitioners' certificates and other evidence presented. The chancellor may order the person to receive inpatient treatment, voluntary or court-ordered outpatient treatment, day treatment, night treatment, placement with a friend or relative, or home health services. Otherwise, the case is dismissed.

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Who issues the treatment order?	The chancellor.
Who makes the discharge decisions?	The director of the treatment facility, by filing a certificate of discharge with the court.
Who supervises the treatment plan?	The treatment facility with court oversight.
How long can the first treatment order last?	Up to three months.
What's the renewal process?	Before the initial order expires, the facility director must have the person independently evaluated. If the evaluation does not support continued involuntary treatment, the person must be discharged. If it supports continued involuntary treatment, the director files a detailed written report with the court. The court reviews the report and may continue the treatment order if it finds that the person still has a mental illness and that there is no alternative to involuntary treatment. The court keeps jurisdiction over a person for one year after completion of a treatment order. If another affidavit is filed during that year, the court can hold another hearing to decide whether the person needs a renewed order for treatment. The person must still receive due process.
What's the discharge process?	The facility director may discharge the person when the director believes the person no longer poses a substantial threat of physical harm to self or others. The director must file a certificate of discharge with the court. Within 24 hours before discharge, the director must notify one member of the person's immediate family if the person has consented to release information to that family member.
Is there a form?	A statewide standard certificate of examination form was not located in preparation of this document.