

<p>SUBJECT:</p> <p>CIVIL INVOLUNTARY DETENTION (96 HOUR HOLD)</p> <p>DATE INITIATED: 3/97</p>	<p>DATE REVIEWED:</p> <p>5/98</p>	<p>DATE REVISED:</p> <p>6/99</p>
---	-----------------------------------	----------------------------------

PURPOSE: To outline the management of persons who meet criteria for civil involuntary detention for mental health treatment.

LEVEL: Independent (Interdependent required a physician’s order)

SUPPORTIVE DATA: Any person can file an application for the detention of a person for mental health treatment when the **likelihood of serious harm to self or others exists** *and* the person exhibits behavior that indicates they have a **mental disorder or illness or substance abuse problem**. Most judges refer the application to the Mental Health Coordinator for investigation prior to acting, therefore the usual and most expedient procedure is to file the application through the coordinator. Documentation throughout the initiation phase of the proceedings is critical to assist the coordinator during the investigative phase. Detention **proceedings may also be initiated** if the person has a medical problem requiring medical intervention prior to mental health treatment. Emergency guardianship must be enacted in order to hold a person involuntarily for medical treatment alone except, in the judgment of the ED physician, the person is at substantial or serious risk for harm or injury if allowed to leave. If a person is uncontrollable and harm appears **imminent** as opposed to likely, law enforcement officials should be called. Notify the Mobile Response Team from the Mental Health Unit to assist in evaluating and initiating the involuntary process.

ASSESSMENT:

1. Assess the person for signs of substantial risk for or likelihood of serious harm such as:
 - a. verbal threats to inflict harm on self or others
 - b. overt acts, behaviors or attempts to inflict physical harm on self or others
 - c. attempts to commit suicide
 - d. inability to provide self with basic necessities as a result of a mental disorder/illness
 - e. history of any of the above
2. Assess for any organic, mental or emotional impairment which has substantial adverse affects on a cognitive, volitional or emotional function or ability to participate in ADL’s.
3. Assess capacity to recognize reality especially if the following are present:
 - a. hallucinations
 - b. delusions
 - c. faulty perceptions
 - d. alterations of mood
4. Assess for ability to reason, understand, or exercise conscious control over actions.
5. Assess for intoxication or dependency on alcohol or drugs resulting in mental, emotional or physical impairment or socially dysfunctional behavior.

6. Assess for medical stability.
7. Assess willingness to consent to treatment voluntarily.
8. Assess competency to make decisions.

INTERVENTIONS:

9. Attempt to obtain voluntary consent for assessment by Mental Health Facility when possible.
10. Initiate Civil Involuntary Detention Procedure as required.
 - a. Obtain order from the psychiatrist to admit the patient on an involuntary status.
 - b. Complete DMH Form-128 listing reasons to support involuntary detention.

Mental Health Unit – Voluntary Patients Requesting Release

11. Notify physician of patient's request for discharge.
12. Determine, by the physician, if patient is at risk for imminent harm to self or others.
13. Initiate Civil Involuntary Detention Procedure per physician order.
14. Discharge per physician order if patient determined not to be a danger to self or others.

REPORTABLE CONDITIONS:

15. Notify psychiatrist on call when person is admitted to Emergency Department.
16. Notify Mental Health Coordinator on call.
17. Notify Sheriff's Department if person is imminently harmful and requires transport.

PERSON / SIGNIFICANT OTHER INSTRUCTIONS:

18. Instruct person/significant other regarding civil involuntary detention procedure and alternatives.

DOCUMENTATION:

19. Document assessment on Physician's Progress Notes, Nurse's Notes, or other departmental form as appropriate and on form DMH-142 Affidavit in Support of Application for Detention.
20. Document list of witnesses on form DMH-137 List of Witnesses.
21. Document transfer on Certificate of Transfer form.
22. Document on DMH-128, if non qualified mental health professional, or on DMH-132, if qualified mental health professional, description of person's danger to self or others, description of person's symptoms of having a mental disorder or illness.
23. Document reading Rights of Involuntary Patient to the patient within three hours of accepting as an involuntary patient.

REFERENCES:

Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services. (1996). Quick Reference Guide for Civil Involuntary Detention and Mental Health Coordinator Function.

APPROVAL: 1999 Plan of Care Committee

DISTRIBUTION: Patient Care Services Manual