

Civil Detention Information

For Persons Detained To Mental Health Facilities and Programs

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INTRODUCTION

- This informational packet was developed and provided to mental health facilities by the Missouri Department of Mental Health. If you are detained involuntarily, the mental health facility that has accepted you for the initial 96 hours of involuntary treatment is required by Missouri statute, section 632.392.1, to provide you with this information.
- The purpose of this packet is to assist you and your family in understanding the symptoms of common mental illnesses, early warning signs of mental illness, and availability of other education, community, and statewide services.
- We will be revising this booklet from time to time and would appreciate your comments and suggestions to improve it to better meet your needs. Send any suggestions to:

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MENTAL ILLNESS FACTS

- Biological, psychological and social problems contribute to mental illness.
- Mental illnesses are medical illnesses that cannot be controlled merely by changing one's way of thinking.
- One in five persons will experience depression in their lifetime.
- More than 15 million Americans suffer from depression each year.
- One in fifty children suffers from depression.
- With appropriate treatment, 80 to 90 percent of those suffering from depression can be helped to feel better in weeks.
- Approximately 10 million Americans have bipolar disorder.
- Ludwig Von Beethoven, Winston Churchill, and Vincent Van Gogh may have suffered from bipolar disorder.
- For many people, the symptoms of bipolar disorder can be well controlled with medication.
- In any one year, over 2 million Americans suffer from schizophrenia.
- Medications relieve serious symptoms in more than 80 percent of those with schizophrenia. Slightly more than 60 percent of Americans with schizophrenia receive treatment.

SUICIDE

Suicide is a reaction to intense feelings of loneliness, worthlessness, hopelessness, or depression. Threats or attempts of suicide are calls for help. Knowing the warning signs and being prepared to answer these calls for help could prevent many suicides.

Why people attempt suicide. There is no single cause behind suicidal behavior. Many factors, including biological, psychological and environmental factors, can influence or trigger suicidal behavior. Problems, events or experiences that seem overwhelming may lead a person to think the only solution is to end his or her life. Suicide also can take place indirectly when a person's reaction to a problem leads him or her to act recklessly or ignore serious illness.

The following are some situations that can contribute to suicidal feelings:

- **Severe Depression** – Most suicidal people are depressed. Depression can be caused by a personal loss, heredity, or a chemical imbalance in the body.
- **Crisis** - Major life changes, anger, humiliation, or frustration can lead a person to attempt suicide, sometimes before having had a chance to think it over.
- **Substance abuse** - Substance abuse can weaken a person's self-control and lead to self-destructive behavior.

Warning signs. Most people give clues or warning signs that they are contemplating taking their own lives. A person in acute risk for suicidal behavior will often exhibit the following warning signs:

- Threatening to hurt or kill oneself or talking of wanting to hurt or kill oneself; and/or,
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person.
-

Other clues may be less obvious. These additional warning signs include:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge

- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there’s no way out
- Increased alcohol or drug use
- Withdrawing from friends, family and society
- Feeling anxious, agitated, unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

If you witness, hear, or see anyone exhibiting any of the warning signs above, get help immediately by contacting a mental health professional or calling 1-800-273-TALK (8255), the National Suicide Prevention Lifeline, for a referral.

How you can help. One of the misconceptions of suicide is that someone who has decided to take his or her life is beyond help. In most cases, the crisis period when a person is actually considering taking his or her life is limited. The person can be helped past this period.

Another misconception is that mentioning suicide may give the person the idea. Talking about suicide does not cause someone to become suicidal. Talking frankly about it can actually help prevent a person from acting on the idea.

Here are ways to help:

- Be aware. Learn the warning signs.
- Get involved. Become available. Show interest and support.
- Be direct. Talk openly and freely about suicide. Ask if he/she is thinking about suicide or if they have made a suicide plan in a straightforward and caring manner. If you feel you cannot ask the question, find someone who can.
- Be prepared if they express thoughts of suicide. Do not act shocked, which can create distance. Do not ask “why?” This encourages defensiveness.
- Be willing to listen. Allow for expression of feelings and accept the feelings. Tell them that you are concerned about them and that they are important to you.

- Do not be judgmental. Do not debate whether suicide is right or wrong, or feelings are good or bad. Do not lecture on the value of life.
- Offer empathy, not sympathy.
- Do not offer advice, make decisions for them, or tell them to behave differently.
- Do not dare him/her to do it.
- Seek support. Do not be sworn to secrecy.
- Offer hope that alternatives are available and let them know that they are not alone. Do not offer glib reassurance, which can be taken as proof that you don’t understand.
- Take action! Reduce the risk of self-harm or suicide by restricting access to the means of suicide. Remove all firearms and unused medications. Limit access to sharp objects, car keys, etc. Remove or reduce large quantities of alcohol within the home. Get help from individuals or agencies specializing in crisis intervention and suicide prevention.

SCHIZOPHRENIA

The least understood of all mental illnesses is schizophrenia (skits-oh-fren-i-ah). Schizophrenia is characterized by disturbed thinking, emotional barriers, and withdrawal from reality. This disorder affects one in every 100 Americans, about three million in all.

Who can get schizophrenia. Schizophrenia can develop suddenly or gradually and can affect people of any age. It is rare in children, where it is believed to be related to autism. Adolescents can have schizophrenia, but diagnosis is difficult because adolescence is naturally a time of rapid and major changes in personality and behavior.

People under 25 account for most episodes of schizophrenia and it rarely strikes for the first time in people over 45. Men are thought to be most susceptible during their 20s and 30s and women are more vulnerable during pregnancy, childbirth, and menopause.

Symptoms/Warning Signs. Schizophrenia is a complex disorder affecting one’s entire personality. People with the disease often exhibit many of the following symptoms:

- a distorted sense of reality and changing perceptions of people, actions, or the world in general;

- delusions or hallucinations with beliefs or convictions that are seemingly untrue;
- numbed emotions that make it difficult for them to relate to other people or to react to situations that normally would cause strong emotions – or an inappropriate show of emotions such as laughing in a sad situation;
- feelings of isolation and a withdrawal from other people;
- disordered, illogical thinking and an inability to concentrate or to speak coherently; and
- feelings of fear, for the world of a person with schizophrenia is frightening, unpredictable, and unbearably lonely.

Some people with these symptoms can function fairly well without treatment, others may be suffering from other disorders. All of us experience one or more of these symptoms at one time or another, but with schizophrenia, the symptoms are *severe and persistent*.

One of the more prevalent misconceptions of a person with schizophrenia is that he or she has “a split personality.” *Split or multiple personalities is a symptom of an entirely different and extremely rare disorder.*

People with schizophrenia are no more violent than other people. On the contrary, their disease often makes them timid and withdrawn.

Causes. The exact cause of schizophrenia is unknown and it is believed there is no single cause. Some of the suspected causes are physical in nature, such as chemical imbalances, birth defects, a virus-like infection, and heredity.

Schizophrenia, like other mental illnesses, is not caused by immorality or a weak will. It cannot be “willed away” or cured by “a good rest” or by being told to “get hold of yourself.”

Treatment. Schizophrenia can be treated. Many of those who receive treatment are able to live full and productive lives. A combination of the following is often used:

- **Medication** to control symptoms;
- **Psychotherapy** to help break down isolation, reestablish relationships, and develop a network of support; and

- **Family and Community Support Programs** that include 24-hour crisis intervention, supported employment and housing, and psychological training for families to learn to provide the necessary support.

Some people with schizophrenia respond immediately to treatment. For others it may take months or years. A key factor is a person’s ability to stay with a treatment plan. When supported by adequate and readily available community-based services that help a person stay with their treatment, individuals have a better chance of recovering.

DEPRESSION

Everyone suffers from depression from time to time. It’s a natural defense mechanism that allows the mind to take a rest by causing an individual to withdraw from people and activities for a day or two. But for some people, the withdrawal is deeper and lasts longer. It interferes with their lives and can lead them to substance abuse or suicide as a means of escape. When this happens, a person is said to have a mental illness called severe depression.

Types of depression. There are three types of depression:

- **Mild depression** is the most common and can be brought on by both happy or sad events. A wedding is certainly happy, but also very stressful, and the stress can be depressing. Another common cause is childbirth, which may lead to postpartum blues. While usually mild, it can become severe.
- **Moderate depression**, or a feeling of hopelessness, lasts longer and is more intense. Moderate depression is often brought on by a sad event, such as a death of a loved one or loss of a job. It usually does not interfere with daily living, but can become severe. If it persists, professional help may be warranted.
- **Severe depression** can cause a person to lose interest in the outside world, can cause physical changes, and can lead to suicide. A person who suffers from depression for two weeks or more requires professional treatment.

Who is affected? . One in five people suffers from depression at some point in his or her life. Depression can strike anyone, even children and babies who have been abused or neglected. Middle-aged adults are more likely to become depressed than any other age group. While depression is often associated with loneliness, married people are more likely to become

depressed than single people, and women are twice as likely as men to become depressed.

Symptoms/Warning Signs. The symptoms of depression range from feeling “down” to feeling suicidal. A slowing down or neglect in performing daily tasks, irritability, poor memory, or changes in behavior are all symptoms. A loss of sexual desire or loss of warm feelings toward family members, a lack of pleasure in anything, or a loss of self-esteem can be symptoms. Physical changes can include sleep disturbances, fatigue, unexplained headaches or backaches, digestive problems, and nausea.

All of us at some time experience one or more of these symptoms. But when they become persistent and so severe that pain and other problems outweigh pleasure much of the time, then it is time to seek professional help.

Causes. There is no one cause for depression. Personality, personal relationships, physical health, and genetics are all factors. People who are highly self-critical, very demanding, or unusually passive may be prone to depression.

Problems with a spouse, child, or employer can cause depression. Imbalances in the chemicals in the brain due to illness, infection, or medications can be a cause. Substance abuse can be a symptom of depression, but also a cause. While depression cannot be inherited, it does seem to be more prevalent in some families.

Treatment. As with most illnesses, treatment is easiest and most effective when begun early. A combination of the following is often used:

- **Medication** in cases of severe depression can bring relief in three to four weeks.
- **Psychotherapy** Used to help a person deal with the illness, its causes, and its effect. Through psychotherapy, persons can learn to deal with situations and people in ways that avoid triggering a bipolar disorder episode. The therapy also helps a person develop a positive self-image and attitude — both essential for good mental health..
- **Electroconvulsive therapy**, (ECT) or “shock therapy,” involves administering mild electrical shocks to the brain while a patient is under anesthesia.

Prevention. Depression cannot always be avoided, but because it is often related to stress and physical problems, it is possible to lessen the chances of severe depression. Here are some tips:

- Take time for a favorite activity as a way to relax and relieve stress.
- Get plenty of exercise to maintain a healthy body, to relieve tension, and to help get a good night’s sleep.
- Don’t try to be Superman or Superwoman. Know your limitations and avoid stressful situations.
- Cultivate friendships to have someone to talk to who can provide support.
- Don’t be afraid of feelings. There’s nothing wrong with being mildly depressed. But if you feel it is more than mild depression, don’t hesitate to see a mental health professional.

BIPOLAR DISORDER

Roller coaster rides of emotion from frantic highs to devastating lows are the classic signs of bipolar disorder.

Also known as manic depression, bipolar disorder is one of the most treatable mental illnesses, but left untreated it can cause mental suffering, disruption of family life, poor job performance, and reckless or dangerous behavior.

Who is affected? Approximately 2.6 percent of American adults have bipolar disorder.

Symptoms/Warning Signs. A person with bipolar disorder experiences mood swings from mania to depression, with a “normal” period between these cycles of up and down. The length of the cycles varies from a few days to several months and can occur without warning.

During the **manic phase**, these persons may:

- feel “on top of the world” and have an abundance of energy;
- seem to talk and think faster and espouse a number of ideas;
- think they are invincible, leading to reckless behavior and acts that may endanger their life or well-being;
- have delusions of fame or believe they have a special relationship with a famous person; and
- sleep less, be easily distracted, and become irritable.

During the **depressive phase**, these persons may:

- feel hopeless and lose all interest in other people or usual activities;
- experience weight fluctuation and feel tired all the time;
- sleep more than usual or have insomnia; and
- complain of unexplained aches or pains and have trouble concentrating.
- **A person in the depressive phase is a suicide risk.**

The symptoms of the depressive stage are the same as for *clinical depression*, a different mental illness that does not have the manic phase. Bipolar disorder mimics several physical disorders and only a comprehensive physical and mental health evaluation can provide an accurate diagnosis.

Causes. The causes of bipolar disorder are uncertain, but there are factors known to play a role.

- **Heredity:** Bipolar disorder runs in families and may be carried by a gene inherited from one or both parents.
- **Chemical changes:** Persons with bipolar disorder have chemical changes in the brain that continue to be studied for their cause and effect.
- **Stress:** Situations that cause unusual stress, such as physical illness or money problems, may trigger a bipolar disorder episode.

As with any mental illness, bipolar disorder is not a sign of moral weakness or caused by something the person did or did not do. And, as with any mental illness, it cannot be willed away and will not go away if left untreated.

Treatment. A person with a bipolar disorder who receives proper treatment can lead a normal life at work and home. A combination of the following is often used:

- **Medication:** There are medications (mood stabilizers) that work by maintaining chemical balances in the brain to prevent mood swings. The medications can have side effects, sometimes severe enough to rule out their use. Constant monitoring of the levels of drugs in the body and their effects is essential with most mood stabilizers. Other medications (antidepressants) may be used to treat the symptoms of depression. It also may take time to determine the correct dosage, but many people with bipolar disorder are successfully and safely using drug therapy.
- **Psychotherapy:** Used to help a person deal with the illness, its causes, and its effect. Through psychotherapy, persons can learn to deal with situations and people in ways that avoid triggering a bipolar disorder

episode. The therapy also helps a person develop a positive self-image and attitude – both essential for good mental health.

- **Electroconvulsive therapy:** (ECT) or “shock therapy,” involves administering mild electrical shocks to the brain while a patient is under anesthesia.

A key to successful treatment of bipolar disorder is the person with the illness. It is the individual’s responsibility to take prescribed medication, to consult with a physician before taking other drugs, to let the physician know about other physical conditions (especially pregnancy), to eat a healthy diet, to monitor medications and their effects, and to attend therapy sessions.

Families and friends also play a vital part because a person with bipolar disorder needs encouragement and reinforcement. Family members should be supportive, be able to recognize the symptoms of bipolar disorder, and know how to obtain professional help, especially if the person has threatened suicide.

ANXIETY DISORDERS

Everyone suffers from anxiety from time to time. Anxiety is a feeling of uneasiness, nervousness, fear or worry, about real or perceived threats to safety or well-being, and physical symptoms may result. Many situations in daily life can lead to an anxiety response and may not require treatment. But when the symptoms of anxiety become persistent and severe enough to compromise quality of life or functioning, or if anxiety and physical symptoms occur when there is no apparent danger, a person may require treatment for anxiety disorder.

Symptoms/Warning Signs:

- **Phobias** are persistent, irrational fears about a specific object, activity or situation. Individuals with phobia have a compelling desire to avoid that of which they are afraid. **Agoraphobia** is the fear of leaving home, being alone or in public places. **Social Phobia** is a fear which causes people to avoid social engagements. **Simple Phobia** is fear of a specific object. Examples include fear of snakes, heights or closed spaces.
- **Panic Disorder** is a period intense fear of discomfort in which a person may experience difficulty in breathing, a racing heart, a choking or smothering sensation, dizziness, feelings of unreality, trembling and fear of dying among other symptoms.
- **Generalized Anxiety Disorder** is a generalized, persistent anxiety or worry occurring more days than not. Symptoms can include

restlessness, fatigue, difficulty in concentration, irritability, muscle tension and sleep disturbance.

- **Obsessive Compulsive Disorder** may be characterized by either obsessions or compulsions: **Obsessions** are recurrent, persistent ideas, thoughts, images or impulses that are viewed as intrusive and that cause anxiety or distress. **Compulsions** are repetitive behaviors that person feels driven to perform in response to obsessions in order to reduce feelings of distress. Examples include repeated checking of locks, washing of hands or counting objects or activities.
- **Posttraumatic Stress Disorder** a person who has been exposed to an event involving serious injury, death or that caused intense fear or horror may suffer symptoms of posttraumatic stress disorder. Symptoms include reexperiencing of the traumatic event through intrusive thoughts or distressing dreams, persistent avoidance of feeling and thoughts associated with the traumatic event and symptoms of anxiety described above.

Who is affected? An estimated 19 million Americans suffer from anxiety disorders.

What are the causes of anxiety? Today there are many situations or stressors that can lead to prolonged anxiety responses - the demands of a stressful career, financial woes, divorce, and family problems. Over time, symptoms such as irritability, edginess, depressed mood and varied physical complaints may result. However, anxiety is not always the result of current or past stress, and is not always a “mental” or “emotional” problem.

How are anxiety disorders treated? Many people afflicted with anxiety seek treatment with their family physicians . Recent studies indicate that 20 percent of the ailments for which Americans seek a doctor’s care are related to anxiety. Treatment can be undertaken through a variety of medical approaches, including behavioral therapy, psychotherapy, medication, or a combination of therapies. With appropriate treatment, sufferers of anxiety disorders can improve, recover, and return to normal activities. Research indicates that 90 percent of phobic and obsessive-compulsive patients will recover with behavioral therapy. Other studies show that while they are taking appropriate medications, 70 percent of those who suffer panic disorders improve. Medications also have been shown to be effective for about half of those with obsessive-compulsive disorder.

What else can a person do? Recommendations by a physician or mental health professional may include dietary changes (reduction of caffeine intake), increased exercise, and a course of therapy. A person should recognize that there are not “overnight cures” for persistent anxiety and that many treatments used work gradually to relieve anxiety, but are highly effective and well worth the wait.

CHILDHOOD MENTAL ILLNESSES

Childhood is usually thought of as a happy, carefree time in life, but for more than seven million children in the United States, that happiness can be elusive because of mental illness.

Left untreated, mental illnesses in children and adolescents too often lead to tragic results. Because they occur at a crucial point in a young person’s physical and social development, mental illnesses may cause delays in development that lead to further problems in adulthood. For many adolescents with a mental illness, the burden is overwhelming. Among adolescents ages 15 to 19, suicide is the second-leading cause of death.

Mental illnesses in children and adolescents can be successfully treated, but the key is early detection and access to adequate mental health services. Unfortunately, only one in five children with a mental illness actually receives needed services.

Types of Mental Illnesses in Children and Their Causes. Children and adolescents are susceptible to the same mental illnesses that afflict adults. In fact, many of the symptoms of adult mental illness appear before age twenty. Young people are especially at risk of **depression, obsessive-compulsive behaviors, phobias, and substance abuse**. Some mental illnesses, such as depression, can occur in children too young to effectively communicate their pain.

Attention-deficit/Hyperactivity Disorder (ADHD) is one of the most frequently diagnosed disorders and affects from three to ten percent of all children in America. It is more common in boys than in girls. Some symptoms of ADHD must be present before the age of seven, but it is most often diagnosed when the child starts school where tasks or sustained attention are required. Children can have the predominant inattentive type of ADD, the hyperactive/impulsive type of ADD or a combination of the two.

The child with ADHD:

- has difficulty finishing any activity that requires concentration at home, school or play; shifts from one activity to another.
- doesn't seem to listen to anything said to him or her.
- acts before thinking, is excessively active and runs or climbs nearly all the time; often is very restless even during sleep.
- requires close and constant supervision, frequently calls out in class, and has serious difficulty waiting his or her turn in games or groups.

Mental illnesses are not punishment for sins, or sign of weak character, or immorality. They cannot be willed away and children or adolescents cannot “outgrow” them.

Warning Signs. Parents and educators are the most likely to detect a mental illness or emotional disorder because of their consistent contact with a child.

Some of the warning signs are:

- a drop in school performance
- unwarranted worry or anxiety
- an inability to cope with day-to-day problems
- changes in sleeping or eating habits
- irritability and negative interactions with others
- an excessive fear of getting fat, of not being liked, etc., beyond the normal adolescent anxieties. In other words, a fear that causes them to act in an irrational or dangerous manner.

The causes of mental illness are varied, but most are caused by imbalances in the brain's chemistry, by a head injury or by emotional trauma. Some mental illnesses are more prevalent in some families, suggesting a hereditary link.

Nationally, one in four youth experience a significant traumatic event by age sixteen. Common sources of child trauma include abuse and neglect, community and domestic violence, serious accidental injury, and natural disasters. Many children experience multiple traumas. Children exposed to traumatic events are at risk for developing emotional, behavioral and cognitive symptoms that can impact their functioning throughout their life.

Diagnosis and Treatment. The first step is to determine what is causing a youngster's unusual behavior. There are many possible causes, including physical problems. If the cause is determined to be a mental illness or disorder, treatment may range from therapy to medication, or a combination of both. In most cases, treatment can be done on an outpatient basis in the

child's own community. Treatment also may involve the family in therapy, illness or behavior management and/or psychoeducation. In rare cases, hospitalization may be necessary. It is important to seek treatment from a mental health professional who has specific expertise in working with children and youth and who is knowledgeable of normal childhood and adolescent development as well as how mental illness may appear with this population.

Public Awareness. A mental illness is no different than having any other illness. However, many people are not informed about the causes of mental illnesses, the success rates of treatment, and the ability of persons who have or who have had a mental illness to live normal lives. They may look upon mental illness with fear and their misconceptions may lead them to unfairly treat a person with a mental illness unfairly.

Obtaining Treatment. Anyone who believes that he or she, a family member, or a friend is suffering from a mental illness should contact a mental health professional or a family physician for advice. In most instances, persons with mental illnesses do not require hospitalization unless the mental illness is so serious that a person's behavior is considered harmful.

Many areas of the state have mental health crisis hotlines that can help with information, referral, or crisis intervention.

If you are a parent or guardian of a child under age 18, you can authorize treatment or hospitalization of your child without a court order.

Stigma: People with mental illness often face a stigma attached to these illnesses by society. This stigma causes discrimination against them in employment, housing, health care, and the ability to buy health insurance. By learning more about mental illness and the effectiveness of treatment, this discrimination can end, thereby removing the stigma that acts as a barrier to successful treatment.

CIVIL INVOLUNTARY DETENTION

Some persons, as a result of a mental illness, may be harmful to themselves or others or may be unable to make basic decisions about food, clothing, shelter, safety, medical care, or mental health care. This condition is usually

temporary and improves with treatment. The terms mental disorder and mental illness have specific legal definitions and may be somewhat different than found in regular clinical practice.

Harm to self and others does not require an actual physical injury, it can be verbal threats, attempts, or patterns of behavior that have historically resulted in harm. Harm may also include a reasonable fear of harm.

The legal definition of "mental disorder," "mental illness," and "harmful to self and others" is:

"Mental disorder," any organic, mental or emotional impairment which has substantial adverse effects on a person's cognitive, volitional, or emotional function and which constitutes a substantial impairment in a person's ability to participate in activities of normal living. (632.005(22))

"Mental Illness," a state of impaired mental processes, which impairment results in a distortion of a person's capacity to recognize reality due to hallucinations, delusions, faulty perceptions or alterations of mood, and interferes with an individual's ability to reason, understand or exercise conscious control over his actions. The term "mental illness" does not include the following conditions unless they are accompanied by a mental illness as otherwise defined in this subdivision:

- A) Mental retardation, developmental disability or narcolepsy;
- B) Simple intoxication caused by substances such as alcohol or drugs;
- C) Dependence upon or addiction to any substances such as alcohol or drugs; and
- D) Any other disorders such as senility, which are not of an actively psychotic nature. (632.005(23))

"Likelihood of serious harm" means any one or more of the following, but does not require actual physical injury to have occurred.

A) A substantial risk that serious physical harm will be inflicted by a person upon his own person, as evidenced by recent threats, including verbal threats or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself;

B) A substantial risk that serious physical harm to a person will result or is occurring because of an impairment in his capacity to make decisions with respect to his hospitalization and need for treatment as evidenced by his current mental disorder or mental illness which results in an inability to provide for his own basic necessities of food, clothing shelter, safety or medical care or his inability to provide

for his own mental health which may result in a substantial risk of serious physical harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to the person previously taking place because of a mental disorder or mental illness which resulted in his inability to provide for his basic necessities of food, clothing, shelter or medical or mental health care; or

C) A substantial risk that serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behaviors, or threats, including verbal threats, which have caused such harm or would place a reasonable person in reasonable fear of sustaining such harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person. (632.005(9))

Affidavits are an important component of civil involuntary detention. These are statements of fact from persons who have witnessed harm and are necessary to support the involuntary detention. Persons who are mentally disordered and as a result harmful may be detained to a mental health facility for up to 96 hours to determine if they are mentally ill and continue to be harmful. An attorney is designated for the person and notice of their rights and why they are being detained is provided. If further detention beyond 96 hours is necessary a judicial hearing must occur. The law provides authority for outpatient commitment as an option to inpatient detention.

Common Questions About Civil Involuntary Detention

- **Will I have a lawyer represent me if I am detained in a mental health facility?** Yes! You will be given the name and phone number of an attorney within three hours of your admission. You should contact this attorney if you have any legal questions. This attorney may also be appointed by the court to represent you if further detention hearings are necessary.
- **How long will I be detained to a mental health facility?** Initially you will be detained for up to 96 hours. During this initial 96 hours you will be evaluated and treated. Most persons are released at the end of the 96 hours or they choose to continue treatment voluntarily.
- **Is the 96 hours always four days?** No Saturday and Sunday and legal holidays do not count as part of the 96 hours. For example, if you are detained on a Wednesday afternoon, your 96 hours does not end until the next Tuesday afternoon.

• **Can I be detained longer than 96 hours?** Yes, if you are found to be mentally ill and continue to present a likelihood of serious harm, the mental health facility may file a petition for a court hearing to determine if you should be detained for 21 more days for evaluation and treatment. The hearing must be held within two days after the petition is filed with the court. The mental health facility will continue to detain you until the court hearing. The 21-day period includes weekends and holidays. If you are detained for 21 days, you may be detained for an additional 90 days or one year.

• **What happens at the court hearing?** You will be represented by an attorney appointed by the court, or if you choose, an attorney of your own choice, at your own expense. The mental health facility has to prove to the court that:

- because of a mental illness, you present a likelihood of serious harm to yourself or to others;
- you are in need of continued detention and treatment;
- a certain mental health program is appropriate to treat your condition, and that program has agreed to treat you;
- a specific range of care, treatment, and services will be provided to you;

The facility will have to prove the above by presenting witnesses and documents to support their position. Your attorney will ask them questions and present your witnesses and documents. The judge will make a final decision. You may appeal this decision if you choose. This same process will occur if you are detained for an additional period of 90 days or one year.

• **Can I be forced to take medication?** Yes. The detention for either 96 hours, 21 days, 90 days, or one year is for treatment which may include medication. You have the right to refuse medication beginning 24 hours prior to a hearing for 21 day detention.

• **Can I be detained to a program other than an inpatient mental health facility?** Yes, you may be detained to an outpatient commitment program that may allow you to live in the community as long as you participate in treatment and to not present harmful behavior. To qualify you must have at least a supportive family, friends, or case managers to assist you. If you don't follow through with the necessary treatment, you may be returned to an inpatient facility.

• **What other rights do I have?** You have the right to protection and treatment. These rights are given to you upon admission and are posted.

You may also discuss these rights with your attorney and with those treating you.

For more information about civil involuntary detention, speak with a mental health professional or an attorney. To find specific statutory language about this process, refer to the Revised Statutes of Missouri Chapter 632.

OUTPATIENT COMMITMENT

Persons may be detained at a mental health for successive periods of 96 hours, 21 days, 90 days, or one year. A person may also be committed for up to 180 days of Outpatient Commitment under the supervision of a Community Mental Health Program.

The decision to choose Outpatient Commitment as an alternative to Inpatient Commitment is based on the:

- diagnosis and symptoms;
- safety while in the community;
- availability of support of family, friends, and others in the community;
- the presence of a Mental Health Program that can adequately meet the person's needs outside of the hospital;
- the person's willingness to accept any treatment or medication deemed necessary while in the community;
- the person's willingness to agree to and comply with conditions for Outpatient Commitment and your treatment plan.

A person committed for outpatient treatment will have the same rights as a person who is receiving inpatient treatment in a Mental Health Facility. Outpatient Commitment cannot occur without a court hearing. The treatment plan and conditions of Outpatient Commitment will be explained to the person.

If the person fail to follow your treatment plan or conditions of Outpatient Commitment and becomes harmful to self or others by either threats or behavior, the person will be returned to an inpatient unit of a Mental Health Facility.

GUARDIANSHIP AND CONSERVATORSHIP

Some persons with mental illnesses may not be able make decisions necessary for safe living. Those persons are considered to be incapacitated and need another person who is legally authorized as guardian by the court to make decisions for them. Guardians make decisions about the person's care, safety, and health. If property and financial assets are involved, a conservator may be appointed to prudently preserve, protect, and manage any property. To find out more about this, speak with a mental health professional or an attorney.

DISCLOSURE OF INFORMATION

State statutes provides that records and information compiled by mental health facilities and programs are confidential except under certain conditions or with consent of the patient, the patient's guardian, or if the patient is a minor, with parental consent (See section 630.140 RSMo). However, there are statutory provisions for releasing confidential treatment information to the primary care provider(s) (who may also be a parent or friend who is providing support to the patient), when such information is medically necessary for the provision of appropriate health care treatment by the care provider or is related to the safety of the patient or care provider. (See 632.392 RSMo.).

WHERE TO GET HELP

There are many organizations and agencies that can provide education, information, support, and services to you, your family, friends, or care provider. Speak with a mental health professional for information about these services located close to you. A few of the resources are:

Access Crisis Intervention System *see numbers for your county on the attached map* <http://www.dmh.mo.gov/cps/ACImap.htm>

The Missouri Department of Mental Health (800) 364-9687
<http://www.dmh.mo.gov/index.htm>

Missouri Coalition of Community Mental Health Centers (573) 634-4626
<http://www.mocmhc.org/>

National Alliance of Mental Illness (NAMI) Missouri (800) 374-2138
<http://mo.nami.org/index.html>

Mental Health America of Eastern Missouri (St. Louis) (800) 359-5695
<http://www.mhagstl.org/info.htm>

Mental Health Association of the Heartland (Kansas City) (913) 281-2221
<http://www.mhah.org/>

Missouri Protection and Advocacy (800) 392-8667
<http://www.moadvocacy.org/default.asp>

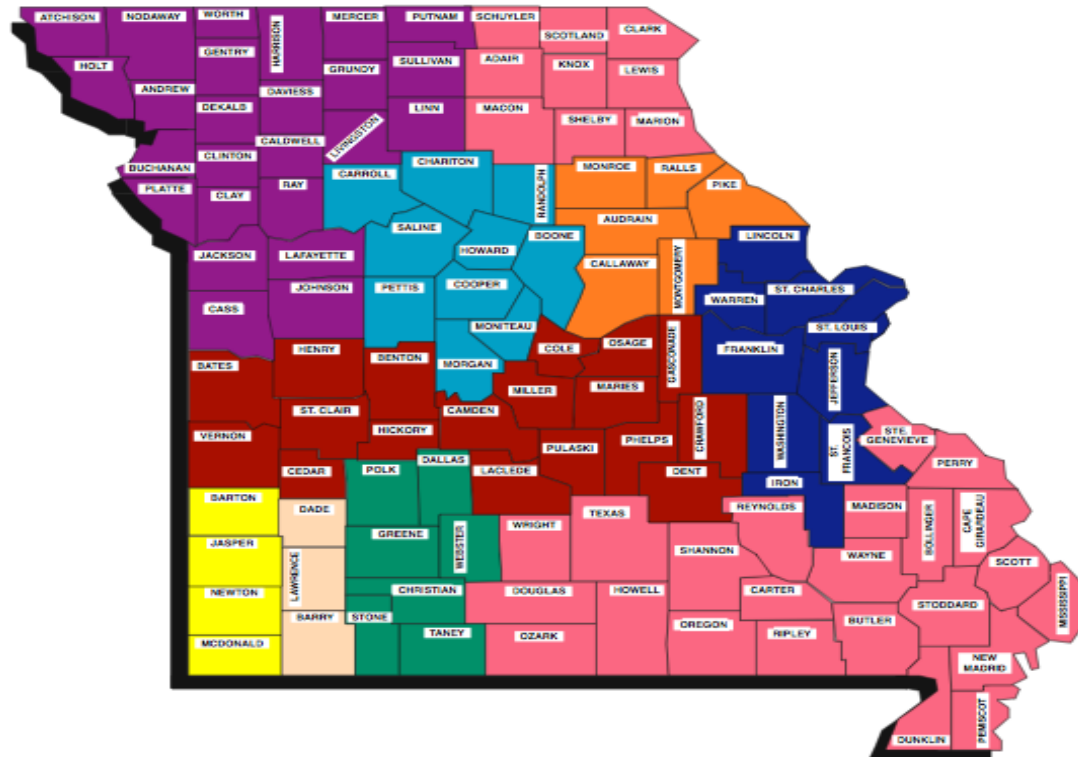
Missouri Statewide Parent Advisory Network (MO-SPAN) (314) 972-060










Network of Care : <http://missouri.networkofcare.org>

The state provides funding for mental health services statewide through a network of administrative agents. The Coalition of Community Mental Health Centers or the Department of Mental Health will be able to refer you to a Community Mental Health Center near you.

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Statewide 24-Hour Crisis Hotlines



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|---|---|---|---|
|  | Burrell ACI System
1/800-494-7355 |  | Ozark ACI Hotline
1/800-247-0661 |
|  | MOCARS ACI Hotline
1/800-356-5395 |  | Behavioral Health Response
ACI Hotline
1/800-811-4760 |
|  | Comm Care ACI Hotline
1/888-279-8188 |  | Arthur Center ACI Hotline
1/800-833-2064 |
|  | Burrell Behavioral Health
Central Region
1/800-395-2132 |  | Pathways
ACI Hotline
1/800-833-3915 |
|  | Clark Center
ACI Hotline
1/800-801-4405 | | |

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