



## Guidelines for initiating a 24-Hour Involuntary Detention

### When filling out the 24-Hour Detention form, it's all about the details.

It is critically important that the person filling out page one of the 24-Hour Detention form provide specific details and context as to the circumstances of their contact with the person being committed. These details will form the foundation of the assessment, the remainder of which may occur long after their initial contact with the officer or screener, so it is important that all the pertinent information be noted in the narrative.

For example, rather than writing:

“He threatened to kill himself”,

The initiating party (either a peace officer or certified screener) should instead write:

“Mr. John Doe’s mother called 911 to report that her son was threatening to kill himself. Police located the son in the backyard of his residence with a kitchen knife in his hand. Mr. Doe was crying and repeatedly yelled for officers to “Just shoot me!” He refused to drop the knife, and was subsequently tazed and taken into custody. Mr. Doe stated to this writer that he has ‘nothing to live for and I just want to die’. He smells of alcohol and appears to be intoxicated. Mother reports that son has been upset for several weeks since going through a break-up with his girlfriend of 2 years. Mr. Doe denied having any H/I, and denied any intent to harm others.”

### Note these six things: **WHO WHAT WHEN WHERE WHY & HOW**

**WHO:** Who called 911 (or your agency)? Who made the initial complaint? Who made the initial contact?

**WHAT:** What was the reported behavior, threat, or concern? Be specific.

**Not:** “Threatened Suicide.”

**Instead:** “Sent text to his wife at 23:00 saying that he was going to drive to beach and OD on his insulin.”

-or-

**Not:** “Paranoid and delusional, danger to others.”

**Instead:** “7am: received call from Jane Doe’s landlord stating that she has been screaming, yelling, and acting bizarrely x 3 weeks. 8am: Responded to residence, observed windows covered in aluminum foil. Ms. Doe appears disheveled, displays paranoia. She believes the neighbors are spying on her. She states that they are ‘*monitoring me through my TV, and sending thought beams into my brain*’, and that they are poisoning her food. Ms. Doe says the neighbors are ‘*demons in disguise*’, and ‘*God wants me to purify the devil-spawn with fire.*’ Ms. Doe has filled pickle jars with gasoline, and plans to burn the neighbor’s home while they sleep.”

**WHEN:** When did the event occur? When did the initial call come in, when did the client contact occur?

**WHERE:** Where did the incident originate? Where was the client when you first made contact with them?

**WHY:** Why is the person feeling suicidal or homicidal? What is the precipitating event? What is the person’s reasoning or justification for their threat or behavior? Why did they do what they did?

**HOW:** Provide specific details as to what the person said and did, or said that they were going to do:

**Not:** “Threatened to kill self.”

**Instead:** “John Doe had placed multiple calls to his former GF, Jane Dough, this evening, accusing her of seeing a new man. When she stopped answering his calls, he sent her a text at 1am saying that she would *‘never see him again’*, and that he planned to *‘blow his brains out’*. Mr. Doe owns a 38 caliber Smith & Wesson revolver, and had it and ammunition for it in his residence. Officers did remove the hand gun from the home, along with a 12-gauge Mossberg shotgun and 22LR rifle.”

When filling out the hospitalization forms, whether it is the 24-Hour Detention form, or the Assessment Form, the rule of thumb is simple: If there is a question, answer it; and if there is a blank, fill it in completely. No skips!

Below is an example of a well-written 24-Hour Emergency Detention form as initiated by police after responding to a private residence to resolve a 911 call reporting a suicidal male subject at that location.

The narrative is well-organized; it is presented in chronologic order, it is succinct, and it provides specific details and verbatim examples of statements made by the subject. This is an excellent write-up, and would be very useful to the person doing the assessment. This example answers all six of the primary questions:

## **WHO    WHAT    WHEN    WHERE    WHY    HOW**

“Subject’s mother called 911 at 03:00 and reported that he was threatening to kill himself. Subject was found in the backyard of his residence with a kitchen knife in his hand. Subject was crying and repeatedly yelled for officers to *‘Just shoot me!’* He refused to drop the knife, and was then tazed and taken into custody by police. Subject stated *‘I have nothing left to live for and I just want to die’*. Subject smelled of alcohol and appeared to be intoxicated. Subject stated that he had 2 beers; BAL @ 03:35am = 230. Mother shared that he’s been upset for several weeks since going through a break-up with his girlfriend of 2 years. Patient denied any H/I, and denied any intent to harm others. Mother reported he also tried to OD 3 yrs ago and was in DPC x 2 wks.”