

Protocol for Cooperative Arrangements in Mental Health Matters between NT Police and NT Health

Between

The Northern Territory Police Force (NT Police) and NT Health

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Acronyms	Full form
NT	Northern Territory
DoH	Department of Health
TEHS	Top End Health Service
CAHS	Central Australia Health Service
TEMHS	Top End Mental Health Service
MHCAHS	Mental Health Central Australia Health Service
MHAODTEHS	Mental Health, Alcohol and Other Drugs Top End Health Service
MHARS Act	Mental Health and Related Services Act
SOPs	Standard Operating Procedures
MH	Mental health
MHS	Mental Health Services (NT Government – I.e. TEMHS and MH CAHS)
NT	Northern Territory
RAT	Regional Advisory Team
MHPLC	Mental Health and Police Liaison Committee
PROMIS	Police real time online information system
TF	Territory Families
CE	Chief Executive
GM	General Manager
COO	Chief Operating Officer
DMHP	Designated Mental Health Practitioner
APP	Authorised Psychiatric Practitioner
ATF	Authorised Treatment Facility
ATA	Authorised Treatment Agency
DMO	Designated Medical Officer
MP	Medical Practitioner
ED	Emergency Department
CMO	Community Management Order

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PART ONE – PRELIMINARY

Context

This protocol:

- Is an agreement between Northern Territory Police Force (NT Police) and Northern Territory Department of Health (DoH) to work in cooperation to promote a safe and coordinated system of response and care for persons known or suspected to be experiencing mental illness, disturbance or complex cognitive impairment, or exhibiting behaviours that may be indicative of such, and who may require care and treatment under the *Mental Health and Related Services Act (MHARS Act) 1998*;
- Will use a framework of continuous improvement to ensure the effective and efficient delivery of services to meet the needs of individuals with a known or suspected mental illness or disturbance;
- Is to be used as the basis for the development of standard operating procedures within each organisation, including local procedures in regional and remote communities;
- Has been agreed within existing NT Health and NT Police resource arrangements and capability and articulates what is available at the time of signing. Where existing resources do not provide capacity for a particular response, this is clearly stated in the protocol.

This protocol supersedes the existing Protocol and all previous memoranda, and will be effective from the date of the last signature. It will remain in effect unless it is revoked, varied or modified in writing by signatory parties.

Policy statement

While many people successfully live with and recover from mental illness, there can be times when a person is so acutely unwell they become a risk to themselves or others. This is a mental health crisis. A person in mental health crisis may need urgent assistance to maintain their safety and that of others, and to receive assessment and treatment. This often requires a joint response from NT Health Mental Health Services (MHS) and NT Police.

While a mental health crisis is often unpredictable, the response to the crisis should not be. When NT Police and/or MHS attend a mental health crisis their collective aims, informed by legislation, policy and relevant protocols should be to:

- Prevent harm to the person in crisis and any others present, including attending staff; and
- Respond in ways that are supportive and minimise restrictions to the person's freedom; and
- Maintain the dignity and rights of the person.

To meet these aims, agencies, and their staff, need to be well prepared, appropriately trained and well-coordinated.

The NT Police and NT Health are concerned with the effective and appropriate management and support of persons who may be experiencing mental illness or mental disturbance.

This protocol is consistent with the terms and spirit of the MHARS Act and reflects the principle that any NT Police involvement with persons who may require care and treatment is consistent with the Act. Any restriction on the liberty of a person either by NT Police or NT Health must be kept to the minimum necessary in the circumstances to ensure personal and public safety and access to treatment.

This protocol defines a cooperative relationship between the NT Police and NT Health mental health personnel and establishes the basis from which standard operating procedures (SOPs) reflective of local conditions and requirements within each organisation can be drawn.

It recognises that conditions throughout the Northern Territory vary significantly and that standard operating procedures must reflect local conditions and requirements such as availability of NT Police and medical services and distance from treatment facilities.

All local responses must be consistent with the MHARS Act and this protocol.

Guiding principles

The overriding principle for this protocol is to adhere to **s10(b)** of the MHARS Act, which states;

“where the person needs to be taken to an approved treatment facility or into custody for assessment, the assistance of a member of the NT Police Force is to be sought only as a last resort and there is no other means of taking the person to the approved treatment facility or into custody”

Whilst NT Police are not to be considered the first option of response, it should be clearly understood that in all circumstances involving a person who may require care and treatment under the MHARS Act, and where there is a serious risk to personal or public safety unable to be managed by MHS, NT Police will assist until the risk to personal or public safety is removed.

NT Police members will only exercise the power of apprehension under **s32A**, where they believe:

- The person requires treatment or care having regard to the persons appearance or behaviour,
- The person is likely to cause serious harm, to themselves or someone else, and
- It is not practicable in the circumstances, to obtain the assistance of an Authorised Psychiatric Practitioner, or Designated Mental Health Practitioner.

The size of the Northern Territory, distance between significant communities and the thinly spread and diverse population, presents particular challenges for the management of persons who may require care and treatment under the MHARS Act.

Roles

Mental health personnel are responsible for the mental health needs of persons who require care and treatment under the MHARS Act, and their carers, and for the preservation of the person's rights and dignity consistent with the safety of all parties.

Health professionals will provide the primary response for safe assessment, detention, transport and treatment of individuals.

Intervention by health professionals in community settings will not include the unilateral use of force or physical restraint.

NT Police have a limited role pursuant to the MHARS Act. That role is facilitative and directed at either exercising their powers pursuant to **s32A** or providing assistance pursuant to s34 (4), where appropriately authorised, to practitioners operating under the provisions of the Act. NT Police assistance in these circumstances is directed at ensuring access to assessment and treatment and managing risks to personal or public safety.

NT Police involvement will be requested by MHS where a person requiring an assessment and/or treatment is in the community and the use of force and/or physical restraint is likely to be required to intervene and safely manage the situation.

Objectives

The objectives of this protocol are to ensure:

- Individuals with known or suspected mental illness, or who exhibit behaviours that may indicate they require care and treatment under the MHARS Act, are identified, assessed, treated and where necessary safely transported to a NT Health Service public hospital or public health facility in a timely manner; and
- NT Police and MHS work together in a collaborative manner, which addresses the safety of the individual, the workers involved and the community.

Legislative requirements

The provisions of the MHARS Act relevant to the application of this protocol are:

- **Section 10(b)** Principles Relating to Involuntary Admission and Treatment
- **Section 32A** Apprehension by Police
- **Section 33** Assessment to be conducted
- **Section 34(4)** Recommendation for Psychiatric Examination
- **Section 37** Assessment Warrant
- **Section 44(4)(a)** Review of Admission (notification to Police on release of certain patients)
- **Section 53(8)** Suspension of Community Management Order
- **Section 83A(2) and (4)** Apprehension of Prisoner (absent without leave)
- **Section 91** Disclosure Of Information
- **Section 164** Immunity from Suit
- **Section 166A(2), (3) and (4)** Person Absent Without Approval
- **Section 166B** Missing Patients

Provisions of the Part IIA 'Mental Impairment and Unfitness to be Tried' NT Criminal Code Act relevant to the application of this Protocol are:

- **Section 43ZF Criminal Code** - Emergency Power of Apprehension

Section 43ZF (Part IIA of the *Criminal Code*) deals with the emergency power of apprehension by NT Police and provides for a supervised person who is apprehended to be held at an appropriate place if they are subject to a **non-custodial supervision order**.

The provision states that "if there is no practicable alternative in the circumstances [an appropriate place would], be prison or a police station".

Section 101 of the *Firearms Act* includes a mandatory obligation for a Health Practitioner (within the meaning of the *Health Practitioners Act*) or a professional counsellor or social worker to notify NT Police of any instance where that person believes on reasonable grounds, in the interests of public safety, a person is not a fit and proper person to have a firearm in his or her possession or control, and provide details of the material facts on which that belief is based.

A report made pursuant to **s101** of the *Firearms Act* does not constitute a breach of confidentiality.

The fact sheet and form related to the *Firearms Act* are located at:

Factsheet	http://www.pfes.nt.gov.au/file/download/35819
Form	http://www.pfes.nt.gov.au/file/download/35820

Processes

NT Police and MHS personnel are expected to:

Follow the mutually agreed protocols articulated in this document and ensure they are reflected in all relevant internally approved Standard Operating Procedures (SOPs).

Each agency is accountable for the application and dissemination of its own specific policies and SOPs in the implementation of these protocols.

Agreed standard inter agency documentation has been developed and should be promoted and utilised as outlined in this protocol including:

- *Form 7 Notification of Apprehension by Police*
- *Form 8 Assessment Warrant Application (including Authority to Apprehend a Person)*
- *Form 9 Entry to Mental Health Services (*
- *Form 20 Suspension of Community Management Order*
- *Form 45 Leave of Absence of Prisoner and Apprehension*
- *Form 47 Disclosure of Information/Request for Information*
- *Form 52 Missing or Absconded Patients*
- *Form 60 Request for Police Assistance*

Parties are to provide completed copies of the above documentation as required when requesting or providing assistance.

Where appropriate, integrated treatment and response plans for known individuals who exhibit behaviour of community concern may be developed. These plans might be particularly relevant to complex individuals with co-occurring conditions who have contact with more than one health care provider (i.e. Mental Health, Alcohol and Other Drugs, Aged and Disability). Any agreed planned course of action in this regard should be clearly documented, with copies kept in the individual's health record, the relevant hospital Emergency Department and by the involved services providers in their client record system.

Standards

Health professionals will provide the primary response for safe assessment, detention (under the MHARS Act), transport and treatment of individuals.

Each party will initiate a single point of contact for the coordination of service requests and for operational dispute resolution.

MHS will comply with the National Safety and Quality Health Service Standards.

<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

NT Police members will comply with relevant legislation and General Orders (Mentally Ill Persons, Transport of Persons in Custody, and the NT Police Custody Manual) when performing duties relevant to this Protocol.

Each agency is accountable for the application of its own policies in the implementation of these protocols and for ensuring ongoing compliance. This includes training and communication regarding this protocol and its requirements.

Communication between NT Police and Mental Health Services

Local liaison arrangements between NT MHS and NT Police should be clearly articulated in NT Police SOPs and NT MHS Procedures.

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Each agency has nominated a contact in each major centre to facilitate local communication and arrangements between NT Police and MHS in accordance with this protocol.

Local level liaison arrangements (Katherine, Nhulunbuy, and Tennant Creek) will address local issues and escalate unresolved issues to either the Darwin or Alice Springs contact. This should ensure that local and regional issues are addressed at the appropriate point of interaction in the first instance.

Territory-wide issues

Arrangements will also include a senior point of contact - Assistant Commissioner (NT Police), General Managers, or Chief Operating Officers, with the authority to intervene, make decisions and where necessary provide appropriate direction to operational staff regarding the requirements and application of this protocol.

The senior contact will also liaise with his/her counterpart in the other organisation (NT Police or NT Health) to address and resolve any contentious issues surrounding interactions between NT Police and NT MHS.

Agreed local and regional liaison arrangements and contact numbers are as follows:

Region	NTMHS Contact	Contact Number	NT Police Contact	Contact Number
Top End				
Darwin	General Manager Mental Health, Alcohol and Other Drugs, Top End Health Service (MHAOD TEHS)	(08) 8999 4988	Regional Commander Greater Darwin	(08) 8901 0252
Katherine	Katherine MH Team Manager	(08) 8973 8724	Regional Commander Katherine and Northern Region	(08) 8973 8034
Nhulunbuy	East Arnhem MH Team Manager	(08) 8987 0440	Regional Commander Katherine and Northern Region	(08) 8973 8034
Central Australia				
Alice Springs	General Manager Mental Health Central Australia Health Service (MHCAHS)	(08) 8951 7716	Regional Commander Southern Region	(08) 8951 8816
Tennant Creek	Barkly MH Team Manager	(08) 8962 4561	Regional Commander Southern Region	(08) 8951 8816

24/7 contact details for NT Police

Police Assistance Line Telephone 131444 (Emergency Call - 000)

Watch Commander (Peter McAulay Centre) Telephone 89221512

24/7 contact details for MHS

NT Wide - 24 hour Mental Health Line: 1800 NTCATT (1800 682 288)

General Manager (MHAOD TEHS): (08) 8999 4988, (BH) 0427395934 (AH)

General Manager (MHCAHS): (08) 8951 7716, (BH) 0401113556 (AH)

Regional/local liaison

Regional/Local liaison arrangements between MHS and NT Police will be the primary level of liaison under the protocol. These arrangements are to be implemented across the Territory and must be clearly articulated in regional/local NT Police SOPs and MHS Procedures.

Regional Advisory Teams (RATs) will meet as required and will consist of the Regional Commander (NT Police) and the Local Mental Health Team Manager and any other staff invited to attend by these individuals (see [Attachment A Regional Advisory Teams Terms of Reference](#)).

Note:

Local arrangements must include a senior point of contact within each agency with the authority to intervene and provide appropriate direction to operational staff regarding the requirements of this protocol, consult with his/her counterpart in the other agency and make decisions where necessary.

Miscellaneous issues

The following general issues should be taken into account in the preparation of local protocols or Standard Operating Procedures as appropriate:

Geographical boundaries

Specialist Mental Health Services are delivered by the Top End Mental Health Services (TEMHS – part of MHAOD TEHS) and Mental Health Central Australia Health Services (MH CAHS) and include community based adult, child, youth, forensic services and inpatient services (acute hospital based services).

Inpatient and community based services are provided in Darwin and Alice Springs. Rural and remote community mental health services are also located in Darwin rural areas, Katherine, East Arnhem, Alice Springs remote and the Barkly regions.

Disclosure of confidential information

The interest of individual and community safety outweigh considerations of confidentiality and therefore the release of relevant information is appropriate as part of a duty to warn of imminent or foreseeable danger. The NT *Information Act 2002* also contains provisions permitting disclosure of personal information in such circumstances.

The disclosure of information between MHS and NT Police is governed by the MHARS Act and in particular by s91 Disclosure of Information. **Section 44(4)(a)** also includes provision to notify NT Police on the discharge of certain patients.

Section 91(2) of the MHARS Act allows information to be disclosed by MHS under certain circumstances. The conditions under which information may be disclosed are circumstances where information is required in an “*emergency and the information is needed to lessen or prevent serious harm, or its use or disclosure is authorised by law*”.

Section 91(2)(c) allows MHS to provide information where “*it is required in criminal investigations or proceedings*”.

There are similar provisions in the *Information Act 2002*. These provisions indicate information may be disclosed. They do not necessarily automatically compel MHS staff to hand confidential information over without question. A thorough assessment of each request and risks associated with either providing or withholding the information must be undertaken.

Every disclosure of confidential information must be in compliance with the MHARS Act and in accordance with this protocol, the *Information Act 2002* and the relevant organisations' guidelines or Standard Operating Procedures.

Criminal offences and mentally ill persons

Many persons, despite having a mental illness, can form the requisite intent to commit a criminal act and are aware of the consequences of their actions and can therefore be held accountable for their behaviour.

NT Police investigations in respect of alleged criminal conduct involving persons receiving treatment for mental illness will be conducted in accordance with relevant policies, practices and legislation.

Access by police to persons undergoing assessment or receiving treatment (for investigation purposes)

NT Police access to a person (for the purposes of conducting an investigation into a criminal matter) who is undergoing assessment and/or receiving treatment is not addressed within the provisions of the MHRSA. Nevertheless police have powers to investigate a matter and question suspects and/or witnesses and these individuals also have a right to legal representation and/or to have a support person present during this process.

If a person is being treated in the community NT Police would conduct investigations as they would normally and NTMHS would not necessarily be involved in negotiating access to the person's home, though it may be in the NT Police interest to contact MHS for advice or assistance where they are aware an individual has a history with MHS. Assistance might involve an assessment of the person under the provisions of the MHARS Act.

In the case of a person admitted to an inpatient unit managed by MHS being questioned by NT Police, issues regarding the person's current mental state must be given serious consideration and will inevitably have a bearing on the timing of NT Police access to the patient.

NT Police will need to request access to a person/patient through the Director of Psychiatry or a Senior Consultant. The Director of Psychiatry or a Senior Consultant will need to consider the request in light of the patient's current mental state and determine the person's fitness to participate in an interview with Police.

If the patient is not considered well enough to participate, arrangements should be made to reconsider the request at a later date. If the patient is considered well enough to proceed with an interview, arrangements are to be made for a legal representative and/or other support person to be present and a suitable and discreet place in which to conduct the Police interview should be made available (*see Attachment B Persons in MHS Care - Access for Interview by Police*).

There is a requirement for the NT police to wear body cameras while on duty, including during interactions with people with mental health concerns. In circumstances where there is a joint response with mental health services to an individual who may require care and treatment under the MHARS Act, intrusiveness of body worn cameras will be kept to a minimum where interactions have a clinical / therapeutic nature, to assist in maintaining confidentiality and privacy for the individual.

Fixated threat assessment capability (FTAC)

Under the Australia-New Zealand Counter Terrorism Committee (ANZCTC) and by the Council of Australian Government (COAG) agreement, the Northern Territory is required to have a Fixated Threat Assessment Capability (FTAC). The FTAC is an established coordinated approach for law enforcement and mental health services to consider measures for supporting law enforcement and mental health services to better identify and manage the threat posed by lone actors, including those motivated by radicalisation to violent extremism, fixation or grievance fuelled violence. The FTAC will create a community of practice to develop expertise on mental health and the threat posed by lone actors, which will create clear pathways for advice and referral for managing different types of lone actor threats, and to improve information sharing and increase collaboration between health professionals and law enforcement to better identify, assess and manage lone actor threats.

Note - Specific standard operating procedures for the FTAC are being developed (Standard Operating Procedures – Fixated Threat Assessment Capability (SOP FTAC) Northern Territory) and will be included in the Agreed Protocols in Part 2 of this document once agreed and endorsed.

Firearm safety (non-emergency)

NT Police attending at a mental health in-patient facility should remove and secure firearms in a gun safe unless intervening in an emergency situation.

NT Police will make the determination regarding the need to retain carriage of a weapon on a case by case basis and in consultation with the senior nurse or medical practitioner on duty.

Persons from Aboriginal and Torres Strait Islander and non-English speaking backgrounds

Where NT Police take into custody Aboriginal and Torres Strait Islander persons or persons from non English-speaking backgrounds who may require care and treatment under the MHARS Act, mental health professionals should be informed as soon as possible. Where practicable and appropriate, MHS will seek the assistance of interpreter(s) and/or other relevant support agencies.

Where possible, advice in respect of cultural considerations should be sought from local Aboriginal health workers and Aboriginal Community Police Officers (NT Police).

Dispute resolution

Where there is disagreement between the NT Police and MHS over any matter related to issues covered in this Protocol, both parties will seek to resolve the matter through negotiation at the operational level.

Operational dispute resolution

Subject to the terms and conditions of this Protocol, all endeavours shall be made to resolve operational disputes at the time using existing liaison arrangements. The following hierarchy is to be followed:

Level One – Issue to be discussed by Designated Mental Health Practitioner (DMHP) (MHS) and Constable or Duty Sergeant (NT Police).

Level Two – If unresolved at level one the issue is to be escalated to a Registrar or Consultant (MHS) who should discuss the matter directly with the Watch Commander (NT Police).

Level Three – Should the matter still remain unresolved and require a more senior decision maker it should be referred to the relevant General Managers (Top End or Central Australia MHS) or Chief Operating Officer, TEHS and CAHS and the Duty Superintendent who should discuss the matter directly and provide direction to other staff.

Chief Executive dispute resolution

Signatory Chief Executives will ultimately determine approaches to be utilised in resolving disputes.

Training

NT Police and MHS will consult regularly to ensure that respective professional development and mandatory training programs are provided and reviewed periodically to ensure relevance and that they reflect the content of this Protocol, legislative requirements and changes.

Each agency is responsible for training and orienting its respective staff to the requirements outlined in this Protocol.

Data collection and reporting

The purpose of data collection will be to monitor and analyse the effectiveness of this protocol and inform any changes required to improve arrangements.

According to general NT Police practice all incidents involving individuals with mental illness or disturbance will be recorded in the PROMIS system.

MHS will collect and analyse information regarding its interaction with NT Police in the context of mental health matters in corporate information systems to monitor the application of this protocol and improve its effectiveness.

Oversight and review of protocol (amendments)

Monitoring of this Protocol is essential for ongoing improvement of service partnerships and service delivery. This includes any changes made to relevant legislation, which may result in the revision of procedural guidelines and SOPs.

Amendments to this Protocol may be made at any time by mutual written agreement of both parties.

NT Police and DoH will ensure their respective Commissioner and Chief Executive (CE) are briefed regarding any unresolved issues arising from interactions under this protocol. Any issues regarding resourcing or the capacity of either agency to meet its obligations under the protocol will also be included in such briefings.

Date of effect

This Protocol is effective immediately following endorsement by both parties.

PART TWO – AGREED PROTOCOLS

Risk assessment and management of risk

In assessing whether a person requires a mental health assessment, transportation or any other intervention, a risk assessment must be undertaken to determine the most appropriate response. The approach taken to risk assessment when MHS and NT Police interact must be based on clear lines of communication between the relevant personnel and should be a collaborative process.

Both MHS and NT Police will need to consider risks and how such risks can best be managed at various points in the process of interaction. Each service will refer to its own established risk assessment processes when considering risk and the appropriate response under the circumstances (see [Attachment C for relevant TEMHS and MH CAHS risk assessment procedures](#))

MHS will conduct a risk assessment prior to referring a matter to NT Police and will clearly communicate all identified risks and the level of urgency to NT Police. Information to be conveyed must also include the following:

What is the **level of risk in the current situation**?

What is the **history of risk for this person**?

Is the person known to Police / Ambulance / Mental Health Service?

Is the **person under a Mental Health Order or Warrant**?

Is the **situation escalating**, and if so how rapidly?

Is the **person an absconder**?

Does the **person have children / dependents (at site or elsewhere) and what are their needs**?

Is **mandatory reporting or Territory Families (TF) involvement required**?

Is a **trusted friend or carer present** or able to be contacted?

NT Police will determine the appropriate response based on the information provided by MHS. It is therefore essential that the level of risk associated with a particular individual or situation is clearly articulated and the level of concern/urgency is conveyed to NT Police.

Key sources of information

Mental Health Line is available 24/7 to the community, Police, Ambulance, and Hospitals, and provides assistance to assess the urgency or the persons need for care. This service can provide advice to Police and Ambulance where local mental health services are not readily available on site or by telephone.

Interagency Response Plans may be available for an individual who is a frequent user of emergency mental health services. Plans for individuals would be kept in the individual's health record and copies kept by the involved services.

PROMIS is the Police database that may provide details of a person's risk history. PROMIS is available 24/7 to all Police officers. Police utilise this intelligence as appropriate.

Risk and Assistance Guidelines: The table below provides a broad guide to assessing risk and the need for the attendance of agencies in the community. The guideline suggests the minimum agency presence. Some instances may require additional assistance.

The decision regarding the appropriate transport to hospital is to be guided by the agreed 'Transport Protocol' on page 19.

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Risk Situation	Assistance
Siege situation or presence of firearm/lethal weapon (or history of use of)	NT Police presence indicated
Dangerous environment (e.g. dangerous dog, isolated site, late night)	NT Police presence indicated, MHS presence desirable
Actual or threatening violence (self or others)	Police presence indicated, MHS presence desirable
Presence or ideas or hallucinations or suicide/homicide, with impulsive or aggressive behaviour (or history of) vulnerability or sexual risk (extreme or imminent)	Ambulance presence indicated, MHS presence indicated, NT Police presence desirable
Ideas/hallucinations of suicide/homicide with no behavioural disturbance (or history of)	MHS presence or involvement indicated
Physical illness or injury/medical risk (actual or suspected)	Ambulance presence indicated
Overdose (drug/alcohol/medication)	Ambulance presence indicated
Under the influence of alcohol or drugs	Ambulance presence indicated
Highly distressed or acute mental health problems but no dangerous behaviour	MHS presence or involvement indicated
Uncooperative or unwilling to accept help/care	MHS presence or involvement indicated
Shows little interest in, or comprehension of efforts made on their behalf	MHS presence or involvement indicated
<p>Dispute Resolution: If agencies differ in opinion as to the level of risk or requirement for attendance, the request for the highest level of agency attendance as indicated above is to apply in the interim. Where a specific dispute is not able to be resolved in the interim, it is to be escalated for resolution in line with this protocol.</p>	

When assessing safety, MHS will refer to their current risk assessment policies and procedures (see [Attachment C for relevant TEMHS and MH CAHS risk assessment procedures](#)). NT Police will take any assessment information provided by MHS and the level of urgency expressed by the referring clinician into consideration when determining a response.

Response to risk may escalate based on the level of threat to safety.

NT Police may be asked to assist where a risk assessment has determined there is a foreseeable serious threat to the safety of an individual, carer, health practitioner or any other person or property.

NT Police should be appropriately authorised on the relevant form to provide assistance when requested to do so under certain provisions of the MHARS Act. This will be particularly relevant when asked to render assistance pursuant to **s34(4), 37 or 53(8)** and of the MHARS Act.

NT Police members may also intervene of their own volition and in urgent circumstances may act under their own powers or s165 of the MHARS Act rather than wait to be specifically authorised under MHARS Act provisions.

Note:

General police powers under both Police Administration Act (NT) and the MHARS Act (s165) provide sufficient basis to enable an NT Police member to justify an apprehension to prevent a person harming themselves or another or to maintain good order and security

NT Police and MHS will (following consultation) manage the relevant clinical and/or other risks to safety according to their own risk management processes.

Where a person is transferred following an assessment of risks to safety, the service accepting the person will determine how he/she is managed from this point on.

Predetermined response plans may be developed between MHS and NT Police regarding individuals who are well known to both services and for whom there are significant (known) risk issues. However a determination based on the person's current presentation is still required.

Where a person subject to a predetermined response plan NT Police and MHS personnel must have a detailed conversation regarding the persons current presentation to make a decision whether to proceed with predetermined arrangements, or on the basis of the presentation follow an alternative course of action.

Where NT Police and MHS personnel are unable to agree the matter is to be escalated in line with the dispute resolution processes outlined in the [Dispute resolution section](#) of this document.

At the interface between services, risk will be managed using:

- Risk assessment processes used by each agency to determine and respond to risk;
- An agreed process for consultation and handover including the relevant Forms (*see Attachment D Forms*) which gives NT Police appropriate authorisation to assist and approval and provide notification to NT Police members when assistance is no longer required; and
- A mechanism for police officers to request formal handover in a matter where they have been waiting for a prolonged period (i.e. 90 minutes) have not been kept informed of how the matter is progressing and have not been notified that their assistance is no longer required.

Assessment standards

Definitions

The definition of mental illness or mental disturbance articulated within the MHARS Act and associated admission criteria within **s14**, **15** and **16** are recognised as the basis for clinical assessment and admission to an approved treatment facility.

Authorised Psychiatric Practitioners (APP) and mental health practitioners appointed under the MHARS Act will determine admission to an approved treatment facility or alternative treatment plan based on clinical assessment against the relevant legislative criteria and definitions.

Assessment response

Triage

Triage is the system within which all initial contact with, or referral to MHS occurs. The medical practitioner or clinician conducting the triage will assess whether a person fulfils the criteria for admission on grounds of mental illness or disturbance, and the nature or urgency of the response required. Depending on the assessment outcome the clinician undertaking the assessment may:

- Refer the person elsewhere or give advice;
- Arrange for a community based assessment response;
- Refer to NT Police for assistance and negotiate an appropriate venue for assessment.

MHS will ensure mental health clinicians are contactable 24 hours a day through the NTT Mental Health Line. The contact number for this service is 1800 NTCATT (1800 682 288). This service will receive calls from NT Police, consider and assess the referral and negotiate an appropriate and safe assessment response.

Community based response

Assessment in the community is preferable because it diverts people from hospital emergency departments, supports them in a familiar setting and is consistent with MHARS Act principles and interpretation regarding community based care and the emphasis on the least restrictive and least intrusive approach to assessment, treatment and care.

NT Police and MHS acknowledge the need to respond to field intervention requests as soon as possible.

MHS will ensure a DMHP or APP is available to participate in a field assessment where consultation with NT Police identifies a justifiable need to conduct such an assessment and it is safe to undertake such a response. NT Police should contact 1800 NTCATT (1800 682 288) to request MHS assistance.

Note:

The capacity of Police and MHS Practitioners to outreach into the community will depend on the time of day the referral is made, where the response is required and the availability of resources to deliver an appropriate response to the community. Outreach after hours may be more difficult for MHS Practitioners.

Selection and agreement on an appropriate assessment venue

Where a person is known to MHS and it is considered safe and appropriate to conduct an assessment in an alternative venue (other than a hospital emergency department), i.e. in the community, at a community based mental health service or inpatient facility, this option should be pursued.

Note:

Priority should be given to community based assessment and treatment, wherever practicable.

The capacity for direct admissions (bypassing the Emergency Department (ED) to a Mental Health Inpatient Facility will not usually be possible unless the person is well known to the MHS, a prior arrangement with the treating Consultant Psychiatrist is in place, and there are no indications of physical health complications requiring assessment in the ED.

Medical assessment will generally be required to ensure the person being admitted is experiencing no physical illness contributing to or related to the mental illness or that requires independent or urgent attention.

Direct admission to TEHMS or MH CAHS inpatient units will only be considered in exceptional circumstances where the person:

- Is known to the service and is being actively case managed;
- Specific and alternative arrangements for medical assessment have been made;
- There are no obvious (and recent) medical/organic issues present;
- Prior arrangements have been negotiated between MHS and NT Police to take the person directly to the inpatient unit and notations regarding these arrangements have been made in relevant documentation and clearly communicated to the Senior Nurse on Duty at the relevant mental health inpatient unit.

This approach might be considered, for example, where a pre-determined response plan has been prepared and agreed upon between MHS and NT Police for a particular individual.

Note:

The mental health and medical assessments are a parallel process with both assessment requests triggered by the arrival of the patient. A parallel model decreases “down time” of NT Police staff i.e. it should be normal process for the mental health assessment to be triggered by the patient’s arrival and not dependent (in routine or busy times) by the workload of the ED.

Transport standards

A range of agencies have a role to play where people who require care and treatment under the MHARS Act require transport. Arrangements vary between urban and non-urban, Top End and Central Australian settings. Frequently, transport of people requiring assessment or treatment under the MHARS Act, when it is not provided by family, carers or clients themselves, is organised and at times undertaken by community mental health professionals.

Ambulance services, air retrieval services, and private companies (i.e. taxi’s and commercial airlines), may also be utilised to transport people to assessment and treatment services. While the transport of patients by service providers is usually incident free, it is generally acknowledged that incidents are more likely to arise in mental health crisis situations.

Considering safe transport options

In addition to assessing whether a person requires further care or treatment under the MHARS Act practitioners also need to assess the person’s transport needs. In all situations where a person requires transport to hospital, the decision about what form of transport is appropriate should be based on an assessment of:

- The person’s physical and mental state;
- The person’s legal status under the Act;
- Immediate treatment needs;
- Risk of harm the person poses to self and others;
- Availability of the various transport options;
- Distance to be travelled; and

- The need for treatment, support and/or supervision during the period of travel.

Many people can be safely transported in:

- A private vehicle driven by a family member, carer or friend; or
- A taxi accompanied by a family member, carer or friend; or
- A NTG MHS vehicle driven by an MHS staff member with either another staff member or if required a NT Police Officer to accompany them.

Transportation should be considered as both a key mode of access to mental health care, and a site within which care is delivered. However, in some circumstances the transport process may carry an inherent high risk and deserves the appropriate level of consideration and collaboration to make a potentially difficult situation as safe as possible for all involved.

Safety and quality of care are the overarching principles in decisions regarding mental health transportation, and should be made with consideration of least restriction of freedom and interference with the person's human rights.

For mental health staff, a clinical risk assessment (including safety risks) will determine the most appropriate mode of transport. It is acknowledged that the venue of the assessment and availability of a particular transport option will be a key factor in any decision regarding transport.

NT Police assistance and transportation coordination

NT Police involvement in any aspect of transport for people who require care and treatment under the MHARS Act should be an option of last resort. However in some circumstances, NT Police assistance may be required to enable the person to be transported safely.

If a practitioner believes on the basis of a risk assessment that NT Police assistance will be required, he/she should contact NT Police to make arrangements to meet at a particular location. This may be the address of the incident itself or another predetermined meeting point. MHS practitioners should liaise with attending NT Police and make decisions regarding their respective roles in the transport of the person prior to engaging the person.

Wherever possible, the least restrictive intervention appropriate to the safe transport of the individual and others should be pursued.

NT Police vehicles will only be used when a person has been apprehended by NT Police and there is no other alternative, where there is a serious risk to others, or in other prearranged circumstances.

Transport protocol

The [Approved Procedure 28 Transport of Patients](#) is to be followed when considering transport options:

- A. All decisions regarding transportation made by NTMHS must be based on:
1. Safety considerations for the individual requiring transport and those providing such transport.
 2. Thorough risk assessment, identification of the person's clinical condition, resource availability and the likely consequences and timeliness of a particular type of transportation.
 3. Client and carer preferences and wellbeing.
 4. Minimising patient agitation, distress and discomfort.
 5. Minimising interference with the rights, comfort, dignity and self respect of the person.
 6. Minimising trauma and stigma.
 7. Using the principle of least restrictive and least intrusive care.

NT Police is an option of last resort and only involved in transportation where there is no other

alternative under the circumstances and it is consistent with their role for ensuring the safety of the client and the public.

B. The following information is to be noted when transporting an individual requiring care and treatment under the MHARS Act:

1. NTG MHS vehicle.

- Child safety locks are fitted to the rear doors of all NTG MHS cars and should be activated at all times.
- Assessment of risk should always be performed prior to transporting a person.
- If risk is assessed as low and the person is known, it is permissible to transport the person in the front seat with the MHS staff member driving the car.
- If risk is assessed as other than low, or if the person is sectioned, it is necessary to have two staff members in the car, with the person seated in the back seat behind the front passenger seat or one staff member and another person (family member, NT Police etc.) also in the car to assist with the transfer.
- The NT Police may agree to travel in convoy with the mental health car and/ or with an officer travelling in the mental health car. This is the preferred option if NT Police are required and have been appropriately authorised to assist with the transfer.

2. St Johns Ambulance vehicle.

- If urgent ambulance transportation is required call 000
- If planned transportation is required call St Johns Ambulance Communications (08) 8922 1503.
- Timing of transportation will need to take into account St Johns Ambulance triage categories.
- A person detained under the MHARS Act is preferred to be transported by ambulance (refer to s31 MHARS Act).
- An ambulance officer may detain a person being taken in an ambulance if the ambulance officer believes that the person may fulfil the criteria for involuntary admission.
- All individuals who have been heavily sedated require transportation by ambulance.

3. NT Police vehicle.

- If urgent NT Police assistance and transportation is required call 000
- If planned NT Police assistance and transportation is required call Watch Commander 131 444.
- In circumstances where transport has not been initiated by NT Police, MHS will complete *Form 60 NTMHS Request for Police Assistance* and email to NT Police Communications on Police.Assistance@pfes.nt.gov.au
- Where a planned arrangement is negotiated the timing of transportation will need to be pre-arranged with the Watch Commander.
- NT Police members will convey the person by the most direct practical route, and as expeditiously as possible to a practitioner for assessment.
- NT Police are responsible for the safety of the person until an assessment has been undertaken, a *Form 9 Entry to Mental Health Services* has been completed and a decision made the need for admission and/or NT Police assistance.
- If the assessing clinician believes further NT Police assistance is required to effect the transfer to the hospital he/she must consult with police and complete the relevant section of *Form 9 Entry to Mental Health Services* to provide the necessary authorisation for further NT Police assistance.

Protocol for Cooperative Arrangements in Mental Health Matters between NT Police and NT Health

- All decisions associated with managing safety during the transport process rests with NT Police.
 - Once [Form 9](#) has been completed primary responsibility for the safety, custody and medical management of the person is accepted by MHS and any further action/assistance provided by NT Police will be under the direction/ guidance of the assessing practitioner.
 - When NT Police are involved in the transport of a person who requires care and treatment under the MHARS Act, the nature of any risk to self and others and relevant history must be clearly communicated by MHS staff to NT Police personnel.
 - When a person is being taken to the ED by NT Police at the request of a MHS, an advance telephone call to ED staff or the respective in-patient unit alerting staff to the patient's imminent arrival must be made by MHS or NT Police personnel and arrangements made to assess the person as soon as possible.
 - Where NT Police have provided transportation under [s32A](#) for a person requiring assistance from MHS (i.e. MHS staff have not been involved in requesting the transfer), a [Form 7 Notification of Apprehension by Police](#) must be completed and provided to the assessing practitioner on arrival at the assessment venue.
 - NT Police assistance in a remote area will be contingent on the particular community (i.e. is there a local NT Police presence), the degree to which NT Police are available to provide assistance and the safety risks associated with a particular incident.
4. Transport air ambulance.
- NT Police in regional and remote areas may from time to time be asked to facilitate this process. NT Police involvement may be requested where there are risks to personal or public safety so the situation can be appropriately managed until the risk to personal or public safety is removed and the person has been subdued and placed in the air ambulance. From time to time air ambulance services may request that a NT Police member travels in the plane to provide assistance. In these circumstances contact with NT Police Communications' is required to negotiate assistance. In addition, a medical officer, DMHP or APP must complete the relevant section of [Form 9 Entry to Mental Health Services](#) - to provide the necessary authorisation.
 - If the assessing clinician believes NT Police assistance is also required to effect the transfer from the airport to the hospital (once the person has arrived) he/she must complete the relevant section of [Form 9](#) to provide the necessary authorisation for further NT Police involvement and contact NT Police Communications to arrange assistance.
 - Once [Form 9](#) has been completed primary responsibility for the custody and medical management of the person rests with NTH and any action/assistance provided by NT Police will be under the direction/guidance of the assessing practitioner.

All decisions associated with managing safety during the transport process rests with NT Police and the pilot in command. Under subsection 224(2)(c) of the *Civil Aviation Regulations 1988 (Commonwealth)* the pilot in command of an aircraft is responsible for the safety of persons and cargo carried on the aircraft. Further, under section 224(3) the pilot in command has final authority as to the disposition of the aircraft while he or she is in command and for the maintenance of discipline by all persons on board.

Note:

MHS practitioners should refer to local risk assessment protocols to assess the level of risk posed by a particular individual and the appropriate transport option under the circumstances. [Approved Procedure 28 Transport of Patients](#) also provides guidance regarding safe transport options.

Handover and response standards

NT Police responsibilities - s32A

Where NT Police have apprehended a person under **s32A** of the MHARS Act and intend, or are in the process of bringing that person to an ED for a mental health assessment, NT Police must give advance notification that an assessment is required. This can be done either directly, or through Police Communications.

Prior to or on arrival at an ED or other facility, NT Police members will complete *Form 7 Notification of Apprehension by Police*, with as much detail as possible Members need to provide specific information that describes the person's behaviour – not generic descriptive comments such as “the person was acting strange”.

Completion of this form will assist in streamlining the person's reception/handover to Health staff, and facilitate an assessment of the person.

Note:

Until the person has been assessed by MHS they remain in the custody of, and the responsibility of, the apprehending Police.

Emergency Department response

ED and MHS staff will prioritise matters involving NT Police and expedite the assessment response.

Once presented by NT Police for assessment at an ED a person should be seen as soon as possible and the assessment completed in a timely manner so NT Police can either be released or if necessary consultation can occur and police can be appropriately authorised under **s34** to provide further assistance.

Unless there are exceptional circumstances such as an unforeseen emergency, or legitimate safety issues requiring extended NT Police involvement in an ED, NT Police members will not spend extended periods involved in a routine mental health retrieval and assessment process.

Once presented by NT Police for assessment at an ED a person should ideally be seen by an APP, DMHP, or medical practitioner, within 30 minutes and the assessment completed within 60 minutes so NT Police can either be released or if considered necessary by the assessing clinician, or further authorised under **s34** of the Act (refer *Form 9 Entry to Mental Health Services*) to assist.

Note:

The degree to which these timeframes will be met consistently will depend on demand in the particular ED at the time of presentation and other mental health related matters being managed in the ED simultaneously. Where NT Police members are not kept informed regarding the need for assistance within 30 minutes they are to contact the Watch Commander who will liaise with the ED duty medical officer and MHS contact to clarify the reason for the delay and seek advice regarding the need for NT Police members to remain at the ED.

Unless there are exceptional circumstances such as an unforeseen emergency, or legitimate safety issues requiring NT Police involvement, the NT Police should spend no longer than 90 minutes involved in a routine assessment process (excluding transportation).

NT Police members will provide a report to the Watch Commander of instances where extended or unreasonable delays in this process are experienced.

Protocol for Cooperative Arrangements in Mental Health Matters between NT Police and NT Health

The Key Performance Indicator (KPI) for both MHS and NT Police is that these timeframes be met in 80% of presentations. Both MHS and NT Police will collect data of timeframes outside this target to enable investigation into the process to improve response times.

NT Police members will be released as soon as possible from a hospital emergency department following medical and/or mental health assessment. On release, The MH practitioner will sign the relevant part of [Form 7](#), indicating the time the Police were released and whether the person has been accepted or not accepted by MHS. A copy is given to Police and a copy is attached to the person's medical record.

When a request for the assistance of NT Police has been made by a MHS practitioner, that practitioner must, wherever possible, be present when NT Police arrive to assist. The practitioner will ensure the person and carer(s) are kept informed of transport and safety arrangements and estimated arrival times

Clear handover procedures must be implemented between the practitioner and transporting NT Police and Ambulance officers including:

- Communication of the person's relevant personal details;
- Briefing on the person's physical and mental state;
- Information regarding any sedation administered;
- Risk assessment and need for restraint;
- Transport and inpatient admission requirements;
- Ensuring all documentation has been completed correctly and provided to the receiving service.

PROTOCOLS AND PROCEDURES - Northern Territory Police Force (NTPF) initiated requests for Northern Territory Mental Health Services assistance

The following protocols outline general information and particular circumstances involving requests from NT Police for assistance from MHS, and the cooperative arrangements/ procedures to be followed:

Title	Page Number
Protocol 1 - NT Police initiated request for assistance – general information	26
Protocol 2 - NT Police Initiated Assessment at the Emergency Department	30
Protocol 3 - NT Police referral of a person already in custody	33
Protocol 4 - NT Police initiated request for a non-hospital based assessment.....	35

Protocol 1 - NT Police initiated request for assistance – general information

When NT Police members encounter an individual displaying behaviour/s of concern, they will make a determination regarding the presenting behaviour and make a judgement as to whether to use general police powers or to utilise **s32A** of the MHARS Act. If **s32A** is to be utilised NT Police may apprehend the person and bring them to a medical practitioner, APP or DMHP for assessment under **s33** of the MHARS Act.

Where NT Police members believe that a person may require care and treatment under the MHARS Act, they should consult with MHS to discuss and arrange the most appropriate action.

Consultation will be with the relevant triage/on-call or extended hour's clinician in the first instance. On the basis of the referral information provided by NT Police, MHS staff will decide on the appropriate response.

NT Police assessment of a person who may require care and treatment under the MHARS Act should be based on:

- Direct observations of behaviour by NT Police; and also include
- Information reported to NT Police by others; or
- Any other evidence of associated symptoms or characteristics available.

Information gathered must be outlined on *Form 7 Notification of Apprehension by Police* and provided to the assessing practitioner.

The NT Police officer providing this information is not required to exercise any clinical judgement in forming a belief that the person may require mental health care. *Attachment E* outlines broad indicators for referral to mental health services. The indicators listed should be seen as a guide for officers rather than factors confirming a mental illness.

NT Police Officers can call MHS and discuss any possible or potential referral with on duty staff or request and make arrangements for an onsite assessment. *Form 7 Notification of Apprehension by Police* must be completed and provided if further MHS involvement is required.

The mental health service contact details, hours of operation and response capacity across the Territory are as follows:

Top End

Darwin

The 24/7 contact for Top End Mental Health Service (TEMHS) is 1800NTCATT (1800 682 288). This is the number for the NT Mental Health Line, which is part of the Mental Health Access Team, the main point of contact and entry into MHS in Darwin. This team is situated at the Royal Darwin Hospital and operates 24/7. Referrals should be made to the NT Mental Health Line clinician on this number.

During business hours MHS will facilitate assessments in the community. Assessments may also be undertaken at other venues including a community mental health service, police station, and mental health inpatient unit or at an ED.

After hours (4:00pm – 8:00am) Phone: 1800 NTCATT (1800 682 288)

From 4:00pm till 8:00am, limited MHS staff are rostered to cover the NT Mental Health Line and RDH ED. There is limited capacity for MHS to be available to conduct assessments in the community at the request of and in the company of a NT Police member.

Note:

Where MHS staff are involved in a community based assessment response during this period, a safe rendezvous point should be negotiated with NT Police before proceeding to engage the individual at the incident location.

The availability of MHS clinical staff will be dependent on demands of the NT Mental Health Line and within the ED during this period and the particular individual requiring assessment (i.e. known to the service, safety risks etc.).

From 4:00pm to 8:00am NT Police can contact the NT Mental Health Line to discuss a particular referral. All referrals after 4pm requiring assessment of an individual where direct admission has not been pre-arranged and the individual is considered a safety risk or intoxicated will need to be undertaken at the RDH ED.

Where a referral of a person currently being case managed by MHS is concerned (and a prior arrangement is in place), it may be possible to consult with afterhours MHS staff (and Doctor) for NT Police to take the person directly to the TEMHS Inpatient Facility for assessment and, where appropriate, admission.

Note:

The Palmerston Regional Hospital (PRH) is NOT a gazetted Authorised Treatment Facility under the MHARS Act. This means there is limited MH service at the PRH and no capacity to assess or treat people detained under the MHARS Act. Police should transport people who need MH assessment or are detained under the MHARS Act to the RDH ED only.

Central Australia

Alice Springs

Business Hours/ Extended Hours (8:00am – 9:00pm)

The On Call Team (OCT Team) can be contacted on (08) 8951 7710 or mobile 0429 395 019.

After Hours (9:00pm – 8:00 am)

The contact number for the after hours service in Alice Springs is 1800 NTCATT (1800 682 288).

All individuals requiring assessment outside of business hours (8:00am – 4:00pm) will need to be taken to the Alice Springs Hospital (ASH) ED.

Regional and Remote Services

While MHS operates out of hours (crisis assessment) services in the two major urban centres (Darwin and Alice Springs), similar services are not available in regional and remote locations. Nevertheless, the out of hours service, 1800 NTCATT (1800 682 288), can be used by NT Police in regional and remote areas to gain access to advice and assistance in dealing with a mental health crisis situation.

The worker taking the call will provide relevant advice and assistance. During business hours local MHS are available in:

Katherine (08) 8973 8724

Nhulunbuy (08) 8987 0440

Tennant Creek (08) 8962 4561

NT Police in Regional and Remote areas may also contact a District Medical Officer (DMO) for advice and assistance where a mental health assessment may be required.

Note:

All APPs and DMOs are delegated under s160 of the MHARS Act to sign a s34 Recommendation (*Form 9 Entry to Mental Health Services*) to authorise a person's evacuation to an Approved Treatment Facility for assessment.

Where this occurs and NT Police assistance is requested, the APP or DMO signing the *Form 9* must also complete the relevant section to provide the appropriate authorisation for NT Police to assist. Once NT Police assistance is no longer necessary, the relevant section of *Form 9 Entry to Mental Health Services* that acknowledges the outcome of the assessment and releases Police must be completed by a MHS practitioner to release NT Police from further involvement in the matter.

Useful Contacts

Location	Telephone BH	Telephone AH	Fax	Email
Mental Health				
Alice Springs Community	(08) 8951 7710	(08) 8951 7777 Page CAT (until 9pm) 9pm – 8 am - 1800 682 288	(08) 8951 7836	
Alice Springs Inpatient	(08) 8951 7610	(08) 8951 7610	(08) 8951 7618	
Darwin Community	(08) 8999 4988	1800 682 288	(08) 8999 4999	NTCATT.THS@nt.gov.au
Darwin Inpatient	(08) 8922 8850	(08) 8922 8850	(08) 8922 8878	
Katherine Community	(08) 8973 8724	1800 682 288	(08) 8973 8561	
Nhulunbuy Community	(08) 8987 0414	1800 682 288		Earegionmhaod.tehs@nt.gov.au
Tennant Creek Community	(08) 8962 4561	(08) 8951 7777 Page CAT (until 9pm) 9pm – 8am - 1800 682 288	(08) 8962 4300	
Ambulance				
Emergency Communication Centre (EEC)	Preferred contact number for all areas (08) 221503			
Alice Springs	(08) 8959 6630			
Darwin	(08) 89226272			

Protocol for Cooperative Arrangements in Mental Health Matters between NT Police and NT Health

Ambulance			
Katherine	(08) 8972 8511		
Nhulunbuy	(08) 8987 0200		
Tennant Creek	(08) 8963 2800		
CareFlight	(08) 89289777	(08) 8927 0645	
RFDS Central Australia	Emergency - 1800 1MRACC (167 222) (08) 89588600	(08) 8958 8680	
NT Police			
Alice Springs	(08) 8951 8888	(08) 8951 8877	Police.Assistance@pfes.nt.gov.au
Darwin	131 444	(08) 8922 3412	
Katherine	(08) 8973 8000	(08) 8972 2612	
Nhulunbuy	(08) 8987 0414	(08) 8987 1013	
Tennant Creek	(08) 8962 4444	(08) 8962 4455	

MHS Response to requests from NT Police

Telephone Advice

MHS are responsible for determining whether an urgent mental health assessment is required. Where Police have apprehended a person pursuant to **s32A** and taken the person for assessment under **s33** priority should be given in order to facilitate a rapid response.

In all urgent cases where local Mental Health staff are available, the staff should be made available for an 'urgent telephone assessment'. On the basis of this assessment (having regard to the information provided by NT Police on [Form 7 Notification of Apprehension by Police](#)) a determination can then be made on the most appropriate response under the circumstances.

In non-urgent cases, telephone contact may be adequate to link a person with appropriate health providers.

Where practicable, advice in respect of cultural considerations should be sought from local Aboriginal health workers, Aboriginal Interpreter Services and Aboriginal Community NT Police Officers.

Protocol 2 - NT Police initiated assessment at the Emergency Department

Following the apprehension of a person pursuant to **s32A**, where NT Police are the only suitable alternative under the circumstances to provide transport, NT Police are to transport the person to an ED for assessment.

The person must be taken as quickly as possible and by the most direct route.

NT Police conveying a person to a hospital ED for a mental health assessment or for admission should observe the following arrangements:

1. When a person is being taken to the ED by NT Police pursuant to **s32A**, an advance telephone call to ED staff and NT Mental Health Line alerting staff to the person's imminent arrival must be made.

Note:

Advance notification will in most cases expedite a response from the relevant mental health clinician and should ultimately reduce the time NT Police are required in an ED.

2. Contact details to provide advance notification are as follows:

NT Mental Health Line:	1800 682 288
RDH ED:	(08) 8922 8888
ASH ED:	(08) 895 17535
Katherine Hospital ED:	(08) 8973 9302
Tennant Creek Hospital ED:	(08) 8962 4323
Gove Hospital ED:	(08) 8987 0204
TEMHS Inpatient Unit:	(08) 8922 8850
MH CAHS Inpatient Unit:	(08) 8951 7610

3. Once advanced notice is received in Darwin or Alice Springs the MHS staff member will be contacted by the ED and alerted to the need to conduct an assessment of an individual being presented by NT Police.

A DMHP and/or the on-call registrar will respond in the first instance.

If the on-call registrar is not contactable, or has not responded within 30 minutes and/or it is unlikely the registrar will be in a position to respond to the ED in a reasonable timeframe, the Consultant on call should be contacted. The Consultant will then provide an appropriate response to the matter and where it is safe to do so ensure NT Police are not delayed unnecessarily in the ED.

If there is to be a delay in an APP assessment, MHS staff must ensure the attending Police members are kept informed of the reasons for the delay and when they can anticipate the assessment will take place.

If NT Police have not been given any information regarding the matter and have been waiting for 30 minutes they should contact NT Police communications to report the delay and police communications should then contact the 24 hour telephone triage worker to seek clarification and request an update on the matter.

4. All individuals presented and supervised by NT Police at the ED will be triaged at Category 3 (or above depending on the person's presentation) and mental health practitioners will give these presentations priority.
5. NT Police must complete *Form 7 Notification of Apprehension by Police* and provide it to the Triage Nurse at the ED upon arrival.

This form includes important descriptive information about the person's presentation observed directly by NT Police or provided to NT Police from other sources regarding the person's presentation and behaviour and is also relevant in considering the risks associated with the person and making a decision regarding the release or further involvement of NT Police. NT Police officers must take care in completing the relevant section outlining police observations of *Form 7 Notification of Apprehension by Police* to ensure the information provided to the assessing clinician is accurate, unambiguous and descriptive.

6. Once all information known by NT Police has been exchanged regarding the person's circumstances and a risk assessment is completed by the assessing practitioner, NT Police members may leave. If further assistance is required, the assessing practitioner must complete the relevant section of *Form 9 Entry to Mental Health Services* to authorise police assistance and consult police regarding any further involvement in the matter.

Note:

The relevant section of a *Form 9 Entry to Mental Health Services* must be completed and signed by the assessing practitioner before MHS have the power to detain the person. Normally, that will be the point of handover between NT Police and MHS.

7. Where the assessing clinician determines there is no less restrictive option but to authorise NT Police to remain in the ED and continue to provide assistance until the person can be safely managed and transferred (where appropriate) to the mental health facility, NT Police must be consulted and formally authorised to assist.

The assessing practitioner provides the authorisation required by completing (checking the box indicating that as no other less restrictive option is available NT Police have been authorised to assist) and signing *Form 9*.

Once *Form 9* has been signed by the assessing practitioner (including an authorisation for NT Police to provide assistance *Form 9*) primary responsibility for the person's custody and safety is transferred to MHS and any action or assistance provided by NT Police under this authority will be at the direction/guidance of the assessing practitioner.

In regional centres and more remote areas the arrangements will differ and the timeframes will depend on the availability of a practitioner to conduct an assessment of the person, available transport options, and if the person needs to be taken to an ATF.

Intoxicated persons also expressing suicidal ideation

Where it is practical to seek the assistance of a practitioner (i.e. the person is in a place of relative safety), MHS should be asked to attend and assess the person by contacting the NT Mental Health Line 1800 NTCATT (1800 682 288).

In cases where it is not practical to seek the assistance of a practitioner, it is considered that the person may require treatment and is likely to cause serious harm to themselves or others, the person should be apprehended pursuant to s32A and taken to a practitioner as soon as possible.

Where a person is taken to a DoH facility (i.e the hospital), that person will be triaged and assessed by health staff in accordance with these protocols.

NT Police involvement will not be required simply to allow the person to sober up prior to assessment.

If there are concerns for the safety of others (e.g. the person is violent) and the assessing practitioner considers there is no other alternative in the circumstances NT Police assistance may be authorised by signing the relevant section of a [Form 9 Entry to Mental Health Services](#) to appropriately authorise NT Police members to provide further assistance.

Role of hospital security staff

Wherever available and appropriate, Hospital based security staff should be authorised and their assistance sought by the assessing practitioner.

The authorisation is provided by the assessing practitioner when completing the relevant section of [Form 9 Entry to Mental Health Services](#). The relevant box must be checked to indicate hospital security involvement and the bottom of page 1 should be signed and dated by the assessing practitioner.

1. MHS and the Acute Care Services Security staff employed by MHS are required to work cooperatively to:
 - Supervise and monitor any person detained under the MHARS Act in EDs and wards of NT hospitals.
 - Assist with removing patients out of seclusion for some patients detained in a mental health inpatient unit.
 - Assist with locating patients who may have absconded from an inpatient unit and report relevant information to MHS and Police.
 - Assist with a critical incident in the ED and the inpatient units.
 - Assist with the transportation of patients who are to be admitted to the Inpatient Unit from the ED.
2. Security staff are to be contacted via the relevant hospital switchboard.
3. NT Police may be requested to assist in the transportation of a patient by security staff from the ED to the mental health Inpatient facility. Where this is necessary NT Police must be appropriately authorised.

Transfer options following a risk assessment are as follows:

Royal Darwin Hospital:

- Escort patients from ED to the TEMHS Inpatient Unit with a nurse escort as required.
- Using the security vehicle or RDH patient transport vehicle with the patient in the rear behind the front passenger seat, child safety locks to be engaged on the left hand rear door. Escorts to be seated on either side of the patient. Seat belts to be worn.
- Using a St Johns ambulance vehicle. Escort may or may not be required. This option must be negotiated with St Johns Ambulance staff.
- When NT Police assistance is no longer required, the relevant section of [Form 9 Entry to Mental Health Services](#) must be completed by a practitioner with powers under the MHARS Act (i.e. a DMHP or APP).

Alice Springs Hospital:

- Escort from the ASH ED to the Mental Health Unit (Ward 1) as required MHS staff should consult attending NT Police members or hospital security on the basis of risk assessment and where necessary complete the relevant section of [Form 9 Entry to Mental Health Services](#).
- When NT Police assistance is no longer required, the relevant section of [Form 9 Entry to Mental Health Services](#) must be completed by a practitioner with powers under the MHARS Act (i.e. a DMHP or APP).

Protocol 3 - NT Police referral of a person already in custody

NT Police may refer a person to MHS if that person has been detained in Police custody, and is believed to require mental health assessment or care.

The MHS response will be negotiated between the referring officer and the relevant 'on-call' or after hour's practitioner who receives the referral.

In many cases the person will need to be taken to a community mental health centre, or a hospital, or health clinic for assessment, however the option to conduct an assessment at an NT Police station is also an option which should be considered.

Any response from MHS to an NT Police station will need to be negotiated with the relevant 'on-call' or after hour's practitioner 1800 NTCATT (1800 682 288).

Any decision regarding the most appropriate site at which to conduct the assessment will depend on:

1. The location of the person (i.e. urban or remote);
2. The person's presentation/triage category and level of risk;
3. The availability of a practitioner with appropriate authority to conduct the assessment and sign the relevant documentation;
4. Whether the person is known to MHS; and
5. Whether the person appears to have a medical problem.

Where a decision is made to conduct an assessment at an NT Police station the following protocol should be followed:

1. NT Police complete *Form 7 Notification of Apprehension by Police*;
2. NT Police request attendance by MHS and provide the completed *Form 7* to the attending practitioner and are available to respond to any questions the assessing practitioner may have regarding the information contained in the form;
3. Once assessment is undertaken a decision regarding the need for admission is to be made by the assessing practitioner. If no admission is required:
 - Person remains in NT Police custody until NT Police (or a Court) determines the outcome;
 - Practitioner completes relevant section of *Form 7* and indicates the person was 'Not accepted' for further treatment. Practitioner provides any advice regarding more appropriate services for the person and/ or his/her immediate management.
4. If admission is required:
 - Practitioner to complete relevant section of *Form 9*;
 - Conduct a risk assessment regarding the transfer of the person to the inpatient facility;
 - Determine need for NT Police assistance and if considered necessary and appropriate under the circumstances complete *Form 9 Entry to Mental Health Services* to provide authorisation for NT Police to assist under the **s34(4)** provisions of the MHARS Act and consult with NT Police to provide that assistance;
 - Where available for the purpose and authorised on *Form 9* NT Police provide assistance to transfer the person to an ATF;
 - Transport arrangements must be made based on the risk assessment and with due regard to the overarching principle that use of an NT Police vehicle is to be an option of last resort;
 - Staff at the ATF to which the person is to be taken and admitted should be advised in advance of the imminent transfer so that NT Police involvement can be ceased as soon as possible;
 - Once the transfer is undertaken and the assistance of NT Police is no longer required the

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relevant practitioner should complete the relevant section of *Form 9 Entry to Mental Health Services* to articulate the assessment outcome and formally to NT Police that their assistance is no longer required.

Protocol 4 - NT Police initiated request for a non-hospital based assessment

When NT Police initiate a request for assessment under **s32A** the practitioner considering the request will determine the most appropriate venue for the assessment based on information provided by the referring NT Police officer(s). **Section 32A** requires police to bring the person to an APP, Medical Practitioner or DMHP for assessment under **s33**.

The assessment venue options which can be considered in response to a **s32A** request for assessment include:

- A community based mental health service premises; or
- The ED of a hospital; or
- Another community based venue negotiated between NT Police and the assessing practitioner.

These options should be carefully considered and pursued depending on the circumstances in order to facilitate the most immediate and least restrictive access to assessment and treatment for the person and to wherever possible reduce the time NT Police members are diverted from regular duties to assist with a mental health related matter.

Where agreement cannot be reached regarding assessment arrangements for an **s32A** presentation the dispute resolution process outlined [Dispute Resolution section](#) of this document should be followed.

Note:

In regional and remote areas, where access to an 'in person response' from the afterhours MHS is limited, support from local mental health staff is available during business hours. Where an out of hours response is required in a regional or remote area 1800 NTCATT (1800 682 288) should be used. Contact with the local ED may also be appropriate.

Contact numbers are:

RDH Emergency Department:	(08) 8922 8888
ASH Emergency Department:	(08) 8951 7535
Katherine Hospital Emergency Department:	(08) 8973 9302
Tennant Creek Hospital Emergency Department:	(08) 8962 4323
Gove Hospital Emergency Department:	(08) 8987 0204

Assessment Process – NT Police Initiated Request Pursuant to s32A Powers

1. When NT Police present a person apprehended under **s32A** a practitioner will conduct an assessment to determine whether the person appears to meet the criteria for involuntary admission on the grounds of mental illness or disturbance.
2. NT Police members are required to complete *Form 7 Notification of Apprehension by Police* and provide it to the assessing practitioner.

Form 7 Notification of Apprehension by Police (Police observations) includes important information required by the assessing practitioner in order to inform the assessment, consider the risks associated with the person and to make a decision regarding the release or further involvement of NT Police.

NT Police officers will need to take particular care when completing *Form 7* to ensure the information provided is not ambiguous and clearly presents the specific and descriptive information about the

person's appearance, behaviour and conversation required by the assessing practitioner to inform his/her assessment.

Note:

The person remains the responsibility of NT Police under s32A powers until s33 brought to the practitioner for assessment.

Recommendation for Psychiatric Examination – s34

3. Under the MHARS Act, a **s34** assessment can be conducted by a Medical Practitioner (MP), an APP or a DMHP. A MP is any doctor registered to practice in the Northern Territory (i.e. General Practitioners', ED Doctors)

An APP is a doctor employed by MHS as a Consultant Psychiatrist, Registrar or Medical Officer and appointed under **s22** of the Act.

A DMHP is an employee of MHS (a nurse, psychologist, social worker, occupational therapist, aboriginal health officer or ambulance officer) appointed to undertake this role under **s23**.

All of these practitioners are authorised under the legislation to assess a person against the relevant criteria and sign the relevant section of *Form 9 Entry to Mental Health Services* under **s34** of the Act. A practitioner authorised to sign a *Form 9* may also authorise a police officer to exercise or assist someone else exercising powers under **s34(3)(a)**.

4. *Form 9* must be completed by the relevant health practitioner and the appropriate authorisation for assistance given before action can be taken by NT Police or anyone else specified in the recommendation to control and take the person to an Approved Treatment Facility for assessment.

Process for Authorising Further NT Police Assistance

5. In making a Recommendation for Psychiatric Examination the assessing practitioner must also determine whether further assistance is required from NT Police to control and take the person to an Approved Treatment Facility. If so the practitioner will need to consult with NT Police for that to occur.

Note:

In line with this protocol NT Police are to be the option of last resort. The practitioner must first consider less restrictive options such as relevant family or friends, hospital staff, staff of a health service or clinic, hospital security personnel or other options.

Where the assessing practitioner forms the view that there is no other safe alternative under the circumstances he/she may decide to authorise NT Police assistance pursuant to **s34(4)**.

This authorisation must be made by completing the relevant section of *Form 9 Entry to Mental Health Services* provides NT Police with the legal authority and necessary powers to assist under this provision.

Note:

Following assessment primary responsibility for the custody and management of the person rests with the MHS and any action/assistance provided by NT Police will be under the direction/ guidance of the assessing practitioner.

Process for indicating NT Police involvement is no longer required

Where Police are authorised to assist every effort must be made to indicate to them that their involvement is no longer required at the earliest opportunity where other arrangements can be put in place to manage the person (i.e. hospital security, mental health staff, provision of treatment) and it is considered safe to do so.

6. Where NT Police have been authorised to assist and are no longer required [Form 9 Entry to Mental Health Services](#) has provision to record an acknowledgement of the assessment outcome and to release NT Police from assisting with the matter.

Note:

The assessing practitioner must complete [Form 9](#) to record the outcome, assessment, decision details and to formally sign off on the indication to NT Police members that their assistance is no longer required.

Where NT Police detain a person under **s32A** and present them for assessment and MHS determine following such assessment that the person does not require MHS, the assessing clinician will inform NT Police members of the assessment outcome and provide appropriate advice regarding any subsequent arrangements for the person (i.e. referral to a more appropriate service etc).

Note:

Where the assessment finds the person does not currently require MHS, NT Police may return that person either back to his/her residence, the place he/she was picked up from, or to an appropriate place nominated by the individual.

PROTOCOLS AND PROCEDURES - Northern Territory Mental Health Services initiated requests for Northern Territory Police force assistance

The following protocols (5-11) outline general information and particular circumstances involving requests from MHS for assistance from NT Police, and the cooperative arrangements/ procedures to be followed:

Title	Page Number
Protocol 5 - Request for NT Police assistance in the community.....	39
Protocol 6 - Request for NT Police Assistance for s34 Psychiatric Examination	42
Protocol 7 - Actioning an Assessment Warrant	44
Protocol 8 - Request for NT Police assistance – suspension of a Community Management Order (s53)	47
Protocol 9 - Request for NT Police Assistance at an Inpatient Facility	50
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Protocol 5 - Request for NT Police assistance in the community

Wherever possible assessment and intervention for individuals who may be experiencing a mental health issue should be actioned and coordinated by MHS rather than NT Police.

This includes situations where there is a risk of violence and the person is experiencing a mental health issue or crisis. In these situations MHS and NT Police should cooperatively assess the circumstances and plan a joint response which utilises each service's relevant expertise and resources.

Where it is decided by MHS staff that a psychiatric assessment is required and a risk assessment indicates NT Police assistance will be necessary in order to safely facilitate the required assessment, consultation with NT Police should be undertaken and an agreement reached regarding arrangements to jointly intervene.

There are a range of situations where NT Police assistance may be required to manage potential community, worker and/or individual safety risks. The following protocols are to be followed where MHS are seeking NT Police assistance.

Protocol for requesting urgent NT Police assistance

Urgent situations are those where MHS staff believe police attendance is required immediately, because of a direct or imminent risk to person's safety or property.

The following process for urgent referrals to police must be followed in all situations. Local police should not be contacted.

Where an urgent response is required:

- Call the Police Communications on 000 or 131 444 and ask to speak directly to the Watch Commander,
- Tell the Watch Commander urgent police assistance is required,
- Provide details about where the assistance is required and the location of relevant mental health service staff,
- Tell the Watch Commander the staff member's name, telephone number and identify the Mental health service,
- Explain what the current problem is,
- Advise whether weapons are present,
- Advise whether the person is affected by alcohol / drugs,
- Provide whatever details are possible on the person involved, particularly name, date of birth and any other useful information which would enable police members to more accurately determine the nature of the situation,
- Advise who is present,
- Provide any other available background information that may help police make decisions about how to manage the situation.

Police will decide the urgency of the request and will provide an estimated time of arrival (ETA) MHS staff based on their demands and priorities.

It is important for MHS and NT Police to work together to both prevent and safely resolve mental health crises.

A mental health crisis is generally an urgent situation at which NT Police attendance is believed by MHS staff to be required immediately because there is risk to personal or public safety and NT Police assistance is required to manage an incident until the risk to personal or public safety is removed.

NMHS staff should request assistance from NT Police only in situations where:

- All reasonable measures to manage a clinical situation have been exhausted;
 - A person considered to be requiring care and treatment under the MHARS Act presents a risk to public safety or are at risk of causing serious harm to self or others; and
 - There is no less restrictive means available to ensure the person can be taken for assessment and treatment.
1. MHS will conduct a risk assessment (see [Attachment C for relevant TEMHS and MH CAHS risk assessment procedures](#)) before deciding whether NT Police involvement is required. Wherever possible MHS should attempt to conduct this assessment at the scene, if it is not possible or safe to assess the person 'face to face', this assessment should be based on available information.
 2. Where urgent NT Police Assistance is required and MHS staff are at a MHS office and able to complete and email [Form 60 Request for Police Assistance](#) to Police.Assistance@pfes.nt.gov.au, they should do so.

It is acknowledged there are often circumstances where MHS staff are in the community and without access to the form or a means by which to complete or transmit a written request to NT Police.

In these cases, as with any member of the public requiring urgent assistance, staff will phone NT Police from their mobile phone to request urgent assistance and provide the relevant information verbally. [Form 60](#) will be completed and forwarded to NT Police for their records as soon as possible following resolution of the urgent situation at hand.

Note:

A request for NT Police assistance should be made only in circumstances where the assessing practitioner considers there is a risk of serious harm to people or property and NT Police assistance is required to manage the risk to personal or public safety.

Where NT Police are providing assistance based on a MHS risk assessment, then NT Police will determine their involvement and how the identified risk is managed until the risk is minimised to a safe and acceptable level.

3. An intervention plan should be negotiated and agreed between MHS and NT Police to address the immediate situation including organising a rendezvous point at which to commence the intervention and NT Police participation in the persons transfer if required. In addition to these elements MHS should also provide the following information to assist NT Police members:
 - Type of assistance required;
 - Reasons for urgency;
 - Name, description and D.O.B of Client;
 - Incident address;
 - Info/description of any weapons;
 - Ambulance/transport requirement;
 - Summary of Risk Assessment.

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MHS must ensure the relevant information is provided to ensure NT Police have the necessary advice to make an assessment of the situation and determine an appropriate response. This information is contained in *Form 60*.

4. MHS will attend and undertake the required assessment wherever possible. If this is not feasible, clear advice must be given to NT Police and an agreement negotiated regarding the most appropriate assessment venue. Arrangements are to be made to facilitate a timely assessment response and the release of NT Police from the matter.
5. MHS will undertake all MHARS Act responsibilities and ensure NT Police are appropriately authorised to assist.
6. All relevant forms must be completed and exchanged. (i.e. *Form 8 Assessment Warrant Application* or *Form 9 Entry to Mental Health Services*).
7. MHS will indicate to NT Police that their assistance is no longer required as soon as it is safe and appropriate to do so and complete the relevant section of the appropriate form.

Protocol 6 - Request for NT Police assistance for s34 Psychiatric Examination

MHS staff may request urgent NT Police assistance where the assessing practitioner has determined that under the circumstances there is no other less restrictive or safe alternative but to authorise NT Police to assist with the escort of a client sectioned under **s34** to an ATF for psychiatric assessment.

When the relevant documentation for a **s34** Recommendation for Psychiatric Examination is completed (*Form 9 Entry to Mental Health Services*) anyone specified in the documentation to provide assistance is authorised to:

- Control the person; and
- Bring the person to an ATF for an assessment.

Process for authorising NT Police assistance

Section 34(4) authorises a NT Police officer to exercise or assist someone else exercising the powers to bring the person to an ATF for an assessment if the assessing practitioner considers there is no other alternative in the circumstances.

NT Police are also authorised (providing relevant section of *Form 9 Entry to Mental Health Services* has been completed) to:

- Control the person;
- Bring the person to an ATF for an assessment;
- Use reasonable force and assistance; and
- Enter private premises or any other private place where the authorised officer reasonably believes the person may be found.

Note:

There are two possible options regarding involvement of NT Police:

- **Option 1** is for NT Police to exercise s34(4) powers on behalf of health to control and bring the person for assessment, but only where the practitioner considers that there is no other alternative in the circumstances;
- **Option 2** is for NT Police to assist someone else (e.g. MHS practitioners) exercising the powers under s34(3) where the practitioner considers that there is no other alternative in the circumstances.

The preferred option where a s34 has been issued by MHS staff is Option 2 - that NT Police be authorised to assist MHS practitioners to exercise the s34(3) powers rather than NT Police being asked to act alone in exercising these powers.

Where a risk assessment clearly identifies risk to personal or public safety and the safety of MHS staff is in question, or (given the circumstances) there are no MHS available to accompany NT Police, Option 1 may be necessary.

Protocol

1. MHS will conduct a risk assessment (see *Attachment C for relevant TEMHS and MH CAHS risk assessment procedures*) before deciding whether NT Police involvement is required. An assessment under s34 will generally be conducted on a face to face basis.
2. Where NT Police assistance is required, MHS must complete relevant section of *Form 9* to Authorise NT Police to assist. The practitioner signing the s34 recommendation must consult with NT Police communications to dispatch officers to the scene.

Note:

A request for NT Police assistance should be made only where the assessing practitioner considers there is there is no other alternative under the circumstances.

Where NT Police are duly authorised by the assessing practitioner to provide assistance then NT Police will determine their involvement and how the risk is managed until the risk is minimised to a safe and acceptable level.

3. An intervention plan should be negotiated and agreed to address the current situation considering all risks based on the information provided by MHS, and should include:
 - Type of assistance required and section of the Act to which the request is relevant (i.e. s34 (4));
 - Reasons for urgency;
 - Name, description and D.O.B of the person;
 - Incident address;
 - Rendezvous point;
 - Info/description of any weapons;
 - Transport requirements including ambulance requirement;
 - Summary of Risk Assessment.
4. MHS should attend with NT Police to provide any advice/assistance necessary. If this is not feasible or safe under the circumstances, clear advice must be given to attending NT Police regarding the most appropriate assessment venue and arrangements made to ensure a timely assessment response at this venue.
5. MHS will undertake all MHARS Act responsibilities once the person is presented and where appropriate make arrangements for the patients transfer from ED to the Inpatient Facility (including decisions regarding the use of Hospital Security).
6. MHS will indicate to NT Police that their assistance is no longer required as soon as it is safe and appropriate to do so and indicate when this has occurred by completing the relevant section of *Form 9 Entry to Mental Health Services*.

Protocol 7 - Actioning an Assessment Warrant

A practitioner or NT Police officer may apply to the Tribunal to apprehend a person and take them for assessment. The application may be made in writing, by telephone, by fax, e-mail or other form of electronic communication.

Whilst NT Police are able to apply to the Tribunal for a warrant, an application will generally be made by a medical or mental health practitioner. Details of how to apply for a Warrant are outlined in [Approved Procedure 19A Assessment Warrants](#).

An application should be made in the approved [Form 8 Assessment Warrant Application \(including Authority to Apprehend\)](#). This form has two components, the first is the application itself, the second is the Authority to Apprehend signed and issued by the President of the Tribunal or a Magistrate (his/ her delegate).

The Tribunal may issue a warrant if satisfied that:

- The person may be unable to care for himself or herself; and
- The person may fulfil the criteria for involuntary admission on the grounds of mental illness or mental disturbance; and
- All other reasonable avenues to assess the person have been exhausted.

The warrant authorises a practitioner to:

- Apprehend and control a person;
- Assess a person.

The warrant also authorises a NT Police officer to apprehend and control a person and bring the person to a practitioner for assessment.

Note:

Whilst mental health practitioners may have authority to apprehend and control a person subject to a warrant (s37(8)), NT Police will generally be asked to execute a warrant issued by the Tribunal in any circumstance where the person is in the community, there is a risk to others and the use of physical restraint or reasonable force is likely to be required.

Where NT Police have been asked to execute an assessment warrant the person remains the responsibility of NT Police until he/she is assessed by a practitioner.

A **s37** warrant is commonly used when reports of a person's behaviour from family, friends or others indicate that the above criteria have been fulfilled, but the person is refusing assessment and cannot be assessed or located by MHS.

An assessment warrant remains in force for 14 days from its date of issue unless, in the meantime:

- a. The Tribunal revokes the warrant; or
- b. An assessment of the person has been conducted.

If the warrant is issued, a copy of the warrant may be sent by fax or email to the applicant or anyone else who may apply for the warrant (the "Recipient"). A copy of a warrant has effect as if it is an original.

If a practitioner or NT Police officer believes, on reasonable grounds, a warrant has been issued under this section for a person, the practitioner or NT Police officer may apprehend and control the person.

Procedure for handover

When NT Police are involved in executing an Assessment Warrant issued by the Tribunal a clear handover procedure must be implemented between the practitioner and transporting NT Police officers including:

- Communication of relevant personal details; including carer or family supports.
- Briefing on the person's physical and mental state;
- Details regarding any force used to apprehend and bring the person to the practitioner;
- Risk assessment;
- Assessment, inpatient admission requirements and any further NT Police assistance required to effect the transfer to the mental health unit;
- Ensuring all documentation has been completed correctly and NT Police have been advised that their assistance is no longer required.

Process for engaging NT Police assistance after obtaining an Assessment Warrant

Once the practitioner has Tribunal confirmation the *Form 8 Assessment Warrant Application* (including Authority to Apprehend) has been signed he/she will:

1. Prepare a risk assessment to determine whether or not police involvement is required;
2. Call NT Police operations on 131 444 and inform them of the warrant and the reasons for the need for their involvement. The mental health practitioner relaying this information should speak directly to the Watch Commander or Deputy Superintendent regarding the warrant; and
3. Email a copy of *Form 8 Assessment Warrant Application*, and *Form 60 Request for Police Assistance* to NT Police Communications at Police.Assistance@pfes.nt.gov.au;
4. Telephone call and fax the *Form 8* to the relevant ED Triage Nurse and ATF to which the person is to be taken to ensure all parties are aware of and have a copy of the Warrant. The contact details are as follows:

RDH ED Triage Nurse	Ph: (08) 8922 8125 Fax: (08) 8922 8904
ATF	Ph: (08) 8922 8850 Fax: (08) 8922 8878
ASH ED Triage Nurse	Ph: (08) 89 517529 Fax: (08) 8951 7072
ATF	Ph: (08) 8951 7610 Fax: (08) 8951 7618

5. Once the person has been located by NT Police and is ready to be taken to the ED or ATF, NT Police should contact the on-call/after hours clinician (if they are not accompanying them to conduct the assessment in the community) so that advance notification can be given and preparations made to ensure a practitioner is available to conduct the required assessment.

Note:

If the person can be located and is accessible to the practitioner, but is refusing to submit to an assessment or treatment and the security of the assessing clinical staff is in question, a s37 Warrant may not always be required.

In these circumstances a DMHP may elect to attend the person, accompanied by NT Police, to conduct an assessment. The relevant section of the *Form 9 Entry to Mental Health Services* must be completed in order to authorise NT Police to assist.

A request for NT Police assistance should be made only in circumstances where the assessing practitioner considers there is no other less restrictive alternative under the circumstances.

Where NT Police are duly authorised to provide assistance under s34(4) then NT Police will determine their involvement and how the risk is managed until the risk is minimised to a safe and acceptable level.

Once the person is taken to the ED or an ATF and assessed for admission by an APP the NT Police must be advised if there is a need for their further assistance.

The assessing APP must complete the relevant section of *Form 9 Entry to Mental Health Services* to indicate the assessment outcome and indicate to the NT Police that their assistance is no longer required.

Protocol 8 - Request for NT Police assistance – suspension of a Community Management Order (s53)

A person subject to a Community Management Order (CMO) may have that order suspended if he/she fails to comply with the conditions of the order. Once a CMO is suspended efforts will in the first instance be made to encourage the person to accept the required treatment in the community.

If this approach is unsuccessful and the decision is made to admit the person to an ATF to effect the required treatment NT Police assistance may be authorised to assist with the person's transfer to the facility. A decision regarding such assistance should be based on an assessment of the person's safety and the safety of others.

When the relevant documentation for a **s53** Suspension of a CMO is completed (*Form 20 Suspension of a Community Management Order*), anyone specified in the documentation is authorised:

- To control the person ; and
- To bring the person to an ATF for an assessment.

Where the assessing APP determines no other alternative is available under the circumstances (**s34(4)**) he/she may authorise NT Police to exercise or assist someone else exercising the powers available under **s34(3)(a)** to effect the required transfer.

Section 53(8) of the MHARS Act indicates that “for an admission of a person under s53(5)(a), s34(3) has effect as if a recommendation for psychiatric examination had been made under s34(1) for the person”.

An **s34** recommendation includes the capacity to authorise NT Police to exercise or assist someone exercising the powers under **s34(3)** if the practitioner considers there is no other alternative under the circumstances.

Process for authorising NTPF assistance

Given this provision is similar to **s34** from time to time it may be necessary for a request for NT Police assistance to effect the safe transfer of the person and to ensure the safety of others.

Section 34(4) authorises a NT Police officer to exercise or assist someone else exercising the powers to bring the person to an ATF for an assessment if the assessing practitioner considers there is no other alternative in the circumstances.

NT Police are also authorised (providing the relevant Form has been completed) to:

- Control the person;
- Bring the person to an ATF for an assessment;
- Use reasonable force and assistance; and
- Enter private premises or any other private place where the authorised officer reasonably believes the person may be found.

MHS staff do not have the capacity to transfer a person safely where force may be required.

A mental health practitioner working in the community and needing urgent assistance to transfer a person does not have access to equipment to enable documents to be faxed to NT Police communications in advance of NT Police attending.

This documentation can be provided on site.

Protocol

1. MHS will conduct a risk assessment (see *Attachment C for relevant TEMHS and MH CAHS risk assessment procedures*) before deciding whether NT Police involvement is required. An assessment under s53 will generally be conducted on a face to face basis at the scene but where this is not possible may be undertaken in accordance with s53(4) which allows non direct assessment methods.
2. Where NT Police Assistance is considered necessary MHS to complete *Form 20 Suspension of a Community Management Order* to Authorise NT Police to provide assistance and contact the Watch Commander through NT Police Communications to make the necessary arrangements.

The telephone call to NT Police is to be made by either the person's Psychiatric Case Manager, after hours mental health clinician or by the APP who has suspended the persons CMO and determined the person needs to be taken to an ATF to receive treatment under the Act.

It is more usual for the Psychiatric Case Manager to make the call for NT Police assistance. The APP will sign the paperwork to suspend the order, but may not have the intimate knowledge of the immediate circumstances that the person's case manager has.

Note:

A request for NT Police assistance should be made only in circumstances where the assessing practitioner considers there is no other less restrictive alternative under the circumstances.

Where NT Police are duly authorised to provide assistance then NT Police will determine their involvement and how the risk is managed until the risk is minimised to a safe and acceptable level.

Once the client is taken to the ATF and admitted NT Police involvement ceases.

The assessing APP must complete the relevant section of *Form 20 Suspension of a Community Management Order* to indicate the assessment outcome and that NT Police assistance is no longer required.

3. An intervention plan should be negotiated and agreed to effect the person's transfer considering all risks based on the information provided by MHS, which should include:
 - Type of assistance required and section of the Act to which the request is relevant (i.e. s53(8));
 - Reasons for urgency;
 - Name, description and D.O.B of Client;
 - Incident address;
 - Rendezvous point;
 - Info/description of any weapons;
 - Transport requirements including ambulance requirement;
 - Summary of Risk Assessment.
4. MHS to attend with NT Police to provide any advice/assistance necessary. If this is not feasible or safe under the circumstances to accompany NT Police, clear advice must be given to attending NT Police regarding the arrangements made to ensure the person's admission to the ATF.
5. Where NT Police assist with the person's transport the person should be taken directly to the ATF for treatment (unless there are medical issues requiring attention in which case the person should be taken to the ED).
6. To indicate to NT Police that their involvement is no longer required as soon as assessed and

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indicating when this has occurred by completing the relevant section of *Form 20 Suspension of Community Management Order*.

Protocol 9 - Request for NT Police assistance at inpatient facilities

Urgent NT Police attendance at in-patient facilities

NT Police may be called by a mental health inpatient service for assistance with a mental health emergency when it has not been possible for staff to manage the situation safely using internal procedures and available resources (including a request for assistance to hospital security personnel).

Note:

A request for NT Police assistance should be made only in circumstances where the assessing practitioner considers there is no other alternative under the circumstances.

Where NT Police are requested to provide assistance then NT Police will determine their involvement and how the risk is managed until the risk is minimised to a safe and acceptable level.

An urgent request under these circumstances would be made via 000. Mental Health staff should speak directly with the Watch Commander wherever possible to discuss the circumstances of the referral, the level of urgency and the NT Police assistance required.

MHS will complete a *Form 60 Request for Police Assistance* and email the document to NT Police Communications at Police.Assistance@pfes.nt.gov.au. Information to be provided to NT Police includes:

- Type of assistance required;
- Reasons for urgency;
- Name, description and DOB of Client;
- Incident address (hospital, ward etc.);
- Rendezvous point;
- Info/description of any weapons;
- Summary of Risk Assessment;
- Contact person within MHS.

NT Police will consider the request and make a decision regarding the appropriate response.

Most disturbances at an inpatient unit can and will be managed by MHS clinical staff (with the assistance of hospital security at times). The matter would have to escalate substantially and include risk to personal or public safety before NT Police would be called to assist.

NT Police interventions at in-patient facilities in exceptional circumstances

On rare occasions MHS inpatient staff may ask for assistance from NT Police for planned interventions inside an in-patient unit.

All planned interventions are to be negotiated with and arranged in consultation with the Watch Commander through NT Police Communications on (08) 8922 3412.

A request of this nature is to be made by the Consultant Psychiatrist or Registrar who will consult with the Watch Commander regarding arrangements for NT Police assistance.

Protocol for Cooperative Arrangements in Mental Health Matters between NT Police and NT Health

MHS staff will request assistance from NT Police only in situations:

- Where all reasonable measures to manage a clinical situation have been exhausted; and/or
- Where a person considered to be mentally ill presents a significant risk to safety or imminent self harm risk which cannot be managed by MHS.

Following discussion with the Watch Commander MHS will complete a [Form 60 Request for Police Assistance](#) and email the document to NT Police Communications at Police.Assistance@pfes.nt.gov.au.

Information to be provided to NT Police includes:

- Type of assistance required;
- Efforts made to manage the situation internally and reasons for request;
- Date and Time of the planned intervention;
- Name, description and D.O.B of Client;
- Address (hospital, ward etc.);
- Rendezvous point;
- Contact person within MHS.

NT Police will consider the request and make a decision regarding the appropriate response based on the information provided by MHS.

Protocol 10 - Request for NT Police assistance – involuntary patients absent without leave

NT Police may be asked to assist in the apprehension of a person who is the subject of an involuntary order and who is absent without leave from an in-patient facility.

An involuntary patient is considered to be absent without approval if he or she:

- Leaves an ATF without being granted leave by an APP; or
- Fails to return from approved leave; or
- The leave has been cancelled by the treating APP.

Section 166A(2) provides the necessary powers of apprehension to an NT Police Officer or a person authorised by an APP.

MHS will make every effort to locate and return a person absent without leave or missing and an APP will first consider authorising person's other than NT Police officers to assist.

Note: APP authorised apprehension by individuals other than NT Police should be initiated where possible. NT Police involvement should only be sought where absolutely required. It is unlikely to be required where:

- The patient is located within the ATF campus;
- The risk to others is low; and
- The APP is satisfied the person being authorised to undertake the apprehension is sufficiently experienced to be involved in the apprehension.

In any circumstance where the use of reasonable force and/or physical restraint is likely to be required (outside of an inpatient setting and ATF campus) NT Police will be requested to assist.

For example, where the patient has remained on the hospital campus and is not considered dangerous an APP may authorise hospital security personnel to effect the apprehension and return the patient to the ATF. The relevant section of *Form 52 Missing or Absconded Patients* should be completed under these circumstances to provide the person assisting with the authority and powers necessary to effect the person's return to the ATF.

Process

1. Where NT Police assistance is required to apprehend and return a patient to the ATF, MHS staff must notify as soon as possible of the patient's absence.
2. All NT Police notifications of a patient's absence from an ATF are to be made on *Form 52* and emailed to NT Police Communications at Police.Assistance@pfes.nt.gov.au.
3. The necessary authorisation for NT Police assistance is given by the requesting APP when completing the relevant section of *Form 52 Missing or Absconded Patients*.
4. When NT Police have provided assistance and it is considered safe to release them from the matter, an APP must complete the relevant section of *Form 52 Missing or Absconded Patients* to record the outcome and notify NT Police that their involvement is no longer required.

Note:

Whilst MHS staff clearly have a role to play in responding to incidents within the ward environment, it may not be safe or appropriate for staff to apprehend a patient outside of the ATF, though it might be necessary for MHS staff to assist others (i.e. NT Police, Hospital Security) in this process. Involvement of MHS staff should be based on appropriate risk assessment, skill level of available staff and safety of other patients, visitors and staff

Protocol for Cooperative Arrangements in Mental Health Matters between NT Police and NT Health

All requests under this part of the protocol must involve consultation with the relevant Watch Commander in Darwin and Alice Springs or the Officer In Charge of NT Police Station outside of Alice Springs or Darwin to ensure an appropriate priority response is apportioned.

All requests are to be made by the Consultant Psychiatrist, the Clinical Nurse Manager or the Senior Nurse on Duty in the Inpatient Unit from which the person is absent without leave.

Protocol 11 - Request for NT Police assistance to undertake welfare check

Risk assessment and MHS available options

Before making a request to NT Police for a 'welfare check' on a voluntary patient who has absconded, not returned from approved leave or is absent without leave from an ATF, MHS must first undertake a thorough risk assessment (see [Attachment C for relevant TEMHS and MH CAHS risk assessment procedures](#)) based on the most recent information available regarding the persons mental state, circumstances and whereabouts in order to determine the most appropriate response.

Where the person's whereabouts is unknown and evidence suggests the person is:

- A serious risk to self or others and may on the available evidence now meet the criteria for involuntary admission; and
- MHS have made strenuous efforts but have been unable to locate or gain access to the person in order to undertake an assessment;

The treating APP should make an immediate application to the Tribunal for an assessment warrant pursuant to **s37**. Once granted, a **s37** will provide the necessary authorisation for NT Police to locate and take the person for assessment (see [Protocol 7 Actioning of an Assessment Warrant](#)).

If the person can be located, MHS must make every effort to conduct an assessment under **s34** in order to determine the need for involuntary admission. On the basis of this assessment, the assessing practitioner can then determine whether NT Police assistance is required in order to transfer the person to the ATF and provide the necessary authorisation for NT Police assistance (see [Protocol 6 Request for NT Police assistance for s34 Psychiatric Examination](#)).

Urgent response/welfare check

Where on the basis of a risk assessment the matter is considered urgent (that is contact needs to be made before either process above can be completed) and there is a need to request immediate NT Police assistance an urgent request may be made to NT Police for a 'welfare check'.

NT Police involvement in a 'welfare check' response will require evidence that the matter is urgent and that there are immediate safety risks to the person or where there may be a risk of harm to others. The following information is required when making such a request:

- Name, and contact details of the person providing the information which has led to the request;
- Name of subject along with address and description;
- Next of kin details if known;
- Exact details of identified risk (i.e. to persons, weapons accessibility etc.);
- Advice from treating clinicians regarding appropriate management strategies based on the person's condition.

When NT Police conduct the 'welfare check' members will determine on the basis of the person's presentation whether they will utilise their own powers under **s32A(2)** to apprehend the person and bring them to an APP, medical practitioner or a DMHP for an assessment.

Where NT Police members are unable (on reasonable grounds) to determine whether the person requires treatment or care based on their immediate presentation they will notify the 24 hour NT Mental Health Line clinician who will coordinate the necessary MHS response.

During business hours MHS personnel should be prepared (subject to other immediate demands) to negotiate and meet in an agreed location with NT Police members in order to determine the need for

admission and any requirement for further NT Police involvement to effect the transfer of the person to the ATF. Availability of MHS personnel after hours will need to be negotiated on a case by case basis.

Note:

NT Police should not be expected to respond where:

- There is no documented risk or urgency; and
- The request is non urgent and made during business hours or extended hours (8:00am - Midnight).

Non-urgent requests for NT Police assistance

Non-urgent requests for NT Police assistance should normally be negotiated on a case by case basis with the relevant Watch Commander in Darwin and Alice Springs or the Officer In Charge of the local NT Police Station outside of Alice Springs or Darwin.

Attachments

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Attachment A - Regional Advisory Teams (RATs) Terms of Reference

Senior Regional staff from both agencies will develop and establish Regional Advisory Team's (RAT's).

RAT's shall:

- Comprise local senior representatives from NT Police and NTMHS and any other health providers and community representation considered appropriate.
- Meet on a quarterly basis as a minimum or otherwise as required to deal with local service issues.
- Establish agendas which shall also include:
 - a. Communication;
 - b. Partnerships;
 - c. Protocol and documentation;
 - d. Systems and compliance;
 - e. Disputes;
 - f. Identified best practice which may have a territory-wide impact;
 - g. Key performance Indicators;
 - h. Training;
 - i. Information sharing;
 - j. Developed local operational protocols;
 - k. Critical incidents.
- Review and develop local operational protocols to improve collaboration processes and resolve local issues which shall be consistent with the terms and conditions of this protocol.
- Utilise their best endeavours to resolve local operational disputes prior to any consideration of forwarding the dispute to the Mental Health and NT Police Liaison Committee (MHPLC)
- As required develop integrated treatment and response plans for known individuals who exhibit behaviour of community concern.
- Identify all other local cross agency key personnel and disseminate same.
- Provide quarterly reports to the Mental Health and NT Police Liaison Committee (MHPLC) on the set agenda items.

Attachment B - Persons in mental health care – access for interview by police

Persons who are receiving inpatient treatment or who are managed in the community by a mental health service may be requested by police to participate in an interview either as a suspect/ offender, or potential witness.

Formal interview by police is usually associated with a reasonable suspicion that the person has committed or has knowledge of a criminal offence. The purpose of a police interview is to determine whether there are grounds for charging a person with an offence.

The police may also wish to interview a person because that person may have been a witness to or is an alleged victim of a criminal act.

In the interests of justice, a formal assessment of the person's condition is to be conducted prior to interview. MHS will provide an assessment as to the fitness or otherwise of the person for interview.

Assessment

Assessment of a person affected by mental illness with regard to fitness to be interviewed by police has three aims:

1. To ensure that the person has the capacity to understand the interview. This will require an assessment of the person's concentration, ability to understand the process of the interview and ability to process information. Such an assessment will minimise the possibility of an involuntary or false confession.

This is not intended to ensure that the person will be truthful in interview, but that they will have the ability to consider and make appropriate decisions, including the ability to knowingly consent to interview or to seek legal representation at interview.

2. To determine whether the experience of interview would have an unacceptably detrimental effect on the person.
3. To identify resources and supports that may be necessary and available to assist the person in coping with the police interview, and to minimise any detrimental effects that may be experienced.

Legislation

Although there is no specific legislation that covers the situation of fitness for interview by police, NT Police General Order Q1 provides guidelines regarding the questioning of persons. However, admissibility of evidence obtained, including statements/interviews, may be affected where the court finds anomalies in terms of fairness and reasonableness. This would include circumstances where the Court finds there were issues associated with the person's capacity:

- To understand the nature of the questioning (i.e. questioning to ascertain involvement in the commission of an offence);
- To be able to follow the course of questioning;
- To be able to give instruction to a legal representative(s);
- To be able to understand when the person is cautioned that he or she does not have to say anything, but that anything that they say may be given in evidence;
- To not be in an excessively suggestible state;
- To be aware of the surroundings.

Who should be assessed?

The following persons should be assessed when MHS becomes aware that they are to attend a police interview.

- Current inpatients;
- Persons on a Community Management Order;
- Persons receiving active treatment in the community;
- Persons who appear to be impaired by a mental illness (including substance-related mental illness).

Assessment procedure

Assessment of a person's suitability for interview should be performed by a medical practitioner, and should include a history of their physical and mental health. This should take into account the following factors:

- The stability of the person's current condition (recent alterations in physical or mental state, recent medication changes, need for PRN medication or other acute interventions).
- A history of any physical and/or substance use issues that may impair the person's ability to be interviewed.
- The results of the mental status examination, which should include:
 - a. assessment of affect and mood;
 - b. assessment of thought stream, form and content details of any delusional material elicited including passivity phenomena;
 - c. details of any perceptual disorder found;
 - d. assessment of cognitive function including orientation;
 - e. assessment of judgement and insight;
 - f. assessment of any risk to the person or others.
- The person's vulnerability and suggestibility should be carefully considered. In particular the presence, nature and details of any thoughts of harm to the self or to others should be elicited.
- An assessment of the potential impact on the person's mental state, how stressful the experience will be, and how the person believes they will cope with the stress. This may include obtaining information from the person about previous experiences they have had with police or courts and their perception of these experiences.
- An assessment of the person's understanding of what the particular police interview would mean in terms of possible consequences.
- An assessment of the level of clinical or other support the person may require in attending the police interview.

Person found unfit for Police interview

Where a person has been found unfit for police interview, in many cases their condition may remit over time or with treatment, and they may be deemed fit at a later assessment.

Communication with the relevant authority regarding the outcome of the assessment must be made as soon as possible.

Independent third person and legal representation

A person who has been deemed suitable for police interview should be advised of their right to have an independent third person present at the interview.

Individuals should be encouraged to seek their own legal representation. If a person does not wish for legal representation or an independent third person, it would be appropriate for a close relative or friend who is not associated with the police inquiry, to provide support to the person if he/she agrees that the relative or friend be involved. The decision to decline legal representation should be documented in the person's clinical record.

Current inpatients

Persons who have recently been admitted to an inpatient unit may require some time for an adequate assessment of their history and mental state, and are likely to have undergone recent alterations to their treatment. If a person who has been recently admitted to the inpatient unit is required to be interviewed, it may be appropriate to seek deferral of the process until there has been adequate opportunity to assess the person's fitness to attend.

Involuntary Patients

Persons under involuntary status are judged to be unable to make decisions about their need for mental health treatment. This does not necessarily mean that the person is unfit to be interviewed. However, it is probable that a person under involuntary status will also have impairments sufficient to render them unfit for interview. Assessment should be conducted with regard to the particulars of the case and the person concerned.

Support following police interview

Debriefing or a supportive interview after the police interview should be organised for the person by the area mental health service. This should carefully assess the person's mental state with particular attention to issues of safety. An understanding should be sought of how the person has been affected by the interview, and whether there are clinical implications arising from this.

Attachment C – Risk assessment

[Clinical Risk Assessment and Mitigation MH CAHS Procedure*](#)

[Clinical Risk Assessment and Mitigation TEMHS Procedure*](#)

*Requires access to NT Health intranet for hyperlink to work

Attachment D - Forms

[Form 7 Notification of Apprehension by Police*](#)

[Form 8 Assessment Warrant Application](#)

[Form 9 Entry to Mental Health Services](#)

[Form 20 Suspension of a Community Management Order*](#)

[Form 45 Leave of Absence of Prisoner and Apprehension*](#)

[Form 47 Disclosure of Information/Request for Information*](#)

[Form 52 Missing or Absconded Patients*](#)

[Form 60 Police Assistance Request*](#)

*Requires access to NT Health intranet for hyperlink to work

Attachment E - Indicators for referral to mental health services

The following indicators will help police when considering whether to refer a person to mental health services. It is important that the indicators be seen as a guide rather than as factors confirming a mental illness.

The indicators are provided to assist police in determining whether a person appears to be mentally ill. Proper assessment is the responsibility of health and mental health professionals.

In general a person with a mental illness will exhibit a significant disturbance in thought, mood, or behaviour. They may also have disturbances in perception or memory. The specific symptoms and signs will vary depending on the type of mental illness and the person's age and current circumstances.

Form 7 Notification of Apprehension by Police must be completed by NT Police when referring a matter to MHS. The information includes the following components:

Context: Of police involvement with the person including any background information regarding the current situation and precipitating information and/or involvement with police.

Appearance: Physical description, signs of neglect, poor hygiene, inappropriate clothing etc

Behaviour: Composure and/or distractibility during interaction, peculiar and/or bizarre behaviour attracting the attention of others, level of cooperation or suspiciousness, level of agitation or aggression.

Behaviour directly observed by Police and behaviour reported to Police by others should be noted.

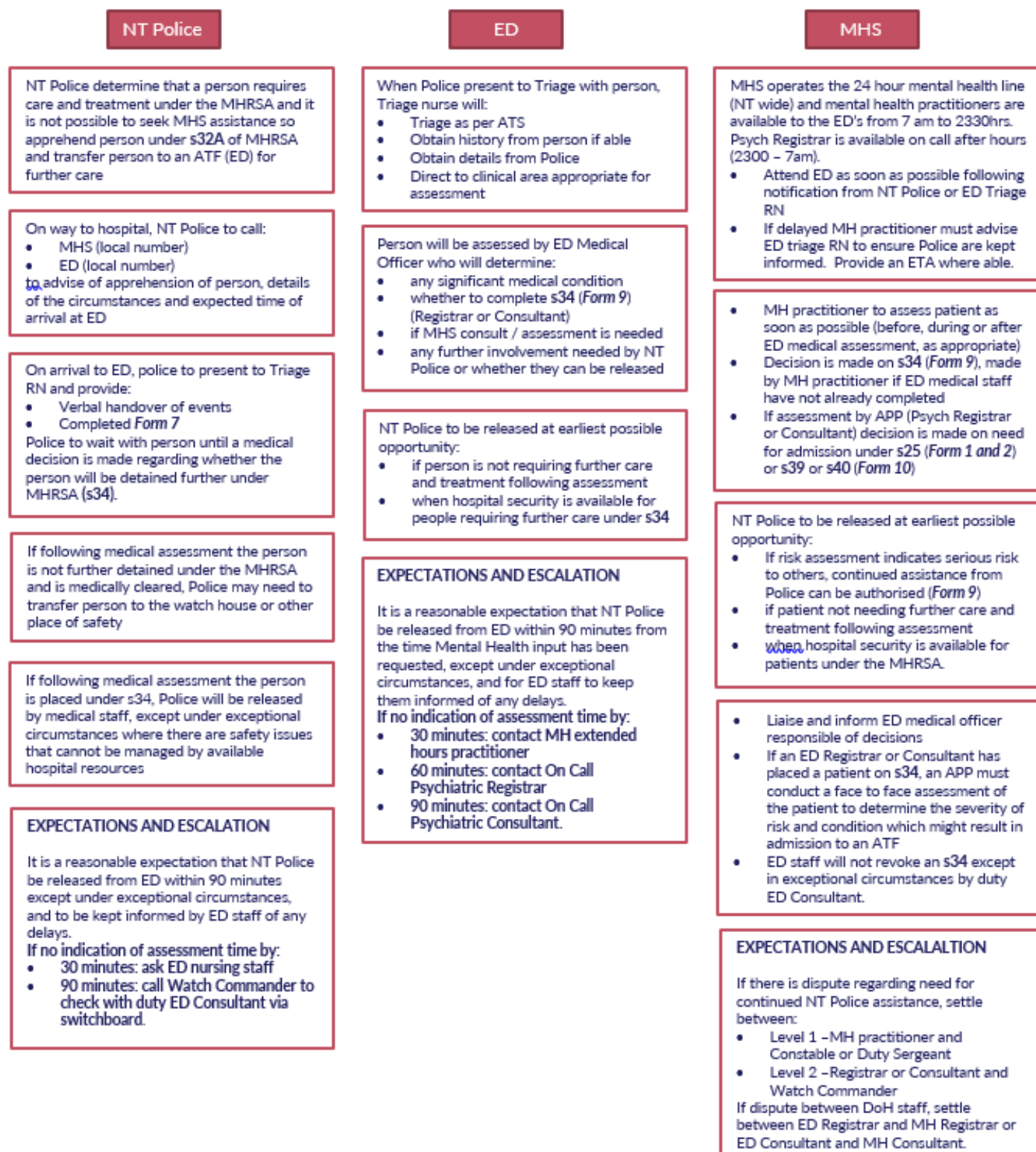
Conversation: speech (uncommunicative, over-talkative, rambling, not making sense). The content of speech should also be reported (i.e. expression of suicidal or self harming thoughts, thoughts of harm to others or hostility towards others).

Use of Force: Description of any force used by Police in bringing the person for assessment.

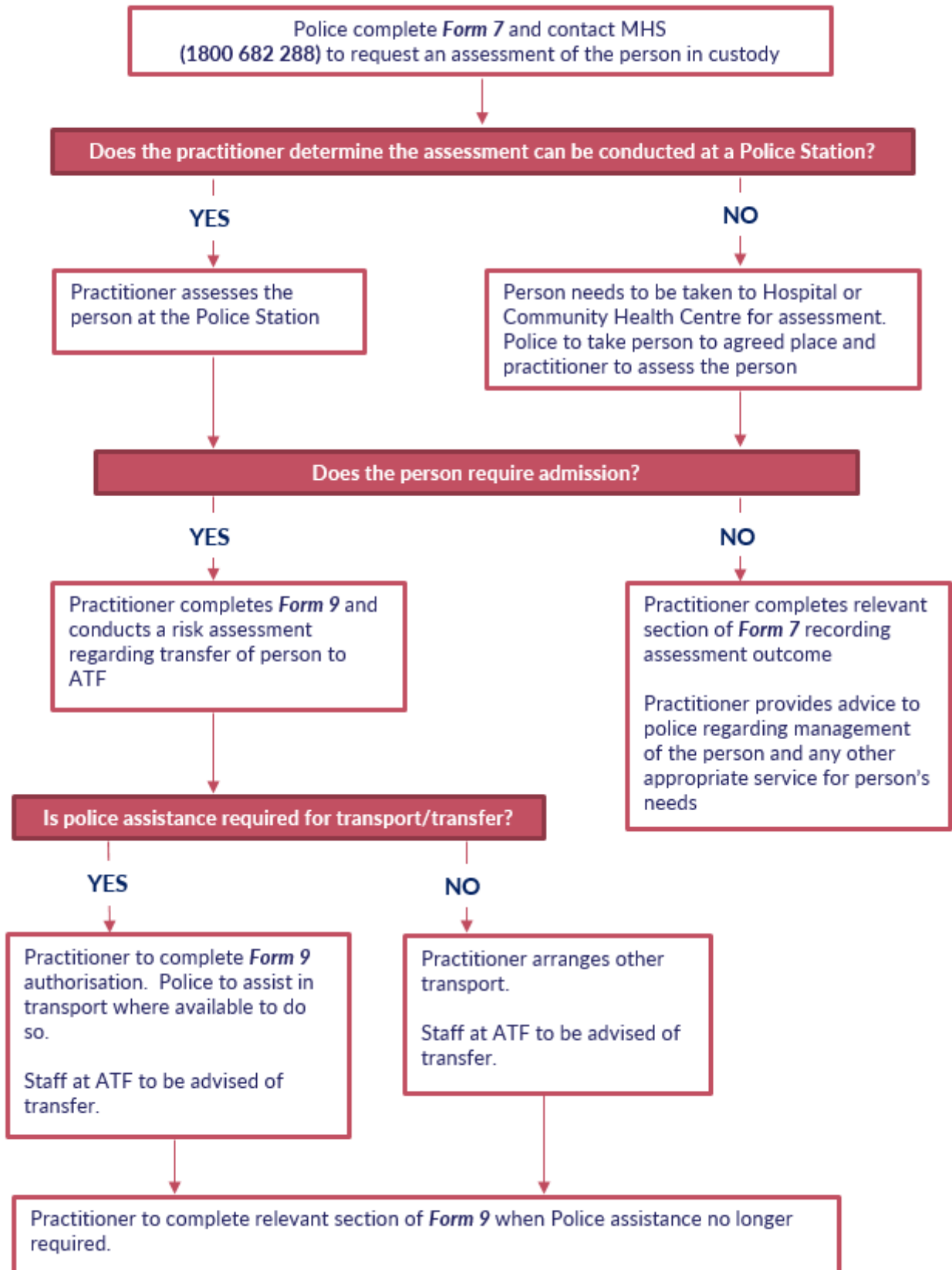
Flowcharts

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Flowchart 1 – Emergency Department Interface at the RDPH and ASH

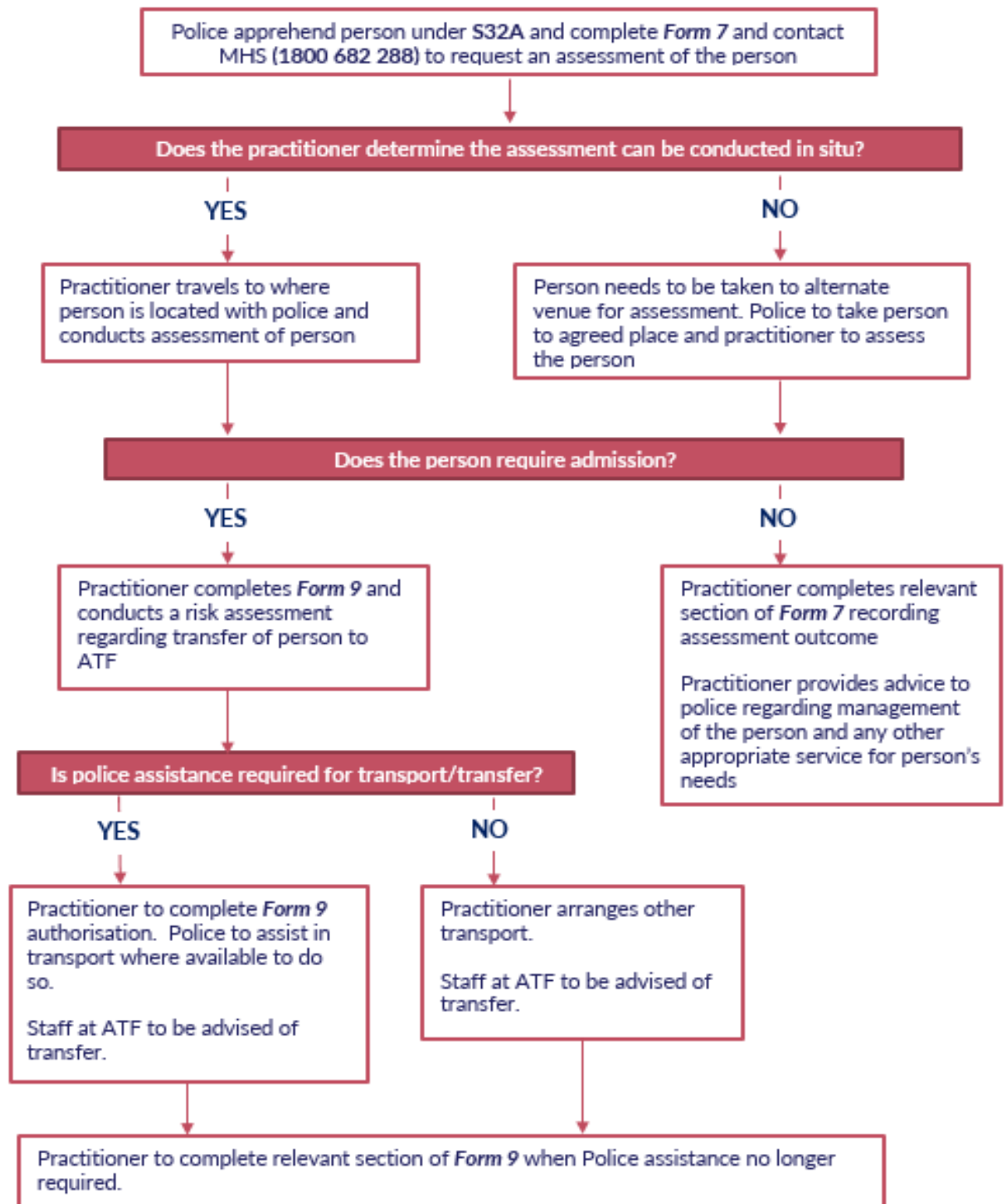


Flowchart 2 – Assessment at an NT Police Station

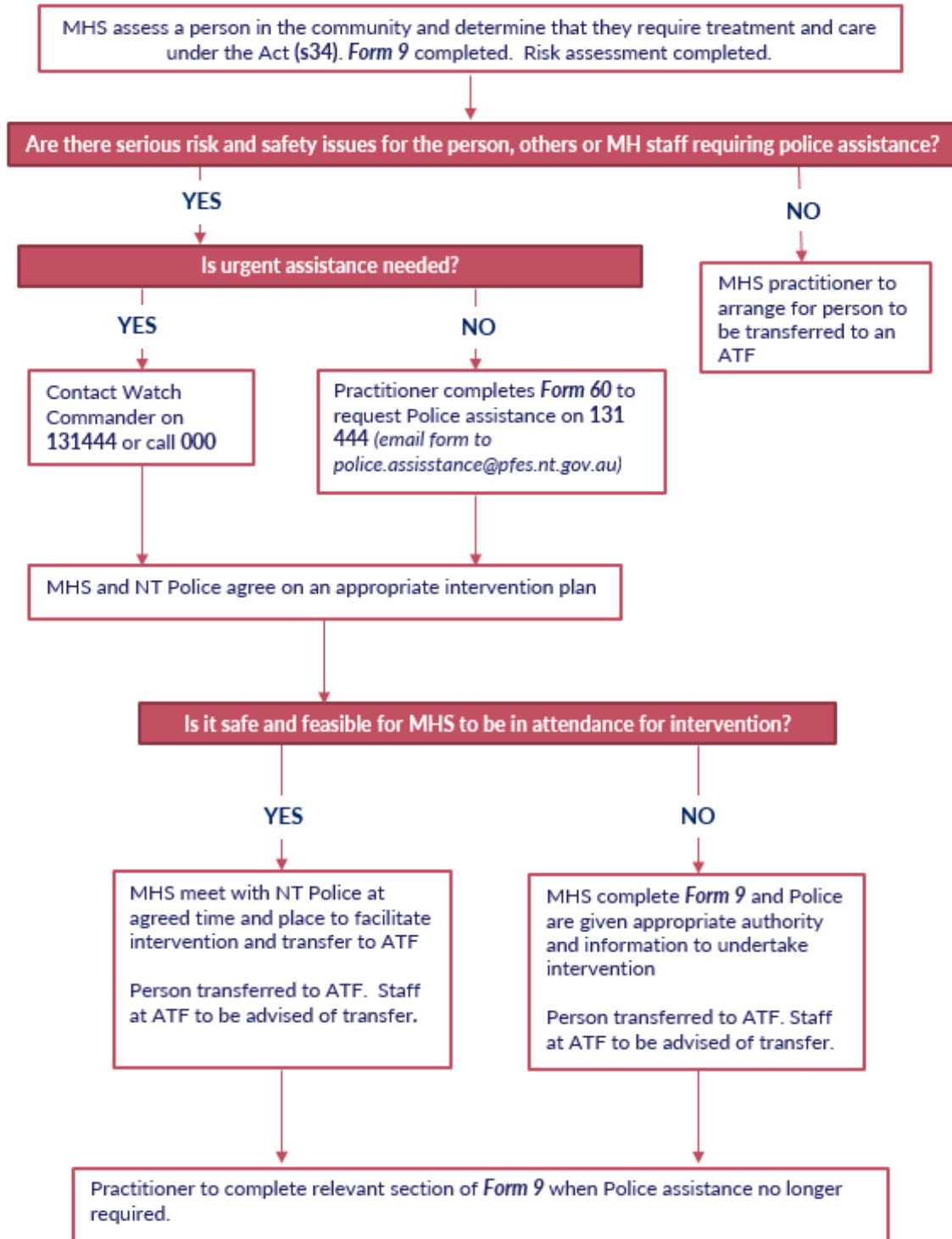


Flowchart 3 – Request for Non-Hospital Based Assessment by Police

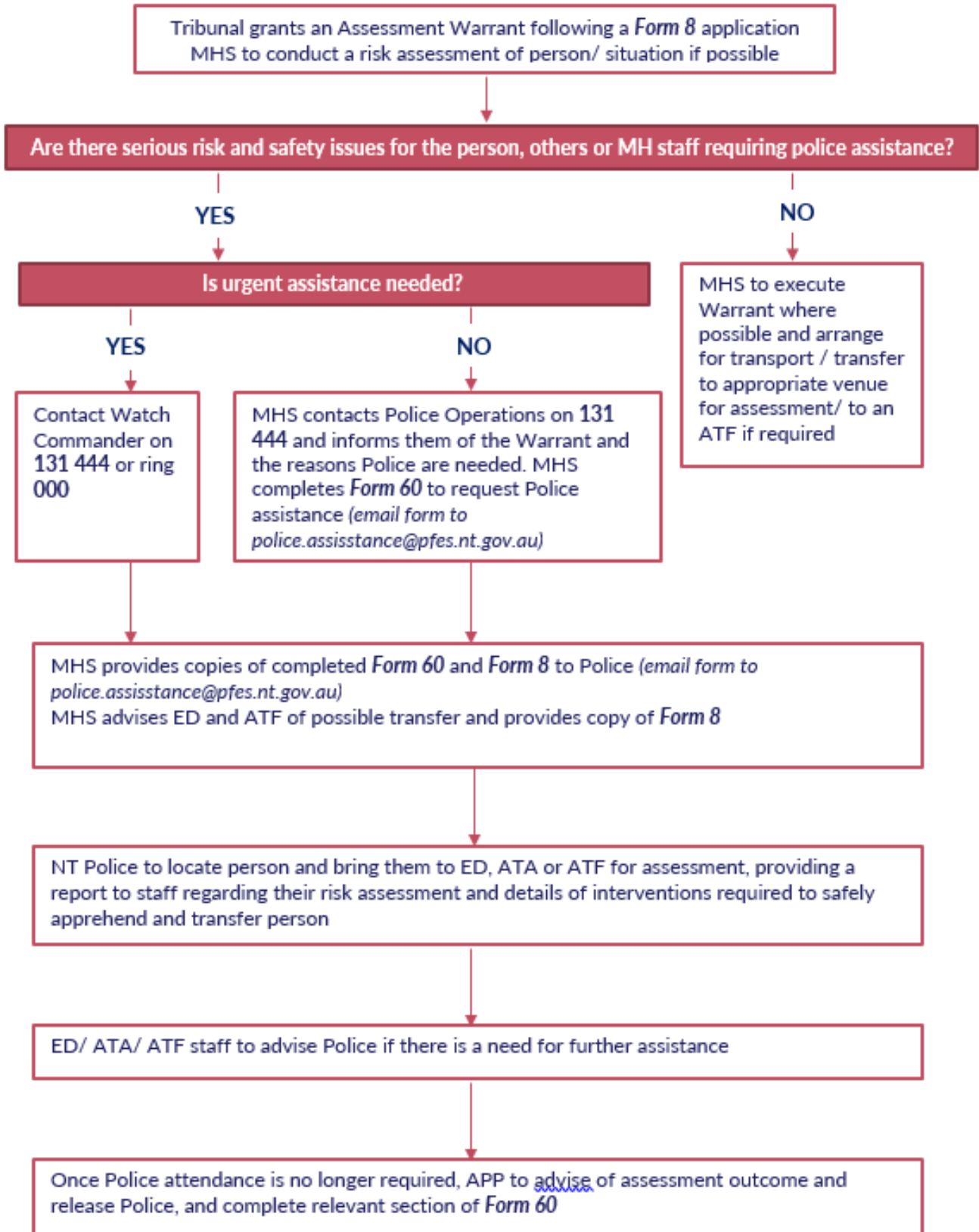
*If the person is already at a Police Station, see *Flowchart 02 – Assessment at an NT Police Station*



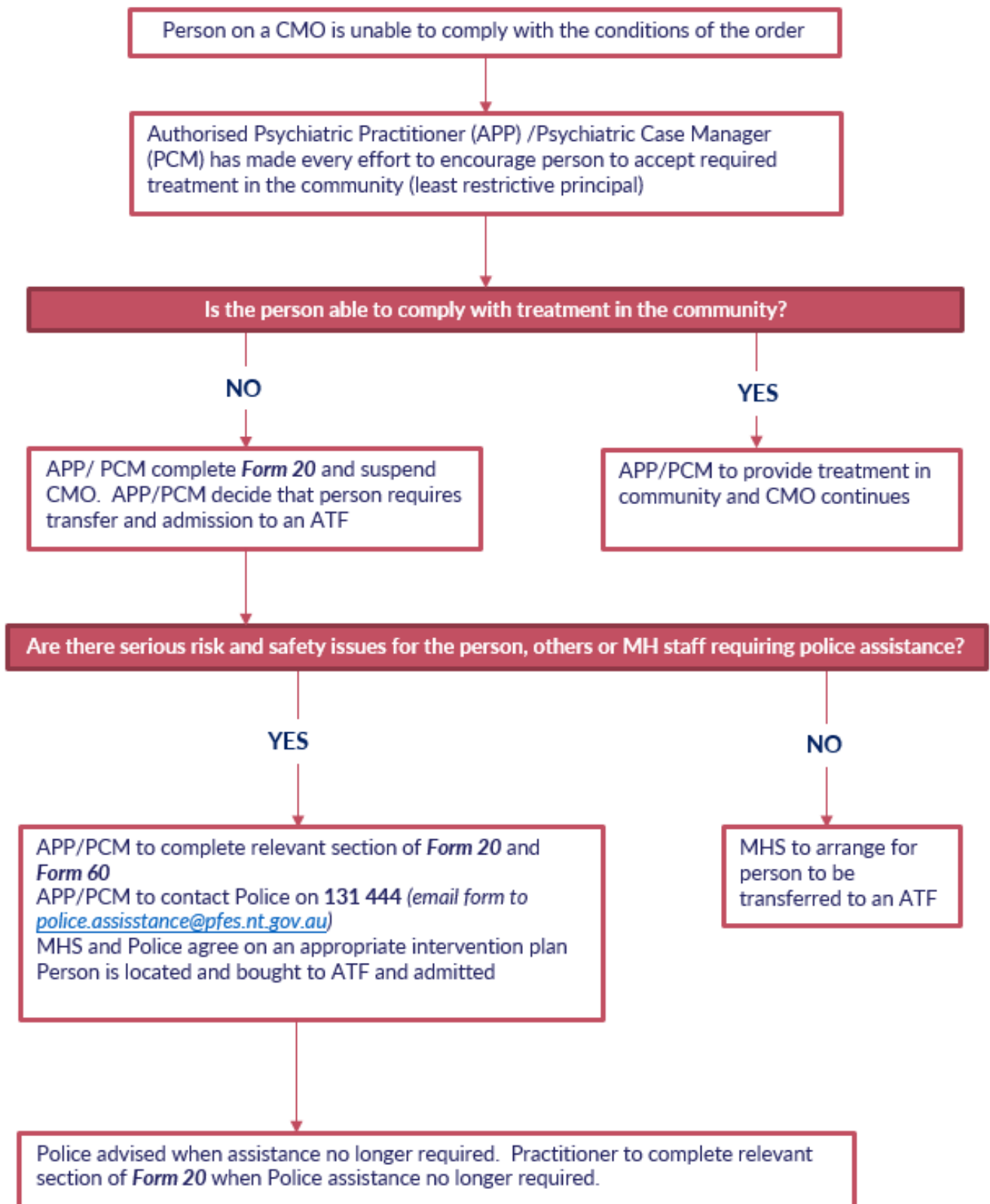
Flowchart 4 – Requesting NT Police Assistance in the Community by MHS (including under s34)



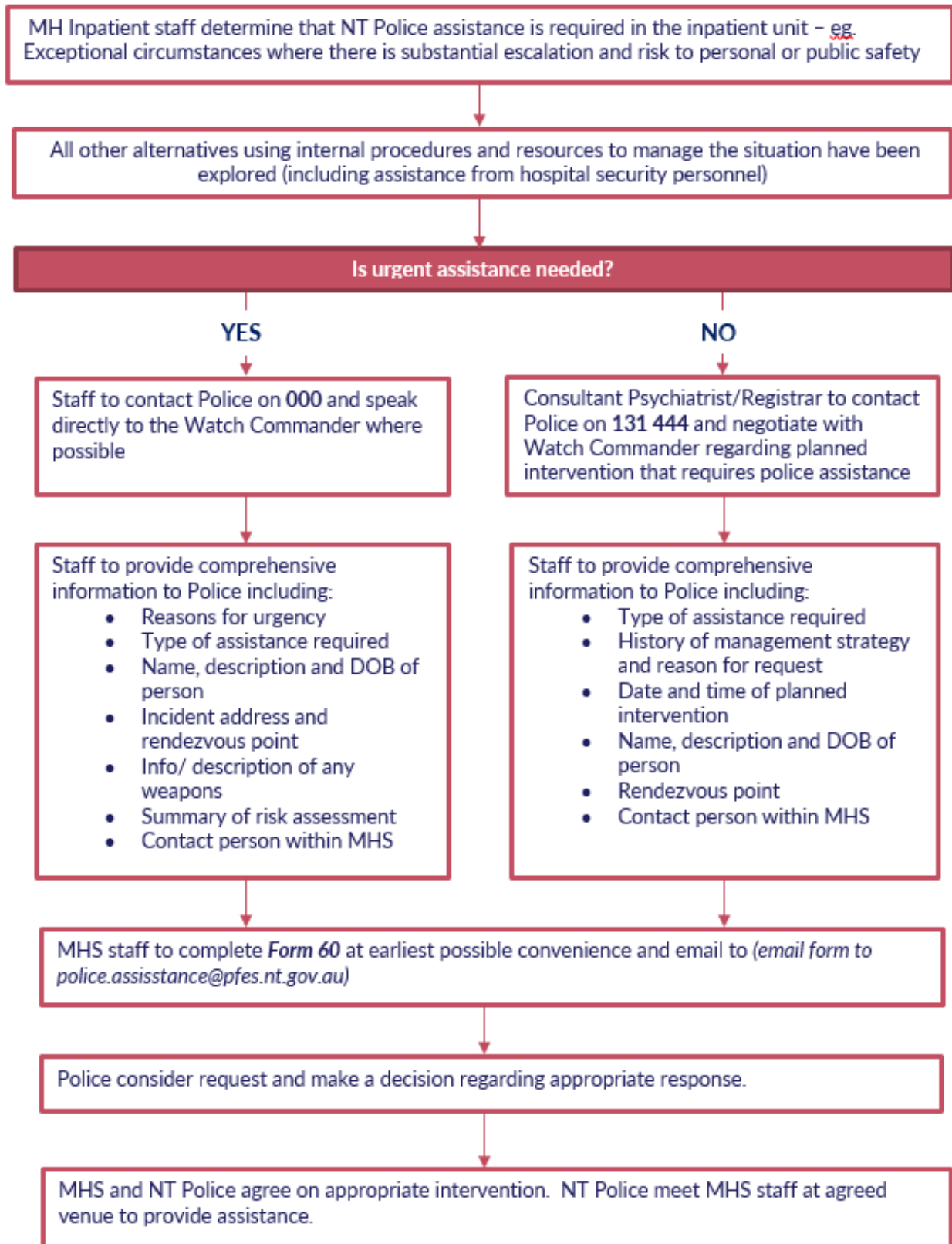
Flowchart 5 – Requesting Police Assistance to action an Assessment Warrant



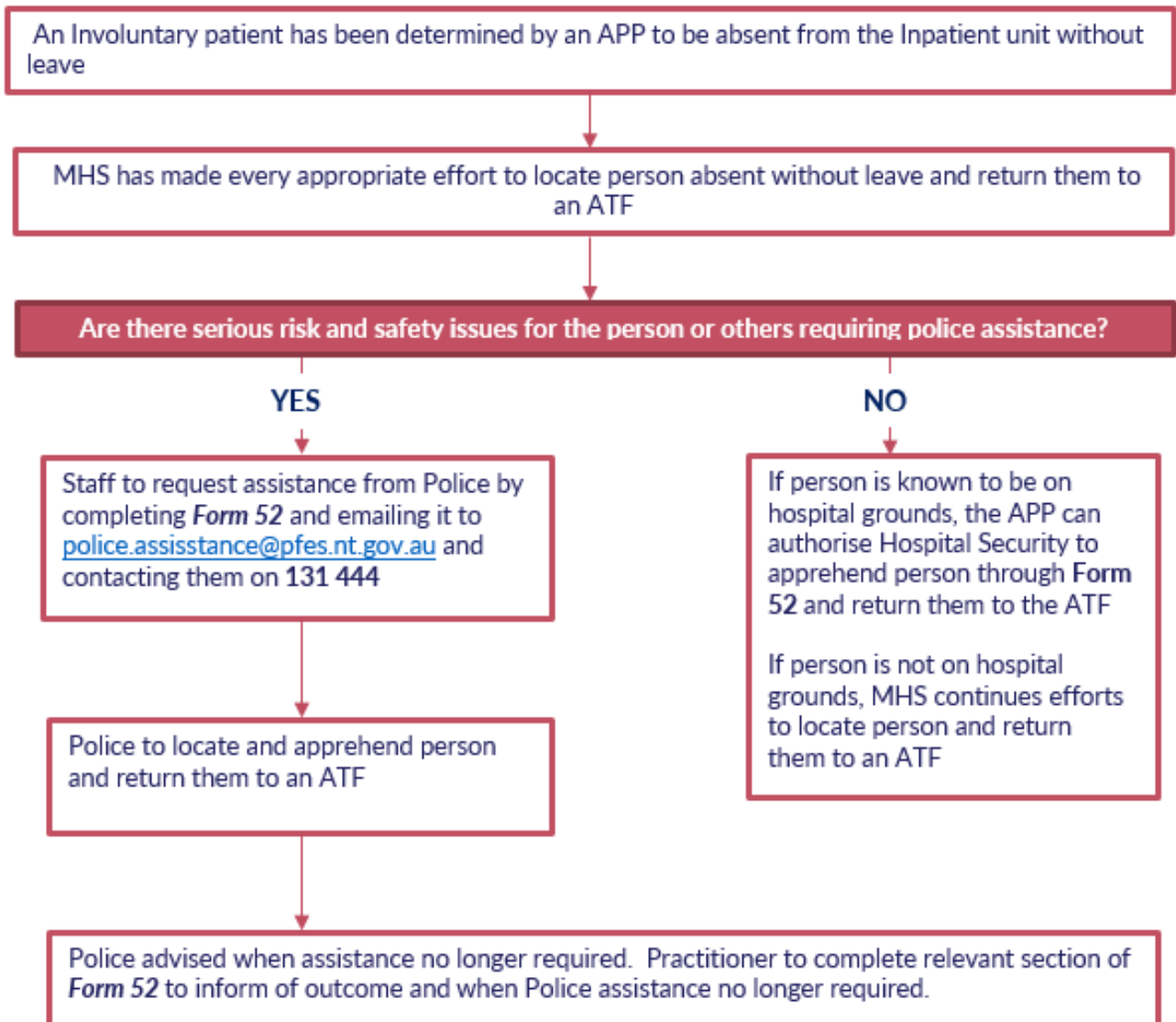
Flowchart 6 – Requesting Police Assistance when Suspending a Community Management Order (CMO)



Flowchart 7 – Requesting Police Assistance at and Inpatient Facility



Flowchart 8 – Requesting Police Assistance Where an Involuntary Patient is Absent Without Leave



Flowchart 9 – Requesting Police Assistant to Undertake a Welfare Check (Voluntary Patient)

