Memorandum of Understanding for the Delivery of Services to People with Mental Illness

A Memorandum of Understanding between Tasmanian Health Organisations, Ambulance Tasmania and Tasmania Police

November 2014 | Version 1
Disclaimer

The law relating to the provision of mental health treatment and care is complex. The information in this MOU does not purport to provide or constitute legal or clinical advice and is of a guiding nature only. The Tasmanian Government does not accept any legal or other liability for any errors or omissions or damages resulting from reliance on the information contained in this document.

Any concerns that individuals may have about particular situations involving people with mental illness should be discussed with appropriate clinical and legal experts.

Any disputes that may arise about the management of particular situations involving people with mental illness should be resolved in accordance with the dispute resolution mechanisms referred to in the body of the document.

Acknowledgements

Components of this document are based on a Queensland Government publication Safe transport of people with a mental illness: Queensland interagency agreement, State of Queensland (Queensland Health), 2014.

Errors

Errors identified in this document should be notified by emailing mhact@dhhs.tas.gov.au

Department of Health and Human Services
Mental Health, Alcohol and Drug Directorate

Email: mhact@dhhs.tas.gov.au
Visit: www.dhhs.tas.gov.au/mentalhealth

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Foreword

Tasmanian Health Organisations (via Mental Health Services, Forensic Mental Health Services and Emergency Departments), Ambulance Tasmania and Tasmania Police are often required to provide services to the same individuals affected by mental illness.

This includes - but is not limited to - people with a known or suspected mental illness who are escorted or transported to or from an approved facility or between approved facilities under the Mental Health Act 2013, Criminal Justice (Mental Impairment) Act 1999 or other legislation.

A shared understanding about the roles, responsibilities and priorities of Tasmanian Health Organisations, Ambulance Tasmania and Tasmania Police in responding to situations involving people with mental illness is critical for ensuring the best community and consumer outcomes and the most efficient and effective use of resources.

This Memorandum is the result of considerable discussion and collaboration between each of the parties and represents a strong commitment by all parties to work together to ensure safe outcomes for patients, their families and support persons, police officers, paramedics and health workers, as well as for the broader Tasmanian community.

I am pleased to present this First Version of Tasmania’s Memorandum of Understanding for the Delivery of Services to People with Mental Illness.

Clinical Associate Professor Leonard Lambeth
Chief Civil Psychiatrist | Chief Forensic Psychiatrist
BSc(Med), MBBS, FRANZCP, DAvMed, Cert Forens Behav Science, AFRACMA
Mental Health, Alcohol and Drug Directorate
Index

1 Purpose and Scope 4

2 Principles 5
   2.1 General principles 5
   2.2 Protective custody, transport and escort principles 5
   2.3 Information principles 6
   2.4 Education and training principles 7

3 Management of Situations Involving People with Mental Illness Generally 8
   3.1 Tasmanian Health Organisations 8
   3.2 Ambulance Tasmania 9
   3.3 Tasmania Police 9

4 Management of Situations Involving People in Protective Custody or Under Escort 10
   4.1 Tasmanian Health Organisations 10
   4.2 Ambulance Tasmania 11
   4.3 Tasmania Police 11

5 Liaison and Dispute Resolution 13

6 Statewide Committee – Membership (Key Points of Contact) 14
   6.1 Tasmanian Health Organisations 14
   6.2 Ambulance Tasmania 15
   6.3 Tasmania Police 15
   6.4 Other 15

7 Period of Operation and Review 16

8 Authorisation 17

Appendix 1: Definitions 18

Appendix 2: De-escalation Techniques 19

Appendix 3: Approved Facilities 20

Appendix 4: Custody and Escort Provisions 21
I Purpose and Scope

The purpose of this document is to:

- Provide a framework for the provision of services in situations involving people with mental illness
- Clarify the roles and responsibilities of the parties when responding to situations involving people with mental illness and in the provision of transport and escort services under the Mental Health Act 2013, Criminal Justice (Mental Impairment) Act 1999 and related legislation
- Foster a collaborative and cooperative approach between the parties in the management of situations involving people with mental illness and the provision of transport and escort services under the Mental Health Act 2013, Criminal Justice (Mental Impairment) Act 1999 and related legislation
- Provide a framework for the future development of region-specific working protocols

The document represents a formal written statement of intent between the parties. It is not legally binding and does not override the requirements of relevant laws, regulations, guidelines or protocols.

The terms “individuals with a mental illness” and “people with mental illness” are used in this document to refer both to people with a diagnosed mental illness and to people who are reasonably believed to have a mental illness.

“Mental illness” and other key terms used throughout this document are defined at Appendix 1.
2 Principles

2.1 General principles

Underpinning this agreement is the recognition by all parties that:

1. People with mental illness have the same rights as people with any other health condition. This includes the right to liberty, dignity, autonomy and self-respect

2. Any interference with or restriction on the rights of persons with mental illness should occur in the least restrictive way and to the least extent consistent with the need to protect the person, the need to protect the public, and with the efficient, effective and appropriate delivery of services

3. Collaboration and cooperation between Tasmanian Health Organisations, Ambulance Tasmania and Tasmania Police in managing situations involving people with mental illness is critical to ensuring safe and positive outcomes for people with mental illness and for the community

4. The primary role of Tasmanian Health Organisations (via Mental Health Services and Emergency Departments) is to provide hospital, primary and community health services to Tasmanians including Tasmanians with a mental illness

5. The primary role of Ambulance Tasmania is to provide emergency ambulance care, medical retrieval services, non-emergency patient transport services and aero-medical services

6. The primary role of Tasmania Police is to provide policing and emergency management services

7. In performing functions, each of the parties is required to have regard to their primary role or roles and to comply with relevant laws, regulations, guidelines and protocols

2.2 Protective custody, transport and escort principles

In relation to protective custody and the transport and escort of people with a mental illness, all parties agree that:

1. Protective custody, transport and escort of people with mental illness should occur in the least restrictive way consistent with the need to protect the person, the public, with the efficient, effective and appropriate delivery of services and with due regard for available resources

2. Whenever possible, patients, their representatives and support persons should be involved in and given choices about decisions regarding their custody, transport and escort

3. Protective custody, transport and escort should involve cooperative and coordinated action between the parties

4. Custody, transport and escort of persons with mental illness by private vehicle or, if this is not possible or appropriate, by Tasmanian Health Organisations is the least restrictive means of transport and is to be preferred

5. Custody, transport and escort of persons with mental illness by or involving police is the most restrictive means of transport and is to be utilised only in situations involving violence or significant risk of violence and where transport and escort by private vehicle, Tasmanian Health Organisations and/or Ambulance Tasmania is inconsistent with ensuring safe outcomes or where there is no other practical option for ensuring the person’s custody, transport or escort in a timely manner
6. Pre-identified and non-emergency transport and escort needs associated with arrangements made by one party which require assistance from another party will be communicated and negotiated at an early point in time to minimise disruption to the delivery of core services by the relevant party.

7. Reasonable costs levied by Tasmania Police for the escort and transportation of patients at the request of Tasmanian Health Organisations will be met by the party requesting assistance.

8. In all cases, transport and escort of people with mental illness by each of the parties will be prioritised in accordance with clinical need, competing priorities and available resources and in accordance with the Mental Health Act 2013, Criminal Justice (Mental Impairment) Act 1999 and other relevant legislation.

2.3 Information principles

In relation to the collection, storage, use and disclosure of information about and concerning people with mental illness, all parties:

1. Note the Personal Information Protection Principles set out in Schedule 1 to the Personal Information Protection Act 2004 and agree to collect, use, disclose and otherwise manage information about people with mental illness in accordance with those Principles.

2. Agree to seek and disclose confidential information about and concerning people with mental illness, including crisis management/intervention plans, through the usual processes applying to information exchange whenever this is consistent with ensuring safe and positive outcomes for individuals with mental illness and the community.

3. Agree to disclose confidential information which may be needed to prevent or lessen a serious threat to an individual’s life, health, safety or welfare, or a serious threat to public health or safety in situations involving people with mental illness requiring response from more than one party on request, or when the disclosing party otherwise considers this to be reasonably necessary for the safe management of the situation.

4. Acknowledge that in a crisis or emergency situation, confidential information disclosed between the parties will be limited to information that is necessary to assist in the prevention or safe resolution of the situation, and may include:

   - any information that may be relevant to any attending party undertaking an appropriate risk assessment
   - a history of aggression or self-injury
   - a history of substance (alcohol or other drug) abuse
   - information about the possession of weapons
   - information about the presence of any behaviours or symptoms which may suggest a risk to police or people in authority
   - any failure by the patient to take prescribed medication which may initiate or exacerbate a crisis situation

5. Agree to consult with each other and the Chief Civil Psychiatrist or Chief Forensic Psychiatrist as relevant before publishing any information pertaining to a person with a mental illness whose assessment, treatment or care is being provided under the Mental Health Act 2013.
2.4 Education and training principles

Each of the parties recognise the importance of cooperating in the delivery of education and training around the Mental Health Act 2013 as a means of facilitating collaborative and consistent approaches to dealing with situations involving people with mental illness, and agree to:

1. Incorporate instruction on issues of mental health and the Mental Health Act 2013 into relevant health, ambulance and police training courses and programs

2. Ensure that health, ambulance and police training courses provide information about health and human services, ambulance and police service delivery models, the range of services that are available to people with mental illness and how to access these, and other key points of contact

3. Ensure that health, ambulance and police training courses provide information about the nature and level of education and training that has been provided to the respective parties in how to manage situations involving people with mental illness

4. Provide information and expertise on a mutual basis to assist each other to deliver training which reflects these principles
3 Management of Situations Involving People with Mental Illness Generally

Situations involving people with mental illness should be managed using recognised de-escalation techniques in the first instance and prior to more invasive strategies being employed. See Appendix 2 for a summary of de-escalation techniques that should be utilised.

This section of the memorandum outlines the steps that each party will take when managing situations involving people with mental illness generally. The following section (Section 4) outlines the steps that each party will take in the management of situations involving people in protective custody or under escort specifically.

3.1 Tasmanian Health Organisations

Tasmanian Health Organisations acknowledge that they have a role in managing situations involving people with mental illness and agree to:

1. Accept responsibility for the management of situations involving people presenting with mental illness unless, due to violence or significant risk of violence or because the ambulance service has determined the person needs ambulance care, this is inconsistent with ensuring safe outcomes

2. Provide advice and assistance to Ambulance Tasmania and Tasmania Police in managing situations involving people with mental illness whenever possible

3. Seek police attendance at an inpatient, residential or community facility where there is an allegation of physical violence or serious threats by patients, consumers, staff or visitors

4. In crisis situations involving a person with mental illness, refer requests from Ambulance Tasmania and Tasmania Police for advice in situations involving a person with a mental illness to the Mental Health Services Helpline on 1800 332 388 in the first instance.

5. In emergency situations, contact Tasmania Police on 000, or if non-urgent, Radio Dispatch Services on 13 14 44, advise the operator that urgent or non-urgent police assistance is required, and:
   • explain what the problem is and the degree of urgency
   • provide details on the nature and location of the assistance required
   • advise whether weapons are present or suspected
   • advise who is present (for example, children, carers, Tasmanian Health Organisation staff or paramedics)
   • advise if the person appears to be affected by drugs or alcohol
   • provide all details possible concerning the person, including the person’s name, date of birth and any other information that would enable police to, more accurately, determine the nature of the crisis
   • advise of any cultural aspects, or language and communication needs

6. In emergency situations, contact Ambulance Tasmania on 000, or if non-urgent, the State Communications Centre on 1800 008 008 for advice or assistance in situations involving a person with mental illness who is believed to require ambulance care.
3.2 Ambulance Tasmania

Ambulance Tasmania acknowledges that it has a role in managing situations involving people with mental illness and agrees to:

1. Accept responsibility for the management of situations involving people with mental illness who require ambulance care or non-emergency patient transport due to requiring stretcher transport due to other conditions unless, due to violence or significant risk of violence, this is inconsistent with ensuring safe outcomes

2. Consult with the Mental Health Services Helpline on 1800 332 388 where there are concerns about the mental health of a person with whom paramedics have had contact, particularly in circumstances where recurring ambulance contact is likely to occur without appropriate intervention, wherever practicable

3. In emergency situations, contact Tasmania Police on 000 or if non-urgent Radio Dispatch Services on 13 14 44, advise the operator that urgent or non-urgent police assistance is required, and:
   - explain what the problem is and the degree of urgency
   - provide details on the nature and location of the assistance required
   - advise whether weapons are present or suspected
   - advise who is present (for example, children, carers, Tasmanian Health Organisation staff or paramedics)
   - advise if the person appears to be affected by alcohol or other drugs
   - provide all details possible concerning the person, particularly name, date of birth and any other useful information that would enable police to, more accurately, determine the nature of the crisis
   - advise of any cultural aspects, or language and communication needs

3.3 Tasmania Police

Tasmania Police acknowledges that it has a role in managing situations involving people with mental illness and agrees to:

1. Assist Tasmanian Health Organisations and Ambulance Tasmania to manage situations involving people with mental illness which involve violence or significant risk of violence and which cannot be safely contained by either Tasmanian Health Organisations or Ambulance Tasmania

2. Consult with the Mental Health Services Helpline on 1800 332 388 where there are concerns about the mental health of a person with whom police officers have had contact, particularly in circumstances where recurring police contact is likely to occur without appropriate intervention, wherever practicable

3. Attend an inpatient, residential or community facility to assist with responding to an allegation of physical violence or serious threats by patients, consumers, staff or visitors

4. Contact the Mental Health Services Helpline on 1800 332 388 for advice in crisis situations involving a person with mental illness

5. In emergency situations, contact Ambulance Tasmania on 000, or if non-urgent, the State Communications Centre on 1800 008 008 for advice or assistance in situations involving a person with mental illness who is believed to require ambulance care
4 Management of Situations Involving People in Protective Custody or Under Escort

The Mental Health Act 2013 provides for the involuntary assessment, treatment and care of persons with serious mental illness. The legislation enables a person to be taken into protective custody by a Mental Health Officer or police officer and enables a person on an Assessment Order or Treatment Order to be taken under escort and transported to, or from, or between, approved facilities.

A list of approved facilities is at Appendix 3.

The Mental Health Act 2013 imposes particular obligations on Mental Health Officers and police officers and these vary depending on the part of the Act that is being utilised. In all cases, however, the Custody and Escort Provisions apply and must be complied with. These are set out at Appendix 4.

This section of the memorandum outlines the steps that each party will take in managing people with mental illness who are taken into protective custody under the Mental Health Act 2013 or who are being escorted or transported under the Mental Health Act 2013, Criminal Justice (Mental Impairment) Act 1999 or related legislation.

4.1 Tasmanian Health Organisations

Tasmanian Health Organisations will:

1. Take responsibility for taking a person into protective custody or under escort and for keeping a person in protective custody or under escort when the use of protective custody or the decision to take the person under escort has been initiated by the Tasmanian Health Organisation

2. Only seek ambulance assistance to take a person into protective custody or under escort and for keeping a person in protective custody if ambulance care is considered to be needed or where a risk assessment has precluded the person being transported by a Tasmanian Health Organisation

3. Only seek police assistance to take a person into protective custody or under escort or to keep a person in protective custody in situations involving violence or significant risk of violence which cannot be safely contained by a Tasmanian Health Organisation

4. Only request assistance from Tasmania Police in conducting an ordinary search, frisk search or other type of search in respect of a person who is in protective custody or under escort, or who is being taken into protective custody or under escort, where there are concerns about concealed weapons or the impact on the security and safety of the person or others if the search is undertaken without such assistance

5. Only refuse to comply with a request from a police officer or paramedic to take over a person’s protective custody if:
   - the situation involves violence or significant risk of violence which cannot safely be managed by the Tasmanian Health Organisation, or
   - the person has made credible threats to harm others or has a history of violence or aggression when in similar situations

6. Provide police officers and paramedics with a clear rationale for any decision to refuse to accept a request for protective custody to be handed over

7. Where it is agreed that it is unsafe for Tasmanian Health Organisation staff to accept protective custody of the person, ensure the person is examined at the earliest opportunity to ensure the early
release of ambulance or police resources, and to minimise any disturbance or threat to patients and others at the place of assessment

8. Where paramedics or police officers retain protective custody of the person, provide advice to those officers as to the estimated wait time

9. Ensure that people who are brought to an approved assessment centre in protective custody are assessed by a medical practitioner as soon as practicable and in all cases, within four hours of arrival at the centre

10. Where a person who has been presented for assessment by police officers is deemed not to require admission or follow-up procedures, advise **Tasmania Police** immediately via **Radio Dispatch Services** on 13 14 44

### 4.2 Ambulance Tasmania

Ambulance Tasmania will:

1. Take responsibility for taking a person into protective custody or under escort and for keeping a person in protective custody or under escort when the use of protective custody or the decision to take the person under escort has been initiated by Ambulance Tasmania

2. Take responsibility for a person’s custody, escort or transport where the person requires ambulance care or where a risk assessment has identified that transport by a Tasmanian Health Organisation would be inappropriate

3. In all other situations, seek Tasmanian Health Organisation assistance in taking a person into protective custody or under escort and in keeping a person in custody or under escort

4. Only seek assistance from Tasmania Police to take a person into protective custody or under escort or to keep a person in protective custody in situations involving violence or significant risk of violence which cannot be safely contained

5. Only request assistance from Tasmania Police in conducting an ordinary search, frisk search or other type of search in respect of a person who is in protective custody or under escort, or who is being taken into protective custody or under escort, where there are concerns about concealed weapons or the impact on the security and safety of the person or others if the search is undertaken without such assistance

### 4.3 Tasmania Police

Tasmania Police will:

1. Provide assistance to Tasmanian Health Organisations and Ambulance Tasmania in conducting an ordinary search, frisk search or other type of search of a person who is in protective custody or under escort or who is being taken into protective custody or under escort, where there are concerns about the impact on the security and safety of the person or others if the search is undertaken without such assistance, on request

2. Take a person into protective custody or under escort and retain custody of the person if:

   - the situation involves violence or significant risk of violence which cannot safely be managed by the Tasmanian Health Organisation or by Ambulance Tasmania, or
   - the patient has made credible threats to harm others or has a history of violence or aggression when in similar situations
3. Remain involved and take appropriate action where a person in protective custody is engaged in criminal activity.

4. Where a person has been presented for assessment by police and found not to require admission, provide transport for the person, where practicable and if there is no other reasonable option, to a more appropriate place should such transport be required.
5 Liaison and Dispute Resolution

In relation to ongoing liaison and dispute resolution associated with the management of situations involving people with mental illness, each of the parties:

1. Notes that the Inter Agency Working Group for Mental Health (IAWGMH), established in 2009 as part of the Tasmanian Government’s Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI), will continue to convene to develop, promote and implement the principles and objectives of the Strategic Framework.

2. Agrees to participate in a Statewide Committee with responsibility for providing high level oversight of this document and progressing matters that are of importance Statewide or that have Statewide implications, and/or that are not capable of resolution at the regional level. Membership of the Committee will consist of senior representatives from each of the Tasmanian Health Organisations, Tasmania Police and Ambulance Tasmania, the Chief Civil Psychiatrist and Chief Forensic Psychiatrist and other relevant stakeholders (see Section 6). The Statewide Committee will meet on an annual basis with additional meetings to be scheduled as may be required.

3. Agrees to participate in any Regional Committees that are established to discuss issues arising at a regional level relating to this document and its practical application, and to develop, if necessary, region-specific working protocols. Membership of any Regional Committees that are established will consist of District Commanders and/or nominated representatives and Regional Mental Health Liaison Officers within Tasmania Police; the Chief Civil Psychiatrist and Chief Forensic Psychiatrist; the Area Managers, Regional Clinical Directors and representatives from Adult Community Mental Health Services, Adult Inpatient Mental Health Services/Psychiatric Emergency Nursing, Child and Adolescent Mental Health Services, Older Persons Mental Health Services, Forensic Mental Health Services, Alcohol and Drug Services and each of the Emergency Departments; and Regional Managers and/or nominated representatives from within Ambulance Tasmania. Any Regional Committees that are established will meet on a quarterly basis.

4. Agrees to refer matters of policy or which may affect the delivery of services to people with mental illness to the relevant Statewide or Regional Committee representative.

5. Agrees, in the event of a crisis situation, to establish and maintain close liaison between each of the parties at a suitably senior level. It is recommended that this liaison occur between members not below the rank of Inspector within Tasmania Police, not below the rank of Duty Manager within Ambulance Tasmania, and not below the level of Team Leader/Nurse Unit Manager within the relevant Mental Health Service or the Emergency Department of the particular Tasmanian Health Organisation in the first instance. Matters which cannot be resolved at this level should be escalated to the Chief Civil Psychiatrist or Chief Forensic Psychiatrist as relevant, and to the Area Manager/Clinical Director of the relevant Mental Health Service or Emergency Department.
6 Statewide Committee – Membership (Key Points of Contact)

6.1 Tasmanian Health Organisations

6.1.1 Tasmanian Health Organisation – South

Clinical Director – Mental Health Services (South)
Mental Health Services South
Tasmanian Health Organisation – South

Southern Area Manager – Mental Health Services
Mental Health Services South
Tasmanian Health Organisation – South

Staff Specialist (DEM)
Emergency Department
Royal Hobart Hospital
Tasmanian Health Organisation – South

6.1.2 Tasmanian Health Organisation – North

Clinical Director – Mental Health Services North
Mental Health Services North
Tasmanian Health Organisation – North

Northern Area Manager, Mental Health Services
Mental Health Services North
Tasmanian Health Organisation – North

Staff Specialist (Emergency Medicine)
Emergency Department
Launceston General Hospital
Tasmanian Health Organisation – North

6.1.3 Tasmanian Health Organisation – North West

Clinical Director North West
Mental Health Services North West
Tasmanian Health Organisation – North West

General Manager, THO – North West (Mental Health Services
Mental Health Services North West
Tasmanian Health Organisation – North West

Staff Specialist – Emergency Medicine
Emergency Department
North West Regional Hospital
Tasmanian Health Organisation – North West
6.2 Ambulance Tasmania

Director, Clinical Services
Ambulance Tasmania - Clinical Services
Ambulance Tasmania

6.3 Tasmania Police

Mental Health Liaison Officer
Executive Support and Secretariat
Tasmania Police

Inspector
Burnie Division
Western District
Tasmania Police

Inspector
Launceston Division
Northern District
Tasmania Police

6.4 Other

Chief Civil Psychiatrist/Chief Forensic Psychiatrist
Mental Health, Alcohol and Drug Directorate
Department of Health and Human Services
7 Period of Operation and Review

The document is intended to remain in place for a period of five years and will expire five years after endorsement unless each of the parties agrees otherwise in writing.

Any substantial changes to the document will be effected in writing via a new Version of the document. Any new Version that results will be effective on the signature of each of the parties.

The agreement may be terminated by any of the parties through notice in writing to each of the other parties.
8 Authorisation

We, as the individuals with executive responsibility for the relevant parties, acknowledge the importance of this agreement and agree to ensure the contents and agreed protocols are implemented and adopted within our respective Agencies. This agreement is accordingly authorised for implementation within the respective agencies.

M Daly
Acting Chief Executive Officer, Tasmanian Health Organisation South

Signature: Date: 5/11/14

D Hine
Commissioner, Tasmania Police/Secretary, Department of Police and Emergency Management

Signature: Date: 17/11/14

J Kirwan
Chief Executive Officer, Tasmanian Health Organisation North

Signature: Date: 20/11/14

Dr Leonard Lambeth
Chief Civil Psychiatrist and Chief Forensic Psychiatrist/Chief Psychiatrist, Mental Health, Alcohol and Drug Directorate, Department of Health and Human Services

Signature: Date: 6 October 2014

K Linegar
Acting Chief Executive Officer, Tasmanian Health Organisation North West

Signature: Date: 24/11/14

M Pervan
Acting Commissioner of Ambulance Services/Acting Secretary, Department of Health and Human Services

Signature: Date: 1/11/2014
Appendix 1: Definitions

**Approved assessment centre** means premises that are approved by the Minister for Health as assessment centres for the *Mental Health Act 2013* under section 140 of that Act.

**Approved facility** means an approved hospital, approved assessment centre or secure mental health unit.

**Approved hospital** means premises that are approved by the Minister for Health as a hospital for the *Mental Health Act 2013* under section 140 of the Act.

**Assessment criteria** means the criteria set out in section 25 of the *Mental Health Act 2013*. The criteria are:

(a) the person has, or appears to have, a mental illness that requires or is likely to require treatment for the person’s health or safety or the safety of others; and

(b) the person cannot be properly assessed with regard to the mental illness or the making of the treatment order except under the authority of the assessment order; and

(c) the person does not have decision-making capacity.

**Mental illness** is defined in section 4 of the *Mental Health Act 2013* as follows:

For the purposes of the Act:

(a) a person is taken to have a mental illness if he or she experiences, temporarily, repeatedly or continually,

(i) a serious impairment of thought (which may include delusions), or

(ii) a serious impairment of mood, volition, perception or cognition,

(b) nothing prevents the serious or permanent physiological, biochemical or psychological effects of alcohol use or drug taking from being regarded as an indication that a person has a mental illness.

**Protective custody** is a mechanism available under the *Mental Health Act 2013* for getting a person who is reasonably believed to have a mental illness to an approved assessment centre to be examined to see if the person needs to be assessed against the assessment criteria or the treatment criteria.

**Secure mental health unit** means premises that are approved by the Minister for Health as a secure mental health unit for the *Mental Health Act 2013* under section 140 of the Act.

**Treatment criteria** means the treatment criteria set out in section 40 of the *Mental Health Act 2013*. They criteria are:

(a) the person has a mental illness, and

(b) without treatment, the mental illness will, or is likely to, seriously harm the person’s health or safety of the safety of others, and

(c) the treatment will be appropriate and effective in terms of the outcomes referred to in section 6 of the Act, and

(d) the treatment cannot be adequately given except under a treatment order; and

(e) the person does not have decision making capacity.
Appendix 2: De-escalation Techniques

Basic de-escalation techniques include the following:

- Adopt a non-threatening stance with arms by your sides and open palms facing outwards
- Allow the individual as much personal space as is reasonable and possible under the circumstances while allowing you to maintain control of the situation
- Remain near an exit, but avoid standing between the person and the exit
- Present yourself as being calm and in control. This is a powerful de-escalation skill. Consider self-calming techniques to help yourself in the situation, such as slowing your breathing and counting to three
- Avoid prolonged eye contact as this can be threatening, but do not turn your back on the person
- Avoid sudden gestures, and do not corner or stand over the person
- Do not touch the person without their consent unless necessary
- Only one person at a time should speak to the person
- Allow the person to verbally express anger and distress
- Emphasise your desire to help
- Use the person’s name to personalise the situation
- Listen to the person
- Use plain language and speak in a calm, confident and non-threatening manner
- Ask open-ended questions – try to identify the problem and seek a solution
- Avoid the use of words such as “no” and “but”. For example, use statements such as “hospital policy doesn’t allow me to do that, however I can offer you other help” or “I’ll see what I can do”
- Where possible, reduce stimuli in the immediate environment (for example, remove or move away from other sources of stimulus such as people, loud music or machinery)
- Seek collaboration and cooperation rather than making threats (for example, offer a quiet environment rather than threatening to seclude the person)
- Where possible, offer courtesies such as a drink of water, a place to sit down, and a chance to attend to personal needs (for example, accessing the toilet)
- Where appropriate, encourage the person to speak with or sit with a family member, carer or other support person

(This section of the document has been extracted directly from Safe transport of people with a mental illness: Queensland interagency agreement, State of Queensland (Queensland Health) 2014)
Appendix 3: Approved Facilities

Approved hospitals
Tasmania has five approved hospitals, as follows:

- The Royal Hobart Hospital, located in Hobart (South)
- The Millbrook Rise Centre, located in New Norfolk (South)
- The Roy Fagan Centre, located in Lenah Valley (South)
- The Launceston General Hospital, located in Launceston (North)
- The North West Regional Hospital Burnie Campus, located in Burnie (North West)

The whole of each of the above listed premises is approved, including the Emergency Departments.

The Mersey Community Hospital is NOT an approved hospital.

Approved assessment centres
Each of the approved hospitals is also an approved assessment centre.

Secure mental health units
Tasmania has one secure mental health unit, the Wilfred Lopes Centre, located in Risdon.
Appendix 4: Custody and Escort Provisions

PART 1 - Preliminary

1. Interpretation

In this Schedule –

**custodian** or escort, of a patient, means a police officer, MHO or authorised person who, by or under this Act, is empowered or authorised to take the patient into protective custody or under escort;

**frisk search**, of a patient, means a search conducted speedily by any or any combination of the following means:

(a) running the hands over the patient’s outer clothing;

(b) passing a metal detection device over or in close proximity to the patient’s outer clothing;

(c) examining anything worn or carried by the patient that he or she appears to have removed or discarded voluntarily;

(d) passing a metal detection device over or in close proximity to anything worn or carried by the patient that he or she appears to have removed or discarded voluntarily;

**ordinary search**, of a patient, means a search limited to –

(a) requiring, in the searcher’s discretion, the patient to remove one or more of the following:

(i) any coat, jacket or like outer garment;

(ii) any hat;

(iii) any shoes, boots or like footwear;

(iv) any socks;

(v) any gloves or mittens;

(vi) any handbag, backpack or like carrying item; and

(b) requiring, in the searcher’s discretion, the patient to empty all or any of his or her pockets; and

(c) examining the item or items so removed and the contents thereof and, if applicable, the contents of the pockets so emptied;

**patient** includes a prospective patient;

**relevant** advice or direction, includes advice or direction from –

(a) the Commissioner of Police or another commissioned police officer within the meaning of the Police Service Act 2003; or

(b) a Chief Psychiatrist; or

(c) a medical practitioner; or

(d) the Commissioner of Ambulance Services under the Ambulance Service Act 1982;

**take**, a patient into protective custody or under escort, includes holding the patient in protective custody or under escort.
PART 2 - Powers and Duties

1. General powers, &c., of custodians and escorts

To take a patient into protective custody or under escort —

(a) the custodian or escort may enlist the assistance of any person, including, if necessary, a police officer; and

(b) the custodian or escort (and any assistant) may use reasonable force against the patient if he or she resists being taken into protective custody or under escort; and

(c) the custodian or escort (and any assistant) may use reasonable force against anyone who may try to prevent the patient from being taken into protective custody or under escort; and

(d) the custodian or escort (if necessary with any assistant) may, without warrant and doing as little damage as possible, enter any premises if the custodian or escort reasonably believes that the patient may be found on those premises; and

(e) the custodian or escort (or any assistant) may take possession of and safeguard any medication, physical aid or other thing that the custodian or escort reasonably believes is or may be necessary to the patient’s health, safety or welfare; and

(f) the custodian or escort (or any assistant) may take possession of and safeguard any medication, prescription or other thing that the custodian or escort reasonably believes is or may be relevant to the patient’s examination, assessment, treatment or care; and

(g) the custodian or escort may, as circumstances require, transfer physical control of the patient to another custodian or escort or to another police officer, MHO or authorised person (who then has, and may exercise, any powers of the transferring custodian or escort under this clause); and

(h) the custodian or escort is not required to be in close physical proximity to the patient during any examination or assessment.

2. Search power of custodians and escorts

(1) To take a patient into protective custody or under escort —

(a) the custodian or escort may conduct a frisk search or ordinary search of the patient if the custodian or escort reasonably suspects that the patient may be carrying anything that could —

(i) be a danger to the patient or another person; or

(ii) assist the patient to escape; and

(b) the custodian or escort may seize anything found in the frisk search or ordinary search if he or she reasonably believes it is a thing of the kind referred to in paragraph (a)(i) and (ii); and

(c) the custodian or escort may retain anything seized in the frisk search or ordinary search and, as the circumstances may require or indicate —

(i) safeguard the thing for later return to the patient or transfer to a health professional or other person in connection with the patient’s examination, assessment, treatment or care; or

(ii) dispose of thing as the custodian or escort thinks fit (after, if he or she adjudges it necessary or expedient to do so, obtaining any relevant advice or direction) including, if the thing is unlawful or dangerous and not required for evidentiary purposes, disposal by means of its destruction.
(2) Before conducting a frisk search or ordinary search pursuant to subclause (1), the custodian or escort is to inform the patient—

(a) why the search is to be conducted; and

(b) what the search will involve.

(3) A frisk search is, if practicable, to be conducted by a person of the same sex as the person being searched.

3. Proof of identity

(1) This clause applies if a person is purporting to exercise, discharge or perform a responsibility as a custodian or escort.

(2) Any affected party may ask the person to produce proof of identity.

(3) Subject to subclause (4), it is the person's duty to comply with the request.

(4) For the purposes of subclause (3), it is sufficient if the person—

(a) in the case of an MHO, produces his or her MHO identity card; or

(b) in the case of an authorised person, produces his or her identity card, if issued, or instrument of authorisation; or

(c) in the case of a police officer or ambulance officer who is not in uniform, produces his or her MHO identity card, if issued, or—

(i) in the case of a police officer, his or her warrant card; or

(ii) in the case of an ambulance officer, his or her ambulance officer identification card; or

(d) in the case of a police officer or ambulance officer who is in uniform, states that he or she is acting as authorised custodian or escort under this Act.

(5) A failure to comply with subclause (3) does not, of itself, invalidate the subsequent exercise, discharge or performance of the relevant responsibility.

(6) The CFP or controlling authority of an SMHU may issue an authorised person with an identity card for use in connection with escort duties.

(7) In this clause—

affected party means any of the following:

(a) the patient;

(b) a representative or support person of the patient;

(c) the owner or occupier of any premises that the person purporting to act as custodian or escort is, in that capacity, seeking to enter;

(d) the controlling authority of an approved facility from which the person purporting to act as custodian or escort is, in that capacity, seeking to remove the patient;

(e) a Chief Psychiatrist.

4. Schedule does not limit certain powers

Nothing in this Schedule is to be taken to limit any powers of arrest, search and seizure that a person has under the laws of Tasmania.
PART 3 - Policy

1. Custody and escort policy

As far as practicable –

(a) patients should not be taken into protective custody if they can be properly examined and assessed against the assessment criteria or treatment criteria without being taken into protective custody, and

(b) patients should not be taken into or held in protective custody or taken or held under escort by force unless –

(i) persuasion or other non-forceful methods have been tried without success; or

(ii) the authorised custodian or escort reasonably believes that it would be futile or inappropriate to try such methods; and

(c) whenever practicable, the use of non-police custodians, escorts and assistants is to be preferred; and

(d) patients taken into protective custody or under escort should be transported with the least delay and discomfort as circumstances reasonably allow; and

(e) where a patient has been granted a leave of absence from an approved facility for a private purpose under escort, the authorised escort is not to unreasonably interfere with the enjoyment of that leave.