Decision Making Model applied to Mental Health Incident June 16

I. GATHER INFORMATION & INTELLIGENCE

- Does the person require medical attention?
- Has the person had a knock to the head/head injury in the last 48 hours?
- Has a crime been committed?
- Risk to themselves or any other person? Are they a carer?
- Location of the person i.e. home or other private place, public place, on a ledge, missing.
- Available sources of information e.g. bystanders, family, carer, agencies/partners, PNC, CHS, VPD.
- Under influence of drink or drugs?
- Urgency of the situation e.g. attempting/threatening suicide or are they mentioning it as a possible future event.

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CODE OF ETHICS INTEGRITY, FAIRNESS, RESPECT & HUMAN RIGHTS

Mental Health (Care & Treatment) (Scotland) Act 2003 advocates minimum interference in peoples' liberty and the maximum involvement of service users in any treatment while taking into account the safety of others.

2. ASSESS THREAT & RISK AND DEVELOP A WORKING STRATEGY

APPENDIX L

- Is the person lucid & coherent?
- History/background of person e.g. known to be violent, relevant risk markers, offending history, previously been suicidal, absconder.
- Suspected deterioration in MH e.g. hallucination, attempting/threatening suicide, anxiety, paranoia.
- Has the person made a specific suicide plan?
- History of substance misuse.
- Stability of person's living conditions, relationships & availability of support.
- Significant events e.g. recent separation, bereavement.
- History of compliance with previous treatment.
- Risks from others present e.g. associates, family.



4. IDENTIFY OPTIONS & CONTINGENCIES Consider:

TAKE ACTION & REVIEW WHAT HAPPENED

Record decision and rationale.

or signposting.

situation?

Implement the action. The decision can be

not to take formal action but provide advice

Monitor – the risk situation and the response

implemented must be monitored. Is situation

improving or deteriorating? Do we have new

information? Reassess and take action.

scrutiny? What have I learned from this

Who else needs to know i.e. next of kin,

Submit detailed Adult Concern Form.

supervisor, Mental Health Lead?

Evaluate – will my decision withstand

- Focusing on the needs of the individual whilst keeping them and others safe when considering options.
- Medical attention takes precedence over mental health call ambulance.
- Crime or offence powers of arrest afforded under that legislation. Avoid criminalisation if alternative solution can be found.
- Mental health concerns available support of responsible adult, family member, friends, carer etc.
- MHCAT(S) Act 2003 legislation (public/private space).
- Attendance of GP, Approved Medical Practitioner or Mental Health Officer.
- Involvement of partner agencies in multi agency risk management discussion.

3. CONSIDER POWERS & POLICY

- Threat to life either to their own or others.
- Will this require specialist teams e.g. negotiator, MoE etc?
- Has a crime or offence been committed? (is it directly linked to MH: is it in the public interest to prosecute?)
- Does incident meet criteria of MHCAT(S) Act 2003?
- Relevance of locus public place, private place. (access allowed/denied)
- Is the person willing to be taken for assessment on a voluntary basis?
- Is assistance required by Approved Medical Practitioner or Mental Health Officer for warrants applications, removal orders etc.