

ATTENDANCE AT HOSPITAL

Carry out joint risk assessment with medical staff to establish if police should remain e.g. risk of violence / absconding. This requires sharing of information regarding circumstances giving rise to detention, and known behaviours / risks. Consult a supervisor who can refer to section 5.3 of the SOP.

NO ADMISSION TO HOSPITAL FOLLOWING ASSESSMENT

Where a person detained under S297 does not require admission to hospital for any medical matter and the psychiatric assessment concludes there is no requirement for admission to hospital, police powers of detention under S297 will cease.

However, although the person is thereafter free to go about their business, consideration must be given to their welfare and any police role in keeping them safe. Just because a person is not admitted to hospital with a diagnosable MH problem, does not mean the distress or crisis they are experiencing has diminished. However with the passage of time, the distress levels may well have decreased.

If you are still concerned about a person, consult a supervisor who can refer to Section 5.9 of the SOP.

IMPORTANT - record your rationale and decision making which includes information from health professional.

In circumstances where a MH assessment has been carried out, information obtained from the health professional is crucial in determining the most suitable course of action to be taken thereafter.

Prior to being released from the POS, officers should:

- Record outcome of joint risk and MH assessments in notebook;
- Note details of the MH professional who carried out the assessment and any information which could help inform our risk assessment;
- Establish if a person is safe to travel home alone e.g. ability and means to get home / time of day / location / clothing / weather / person's vulnerability / health;
- If possible arrange for suitable person who is willing and capable of accepting responsibility for the person, having advised them of circumstances (discuss with supervisor).

RECORDING OF INFORMATION

Accurate recording is essential and will allow Police Scotland to fulfil its statutory duties. If a person has been detained by police under the Act this must be clearly stated and the following information recorded on VPD:

If a person is taken to a hospital, police station or other POS the VPD concern form must clearly state what powers, if any, were used, such as:

- Detained S297 Mental Health (Care and Treatment) (Scotland) Act 2003; or
- In connection with other crime or offence (specify crime); or
- Attended on voluntary basis (e.g. asked to be conveyed to POS without police intervention/suggestion).

VPD concern form must also state:

- Time of detention
- Address of POS and, where relevant, any subsequent POS and reason for more than one;
- Where a police station has been used as a POS – record rationale;
- Time/s person was transferred if taken to more than one POS;
- Disposal (i.e. voluntary admission to hospital, admitted to hospital, released from police custody etc);
- S297 detention only – details of person informed regarding detention (nearest relative / person who detained person resides with / carer). If unable to inform such person – brief explanation.

NB. UPDATE VPD AND STORM PRIOR TO TERMINATION OF DUTY.

USEFUL NUMBERS

Samaritans - 116 123

Breathing Space - 0800 838587

NHS 24 - 111

Combat Stress (Veterans' Mental Health Helpline) - 0800 138 1619

NOT PROTECTIVELY MARKED



**POLICE
SCOTLAND**
Keeping people safe

Dealing with Mental Health Incidents

Version 1.0 May 2017

NOT PROTECTIVELY MARKED

THE MENTAL HEALTH (CARE & TREATMENT) (SCOTLAND) ACT 2003

This aide memoire is designed to assist officers when dealing with mental health related incidents. Full guidance can be obtained from the Mental Health and Place of Safety SOP and other associated documents on the Mental Health Intranet site.

COMMUNITY TRIAGE (CT)

Local CT services (if available) should always be used in the first instance to help provide the most appropriate response to someone in mental health crisis / distress.

.....(insert tel no. of local CT service)

POLICE ACTION WHERE CRIME/OFFENCE HAS BEEN COMMITTED

Police cannot determine a person's mental capacity to commit crime. Consequently, where a crime has been committed or an apprehension warrant is in force, unless there are exceptional circumstances (crime is of a minor nature and not in public interest to prosecute), a person should be dealt with for the crime / warrant regardless of perceived mental disorder.

When a person has been arrested for committing a crime or offence and that person is suspected of having a mental disorder, officers should seek guidance from the duty Custody Sergeant at the earliest opportunity, fully apprising them of all circumstances. The Custody Sergeant will then determine the most appropriate healthcare response.

N.B. An Appropriate Adult must also be considered for the prisoner.

POLICE POWERS – NO CRIME / OFFENCE - PUBLIC PLACE

A police officer may remove a person from a public place to a place of safety (POS) under Section 297 of the Act for the purpose of having a mental health assessment if:

- they reasonably suspect that person has a mental disorder; and
- is in need of immediate care and treatment; and
- it is considered in the interest of that person or necessary for the protection of others.

POLICE ACTION – NO CRIME / OFFENCE - PRIVATE PLACE

Entry Granted – If a person refuses to attend a POS, and there is no local CT service, police should request attendance of GP / Mental Health Officer (MHO) to carry out initial mental health assessment.

Entry Refused - No police powers exist to force entry to private property except where authorised by:

- Section 35 Warrant obtained by a MHO. This does not give powers to detain and remove a person to a POS. GP/ MHO, following initial assessment, would require to obtain Emergency Treatment Certificate / warrant / order to authorise such detention and removal.
- Section 292 Warrant obtained by MHO (person already subject to the Act).
- Section 293 Removal Order or Section 294 (urgent application) obtained by MHO.

- Section 20, Police and Fire Reform (Scotland) Act i.e. to protect life and property. (must be **immediate risk to life** which can only be mitigated by such removal - consult supervisor and record rationale)

Verify what warrants/ orders have been issued to health professionals to fully establish powers available – record within notebook.

Police cannot simply arrest a person '**for their own safety**'. All options must be explored and rationale recorded.

UNDER INFLUENCE OF ALCOHOL / DRUGS

Accurate psychiatric assessment of a person who is intoxicated is difficult. However, where a person has consumed alcohol or drugs, and appears to answer questions with full understanding of what is being asked of them, it may be assumed that person is able to undertake a mental health assessment. A reasonable test of that person's suitability, from a police perspective, would be "would the person be fit to be interviewed by the police in relation to a crime?"

Officers should **not** see the Police Custody Centre as the obvious solution to the person's care and welfare.

If the person appears to be significantly under the influence of alcohol or other substance, to the extent that would prevent them undergoing a mental health assessment but is not in need of urgent medical assistance; and

- no crime has been committed;
- there is no suggestion of violence; and
- to leave them alone is perceived to be unsafe; then

officers should consider leaving the person in the care of a responsible adult (relative, friend or carer) who is willing and capable of accepting responsibility having been advised of the circumstances. If no such person can be found, consult a supervisor who should ensure all possible avenues of support have been explored and rationale for any decisions made fully recorded.

Whilst a police station can be used as a POS it should only be used where a designated POS is not immediately available and should be considered as a last resort. Sometimes a police station may need to be used e.g. where someone has been deemed unfit for assessment at the designated POS. N.B. It is important to consult a Custody Sergeant prior to any decision being made regarding the use of a Police Station as a POS.

In private or public place – suspected overdose / appears to be intoxicated to such a degree they are unable to stand unaided or communicate – request ambulance.

In public place – if person coherent and lucid, and not in need of urgent medical attention, they can be detained under S297 and taken to POS, however the MH professional at POS will decide if the person is fit to be assessed.

In private place – if person coherent and lucid, and not in need of urgent medical attention, revert to police actions within private place.