Personal, Professional, Protective Policing

FREEDOM OF INFORMATION REQUEST

Request Number: F-2014-05376

Keyword: Organisational Information/Governance

Subject: PSNI Service Procedure / Policy

Request and Answer:

Question 1
Please provide a copy of the Police Service Directive 32/2008 - PSNI operational procedure and guidance for dealing with persons with a mental disorder.

Answer
This is to inform you that the Police Service of Northern Ireland has now completed its search for the information you requested. The decision has been taken to disclose the located information to you in full.

Please find a copy of Service Procedure 32/2008 attached at the end of this correspondence. This Service Procedure was cancelled by Weekly Order 43/2011 and is now obsolete.

Question 2
What is the current police policy for arrest and detention of persons with a mental disorder? Please also include details of any relevant procedures of dealing with persons with a mental disorder, in particular autism.

Answer
Guidance to officers in relation to mental health issues is available on the PSNI Intranet and sets out police powers under Article 130 of the Mental Health (NI) Order 1986; below is a link to agreed multi-agency guidance at http://www.gain-ni.org/flowcharts/

The PSNI was engaged with Government Departments and other criminal Justice Agencies in drafting the Autism Strategy (2013-2020) and Action Plan (2013-2016). Additionally PSNI has engaged at a regional level with Autism NI in the delivery of Autism Awareness Training for officers

If you have any queries regarding your request or the decision please do not hesitate to contact me on 028 9070 0164. When contacting the Freedom of Information Team, please quote the reference number listed at the beginning of this letter.

If you are dissatisfied in any way with the handling of your request, you have the right to request a

review. You should do this as soon as possible, or in any case within two months of the date of issue of this letter. In the event that you require a review to be undertaken, you can do so by writing to the Head of Freedom of Information, PSNI Headquarters, 65 Knock Road, Belfast, BT5 6LE or by emailing foi@psni.pnn.police.uk.

If following an internal review, carried out by an independent decision maker, you were to remain dissatisfied in any way with the handling of the request you may make a complaint, under Section 50 of the Freedom of Information Act, to the Information Commissioner's Office and ask that they investigate whether the PSNI has complied with the terms of the Freedom of Information Act. You can write to the Information Commissioner at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. In most circumstances the Information Commissioner will not investigate a complaint unless an internal review procedure has been carried out, however the Commissioner has the option to investigate the matter at his discretion.

Please be advised that PSNI replies under Freedom of Information may be released into the public domain via our website @ www.psni.police.uk

Personal details in respect of your request have, where applicable, been removed to protect confidentiality.

Police Service of Northern Ireland

Policy for Public Disclosure.
Procedure and Guidance
for Internal use only

HQ Ref: TRIM 06\597

SP 32/2008

SERVICE PROCEDURE

OPERATIONAL PROCEDURE AND GUIDANCE FOR DEALING WITH PERSONS WITH A MENTAL DISORDER

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1. SERVICE PROCEDURE IDENTIFICATION

SERVICE PROCEDURE TITLE:	**Operational Procedure and Guidance for Dealing With Persons With A Mental Disorder**
PROCEDURAL OWNERSHIP:	
DEPARTMENT	**Operational Support**
BRANCH	**Operations**
AUTHOR	**Sergeant, 17430**
PROCEDURE APPROVED BY:	**Superintendent, Ops Policy and Support**
CCF REF/OTHER	
DATE OF APPROVAL	
IMPLEMENTATION DATE:	**25 July 2008**
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2. AIM OF SERVICE PROCEDURE

This Service Procedure sets out the legal responsibilities of police officers when in contact with persons with a mental disorder, and provides the general principles to inform local protocols between the police and mental health services to ensure the appropriate management of persons detained for protection and assessment under the Mental Health (NI) Order 1986.

3. INTRODUCTION

(1) A consistent finding in the area of mental disorders is that people suffering from a mental disorder suffer numerous psychological and social deficits. Whilst psychiatry dominates the area of mental illness, research has shown that stigma, discrimination and prejudice can affect people long after the symptoms of mental health problems have been resolved. Discrimination due to societal response to mental illness can lead to relapses in mental health problems, and can intensify existing symptoms.

(2) A person’s mental condition must have no bearing on their fundamental right to human dignity. Where possible, officers dealing with persons with a mental disorder should make every effort to ensure that any police intervention in a public setting is necessary, proportionate, and not based solely upon stereotypical images of mental illness. Every person with a mental illness has the right to live and work, as far as possible, in the community.

(3) Behaviour that deviates from shared expectations or from what might be considered the ‘norm’ is not, in itself, a reason to interfere with a person’s freedom to go about their lawful business in a public place. Non-conformity in areas such as clothing, appearance, language, facial expressions, feeling and thought does not, in itself, give sufficient cause to interfere with a person’s right to a private life.

(4) District Commanders will appoint a District Mental Health Liaison Officer (DMHLO) as a single point of contact to interface with local mental health services on all matters pertaining to police roles and responsibilities under the Order, and advising health and social care professionals of vulnerable patients who are being subjected to intimidation or threats from within their local communities. Issues to be considered include:

(a) Arranging an appropriate ‘first choice’ place of safety for individuals detained under Articles 129 and 130 of the Mental Health (NI) Order 1986;

(b) Arranging applications for assessment of individuals detained under Articles 129 and 130;

(c) Police escorting and/or transporting individuals to places of safety and mental health facilities;

(d) The agreed handover procedures for patients and detainees with mental health problems.

4. LEGAL BASIS

The Mental Health (NI) Order 1986 makes provision with respect to the detention, guardianship, care and treatment of patients suffering from mental disorder. This Service Procedure sets out the procedures to be considered by police officers when dealing with:

(1) Persons with a mental disorder found in places to which the public have access;

(2) Compulsory admission to Hospital for assessment - police role in the application process for admission;

(3) Persons with a mental disorder on private premises;

(4) Management of disturbed (violent) behaviour on all mental health or learning disability facilities;

(5) The transportation of persons with a mental disorder;

(6) Persons with a mental disorder who have absconded.

5. POLICY LINKS

This Service Procedure must also be read in conjunction with the Code of Ethics for the Police Service of Northern Ireland (PSNI), and the following guidance:

(1) Policy Directive 07/07 – 'Public Order and the Use Of Force (including CS Incapacitant Spray, Batons, Handcuffs and Vehicle Mounted Water Cannon).

(2) Service Procedure No 40/2003 - 'Police Action in Respect of Missing Persons.'

(3) Service Procedure No 59/2007 - 'Positional Asphyxia/Excited Delirium.'

6. CONSULTATION

The following have been consulted during the preparation of this Service Procedure:

(1) District Commanders;

(2) OCU Commanders;

(3) Legal Adviser;

(4) Human Rights Legal Adviser;

(5) Equality and Diversity Unit;

(6) Health and Safety;

(7) Criminal Justice Department;

(8) Superintendents' Association;

(9) Police Federation for Northern Ireland;

(10) Police College;

(11) Interested bodies or organisations external to the PSNI.

7. HUMAN RIGHTS/EQUALITY/INTEGRITY/FREEDOM OF INFORMATION

The detention of persons with a mental disorder is recognised by the European Convention on Human Rights (ECHR). Article 5(1)(e) provides for the 'lawful detention… of persons of unsound mind'. The Mental Health (NI) Order 1986 (and accompanying Code of Practice), PACE (NI) Order 1989 and Common Law provide the legal basis for police actions and the appropriate procedures prescribed by law must be strictly followed. Article 5(1)(e) requires that:

(a) The mental illness must be verified by medical evidence;

(b) The mental illness must warrant the detention of the person concerned for their own protection or the protection of others;

(c) The detention must be justified on an ongoing basis;

(d) The detention must be in an appropriate place.

It is permissible, however, for urgent action to be taken (eg a committal without medical evidence) if this is necessary.

(2) This Service Procedure is deemed to be Human Rights compliant. It has been screened for Section 75 Northern Ireland Act 1998 considerations, and meets the organisation's integrity standards. This Service Procedure is suitable for public disclosure in accordance with the Freedom of Information Act 2000.

8. PROCEDURE AND/OR GUIDANCE

(1) **Persons With A Mental Disorder (Who Present A Risk To Themselves Or Others) Who Are Found In A Place To Which The Public Have Access**

(a) **Introduction**

(i) A 'place to which the public have access' is not defined in the Order. The following is a non-exhaustive list of legal interpretation:

(aa) Places where the general public have access eg streets, public facilities, parks etc;

(bb) Shops, railway stations, bus stations, sports grounds and facilities to which the public may be admitted on payment at certain times of the day eg cinemas and public houses. (It does not include such places when they are closed to the public);

(cc) School grounds that are open to the public;

(dd) Premises where there are no physical restrictions to access eg landings on blocks of flats.

(ii) The following procedure and guidance sets out how police should work with local mental health services and the Northern Ireland Ambulance Service (NIAS) to provide a local service to those individuals who are detained by an officer in a place to which the public have access.

(iii) District Commanders should ensure that they have in place a local protocol setting out how the various agencies involved, including police, have agreed to work together.

(iv) Local Health and Social Care (HSC) Trusts should specify the place of safety to which persons detained in a public place will be taken, **and**, in the case of the need to obtain emergency medical care, how, if necessary, mental health services will be provided at a Hospital, which is not a locally agreed place of safety.

(v) A 'place of safety' means any Hospital, of which the managing Board or HSC Trust is willing temporarily to receive persons who may be taken there under this Order, any police station, or any other suitable place the occupier of which is willing temporarily to receive such persons.

(b) **Legal Basis**

(i) Article 130 of the Mental Health (NI) Order 1986 provides the legal basis for police officers who find a person in a public place who appears to be suffering from Mental Disorder **and** be in immediate need of care or control. In such cases, an officer may, if they think it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety.

(ii) **This does not require the officer to reach an exact diagnosis, but simply to decide reasonably and in good faith whether or not a person exhibits behaviour suggestive of Mental Disorder.** However, if clinical advice is given by a mental health professional at the scene, this should be taken into consideration.

(See Appendix 'A' for Definitions of Mental Illness).

(iii) The four conditions that must exist before this power can be invoked are as follows:

(aa) The person must be found in a place to which the public have access;

(bb) The officer must consider the person to be suffering from a Mental Disorder;

(cc) The need for care and control must be 'immediate'. This does not require an officer to make a 'clinical' assessment of the immediacy of the need for care and control. It may be the case that the matter can be managed and resolved safely at the scene without resorting to detention and removal under Article 130 (eg by establishing the person's identity and making contact with Social Services or the person's 'carer', if known to police);

(dd) Removal must be in the interests of that person or for the protection of other persons ie not just because a person is exhibiting signs of a Mental Disorder. To justify removal, there must be additional concerns about the person's own interest or the protection of others.

(ee) A background of past treatment or hospitalisation as a patient shall not of itself justify any present or future determination of mental illness. Furthermore, no person shall be treated under the Mental Health (NI) Order 1986 as suffering from Mental Disorder, or from any form of Mental Disorder, by reason only of personality disorder, promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs.

(c) **Detention**

(i) The power to detain a person, and remove them to a place of safety under Article 130 of the Mental Health (NI) Order 1986 is a preserved power of arrest by virtue of Schedule 2 of PACE. For the arrest to be lawful, the person must be told that they are under arrest, and the grounds for the arrest. These legal rights must be given at that time, or as soon as is practicable, and be consistent with the persons ability to understand them.

(ii) Whilst arrested persons are entitled to know that their liberty is being temporarily restricted, officers should use tact and discretion in the form of actions and words used to convey this message. The formal use of the term ‘under arrest’ may cause a person with a Mental Disorder to feel that their mental health needs are being criminalized, thus contributing to self-stigma. It may also cause confusion, agitation or aggression. To minimise any association to criminality, it may be appropriate to follow up the arrest with advice to the effect that there is no criminal charge pending.

(iii) However, each case should be dealt with individually, and there should be no assumption that persons suffering from Mental Disorder should automatically have difficulty with the term ‘under arrest’ ie it is important for some individuals with Mental Disorder to recognise that their behaviour may constitute a crime.

(iv) Where a person cannot understand these rights, they should be explained to their carers, relatives or friends as appropriate.

(v) PACE Codes of Practice, Code C10 states that a person **need not** be cautioned unless questions are put to them to obtain evidence that may be given in court or it is impracticable due to their condition or behaviour at the time.

(d) **Use of Force**

(i) An officer may use reasonable force, if necessary, in the exercise of powers under Article 130. The legal authority for the use of force in the exercise of this power is to be found in Section 3 of the Criminal Law Act (NI) 1967. Any use of force in these circumstances must be based upon a need to ensure the provision of ‘immediate care and control’ and must be **necessary and proportionate.**

(ii) Officers should consider the use of containment and the levels of reasonable force available in the specific circumstances. As with any use of force, an officer will report the circumstances to their supervisor at the earliest opportunity, and complete a notebook entry.

(iii) In addition, if force and/or restraint have been used, the arresting officer should inform clinical staff upon arrival at the place of safety (which is not a police station) about the type of restraint used and for how long. These details will form part of any subsequent medical triage. Information on the presence of drugs, alcohol and/or weapons at the point of arrest should also be provided.

(e) **Search**

(i) Article 34 PACE (NI) Order 1989 provides a power to search an arrested person if a Constable has reasonable grounds for believing that the arrested person may present a danger to himself or others. An officer may also search the person for anything which may be used to assist in escaping from lawful custody, or which might be evidence relating to an offence.

(ii) Where medication/prescription drugs held lawfully by the subject are found during a search, they should be seized and handed over to staff immediately upon arrival at a place of safety.

(iii) Officers should not administer medication/prescription drugs to a person with a Mental Disorder or allow a person with a Mental Disorder to self-administer their own medication except under direction from a medical professional in an emergency/life-threatening situation.

(f) **Transportation**

(i) The mode of transportation to a place of safety is ultimately at the discretion of the detaining police officer. Issues for consideration in reaching this decision should include officer safety, the level of threat to the public, the safety of the subject, and the best use of resources.

(ii) Ideally, persons detained under Article 130 should, where possible, be conveyed to the place of safety by ambulance (except where the delay in obtaining an ambulance would escalate an already difficult situation) for the following reasons:

(aa) Persons should be subject only to the level of security appropriate to their individual needs, and only for so long as it is required. This is required by Article 5(1)(e) of the ECHR;

(bb) Although technically a prisoner, the person has been detained because they have been deemed to be in immediate need of care and control, not because they have committed an offence;

(cc) To ensure that the safety of the individual is not compromised;

(dd) To preserve the dignity of the individual;

(ee) To maintain an approach consistent with that taken for physical illness;

(ff) Proper public perception;

(gg) To minimise the psychological and social impact of stigma associated with police intervention.

(iii) Police should accompany the person in the ambulance to the place of safety in order that they remain in the lawful custody of police. Where possible, gender issues should be addressed ie it is preferable that the accompanying officer(s) should be of the same gender as the detained person.

(iv) Where a person has been placed in police transport, and a requirement for medical supervision is identified, a member of the ambulance crew may be invited to accompany the person to the place of safety in police transport (with the ambulance following behind) to ensure the immediate availability of personnel trained for medical emergencies and resuscitation. Where this invitation is declined, officers should record a notebook entry to this effect. In any case, the ambulance should follow the police vehicle to the place of safety to ensure the immediate availability of medical personnel and equipment.

If police or ambulance staff are concerned about the medical condition of any person, the person should be conveyed to the nearest Accident and Emergency (A & E) Department.

(vi) Where acute behavioural disturbance is suspected, the person should be treated as being in need of emergency medical treatment. (This condition is commonly associated with Excited Delirium or head injury). The main features of this extreme state are a period of agitation, excitability, perhaps paranoia, coupled with great strength, aggression and a significantly diminished sense of pain. Sudden collapse and death may follow. In such cases, the person should be conveyed to the nearest A & E Department by ambulance. Where ambulance control has informed police of a significant delay, police transport should be used.

(vii) Only in **exceptional circumstances** should police transport be used to convey a person with a Mental Disorder to Hospital for the purpose of obtaining medical care unrelated to their mental condition (eg visible wounds or suspected fractures). Such circumstances would include where ambulance control have informed police of a significant delay, or where there are life-threatening circumstances to justify the urgent removal of a person to Hospital by police transport. Ultimately, this decision will rest with the officer at the scene.

(viii) It must not be assumed that the locally agreed place of safety for Article 130 is staffed and equipped to deal with a medical emergency. Therefore, when police transport is used in these circumstances, the person should be conveyed to the nearest A & E Department.

(ix) **Where police convey a person to an A & E Department in the above circumstances, it will be the responsibility of the relevant HSC Trust to make the necessary arrangements for assessment under the Mental Health (NI) Order 1986.** Police officers should remain with the detained person until they have been examined by a Medical Practitioner (MP) and interviewed by an Approved Social Worker (ASW), and any necessary arrangements have been made for the person's care or treatment. ("Approved Social Worker" means a social worker specially trained in dealing with persons suffering from Mental Disorder, and appointed by an HSC Trust to act as an ASW for the purposes of the Mental Health (NI) Order 1986.)

(x) Local protocols with the relevant HSC Trust should specify the actions of a police officer upon arrival at the agreed place of safety, and the time period that an officer could reasonably be expected to remain there (based on local circumstances). These procedures will also specify police actions in respect of a subject who is intoxicated and/or exhibiting signs of drug taking.

(g) **Place of Safety**

(i) **A police station should be used as a place of safety only when no other suitable place is available and for the minimum length of time possible.**

(ii) Although a police station falls under the meaning of a 'place of safety' under the Mental Health (NI) Order 1986, it is preferable that persons arrested under Article 130 are **not** taken to a police station, even if they display passive resistance (ie the person will not move or pulls away).

(iii) By their design and functionality, police cells are not suitable places for people suffering from a Mental Disorder, and can exacerbate their conditions. However, each case should be assessed on its own merits. Where a person with a Mental Disorder presents aggressive or aggravated resistance (ie physically attacks the officer) or where there are other criminal justice related issues, it would be important to balance out the different priorities. If the Mental Disorder is stable, quiescent and can be managed in the community, and if the criminal justice issues are serious, then it may be appropriate for an individual to be taken to a police station. In such cases, a police station can have a useful 'containment function', that allows a situation to be further assessed, including the attendance of a Forensic Medical Officer (FMO) where necessary.

(iv) Where a police station is used as a place of safety, immediate contact should be made with local social services and the appropriate doctor, to ensure that the assessment is conducted effectively and quickly, and transfer to a more appropriate location, where necessary, is arranged at the earliest opportunity. Police should acknowledge the expertise and advice of Mental Health Practitioners (MHPs) in this matter.

(v) A person moved to a place of safety may be detained there for a period not exceeding 48 hours. The purpose of this detention is to enable the person to be examined by a MP and be interviewed by an ASW to determine the necessary arrangements for care and treatment. (Once suitable arrangements have been made, the person can no longer be detained at a police station under Article 130).

(vi) **Once a person has been moved to a place of safety, they should not be transferred to a different place of safety (except in a medical emergency/other exceptional circumstances) until they have been examined by a MP and interviewed by an ASW.**

(vii) By virtue of Article 130, any officer removing a person to a place of safety is required, where practicable, to inform, without delay, a responsible person residing with that person and the nearest relative of that person, of that removal.

(viii) Whilst police officers are required to make contact on behalf of the person, discretion should be exercised in regard to confidentiality and cultural issues. It should be remembered that definitions of Mental Disorder and societal reactions to mental illness vary significantly across cultural boundaries.

(ix) If an officer is aware of any religious or cultural need of the detained person, this information should be brought to the attention of the receiving medical professionals at the earliest opportunity.

(x) Where possible, a supervisory rank should make every effort to attend the place of safety (other than a custody suite) to assist in ensuring that the handover is properly managed. Notwithstanding the attendance of a supervisory officer at the scene, officers arriving at a place of safety should initiate the following actions:

(aa) Conduct a dynamic health and safety risk assessment of the conditions under which the person is being detained/restrained and implement any risk management tactics. Clinical advice should be sought, if necessary;

(bb) If not already initiated, make immediate contact with the duty manager of the place of safety;

(cc) Make an assessment of any police use of force and any apparent or alleged injury to the detained person. If necessary, summon a FMO to the place of safety to conduct an examination of the detained person;

(dd) Ensure the correct procedures are adopted in relation to the seizure and/or handover of the detained persons property (including prescription drugs/medication), and that these are recorded in the notebooks of any officers involved in handling such property.

(ee) If practicable, assist staff in making contact with the detained person's GP and an ASW.

(2) **Police Role In Facilitating Compulsory Admission To Hospital For Assessment**

(a) **Introduction**

(i) Police are regularly asked by ASWs to provide assistance at applications for the compulsory admission of a person to Hospital under the Mental Health (NI) Order 1986. General Practitioners (GPs), ambulance staff and family members also have the right to request police presence.

(ii) District Commanders should ensure that local protocols are in place, which set out how the various agencies involved, including the police, have agreed to work together to provide a local service to those being assessed by an ASW on private premises.

(iii) Nothing contained in this section should prejudice police action in relation to 'emergency' or 'out of hours' situations where a delay will compromise public safety or cause unnecessary suffering to any individual. In such cases, powers of entry available under Common Law and Article 19 PACE (NI) Order 1989 should be considered eg to quell a breach of the peace, or to save life.

(b) **Legal Basis**

(i) There is no legal requirement for police to become involved in the routine management or movement of mentally ill persons. It should be borne in mind that the stigma associated with police involvement may prolong the symptoms of a person's mental illness long after treatment interventions have concluded. Furthermore, the routine presence of police officers at such situations could be considered a breach of the person's right to privacy under Article 8 of the ECHR.

(ii) However, mental health professionals and ambulance staff should be afforded the same level of protection from violence as any other person, and should feel able to report violence or the threat of violence to the Police Service so that appropriate action can be taken.

(iii) The role of police in facilitating compulsory admission is primarily to prevent a breach of the peace, and ensure the safety of other agencies or persons (eg family members) in attendance.

(iv) A person may be subject to a compulsory admission to a Hospital for assessment based upon an application made by the nearest relative as defined under the Mental Health (NI) Order 1986, or an ASW who has personally seen the person not more than two days before the date on which the application was made. Applications for assessment are generally made to the HSC Trust administering the Hospital to which admission is sought.

(v) The application may be made on the grounds that the person is suffering from Mental Disorder of a nature or to a degree that warrants detention in a Hospital for assessment, or for assessment followed by medical treatment, and that failure to detain this person would create a substantial likelihood of serious physical harm to that person, or other persons.

(vi) An application for assessment will be founded upon, and accompanied by a medical recommendation given by a MP. The person's GP or a MP who has previous acquaintance with the person shall, if practicable, give this recommendation. Only in cases of urgent necessity will a MP on the staff of the Hospital to which admission is sought sign the recommendation.

(vii) All recommendations must be signed by a MP who has personally examined the patient not more than two days before the date on which they sign the recommendation.

(c) **Requests for Police Presence**

(i) In most cases, police presence is requested where this process is taking place on private premises (typically the person's home address); and:

(aa) An application for compulsory admission to Hospital for assessment has been completed; or

(bb) The application process for compulsory admission to Hospital for assessment has not yet taken place.

(ii) Where an application for assessment is duly completed, it shall be sufficient authority for:

(aa) The applicant, or a person authorised by the applicant; or

(bb) The HSC Trust administering the Hospital if the applicant so requests in a case of difficulty, to take the person, and convey them to the Hospital specified in the application. The person is deemed to be in legal custody. Officers involved in this procedure should note that such action must be within 2 days from the date on which the medical recommendation was signed, or in exceptional circumstances, a longer period (not exceeding 14 days) as certified by a MHP appointed by the Mental Health Commission for NI.

(iii) Local protocols should specify that an ASW or a GP should only request police presence at an application for assessment where they have carried out a risk assessment, and the result of that assessment is that the presence of police is both **proportionate and necessary.** Police presence may be requested where the ASW or GP identifies a significant risk of:

(aa) Violence or the threat of violence being used against those involved in the application for assessment or other persons present (eg family members);

(bb) Self harm by the individual to be assessed;

(cc) Entry to the premises being refused and where it is necessary to obtain a warrant issued under Article 129 of the Mental Health (NI) Order 1986 authorising a Constable, accompanied by a MP, to remove the patient to a place of safety;

Police should not expect ASWs or GPs to place themselves in a position of risk in order to conduct such an assessment. Officers should note that it may also be the case that the subject is not known to the ASW, and access to information may be difficult eg overnight/weekend cases. Where police assistance is requested for the compulsory admission of a patient to a psychiatric Hospital, the admitting Doctor/GP/ASW should be asked if the admission is formal (compulsory) or informal (voluntary). Where the admission is formal, the patient must go to Hospital, and the police can assist the doctor/ambulance crew/other health service staff present to take the patient, by force if necessary. Where admission is informal, the patient is attending Hospital on a voluntary basis. Therefore, the police have no power to take the person forcibly.

(iv) In any event, it is for the police to make the decision whether or not to provide a police presence. However, one of the core functions of ASWs is the assessment of risk, and where police presence is refused, the circumstances should be thoroughly documented. Where police/ASW presence is based upon reports from members of the public, and the ASW is unfamiliar with the person in question, consideration should be given as to whether there is any evidence that the identification of risk is based upon stereotypical images or general assumptions made on the basis of age, gender, sexual orientation, social, ethnic, cultural or religious background.

(v) In requests based purely upon the risks associated with patient history, consideration should be given as to whether the relevant HSC Trust have committed adequate resources to counter the level of risk envisaged. It should be remembered, however, that it is not the role of a Trust to prevent a breach of the peace. It may also be the case that an ASW will have to withdraw from the scene if the risk to their personal safety is high, and PSNI presence has been refused.

(vi) Assessments for application for admission to Hospital tend to be emergency events with limited time available. Under these conditions, police will be required to dynamically manage risk and demonstrate operational reasonableness and discretion in communicating with ASWs (eg in emergency or 'out of hours' situations where the requirement to attend is immediate and the ASW has been unable to get a warrant).

(vii) These circumstances may necessitate recourse to powers of entry to prevent a breach of the peace under Common Law or Article 19 PACE (NI) Order 1989. There may also be circumstances where delaying action to facilitate an ASW to seek an Article 129 warrant based upon a presumption of denial of access could leave the individual or others within the household at risk of violence or injury. Officers should therefore consider the need to protect others within the household, especially children or other vulnerable adults.

(viii) Police should be mindful that the role of a patient's family, relative or 'carer' could potentially impact positively upon the process and the eventual outcome. Securing the co-operation of a 'carer' or any other person responsible for the patient may prove invaluable in defusing what may be a potentially difficult situation.

(ix) Consideration may also be given to the use of officers in plain clothes, and the discreet parking of police vehicles (**except where officer safety may be compromised**), in order to reduce stigma and any adverse community impact that may be identified.

(x) Where it is considered proportionate and necessary for police to assist the ASW and the registered MPs to gain entry to make the application for assessment, it is essential that officers are acting legally and under the protection of the law. Where practicable, police should treat involvement in a compulsory admission to Hospital as a pre-planned event, which will include a written health and safety risk assessment and risk management process based upon the assessment provided by the ASW. In planning the event, any religious, cultural, sensory, language or learning difficulties should be identified and consideration given as to how they will be addressed.

(d) **Warrants**

(i) Where the risk assessment for a non-emergency event indicates that either entry will be refused, or that the process will be obstructed by the behaviour of the subject or other persons, police will require the ASW to apply for an Article 129 warrant. Where an ASW declines to make such an application in relation to a non-emergency event, police should decline to provide assistance. It should be remembered that the need for and use of such warrants is extremely rare, and is not a routine matter in every assessment.

(ii) A Lay Magistrate may issue a warrant if there is reasonable cause to suspect that a person suffering from Mental Disorder has been, or is being, ill-treated, neglected or kept otherwise than under proper control; or being unable to care for themselves, are living alone. In non-emergency situations where entry is refused, police officers should NOT enter premises with an ASW or MP for the purposes of applying for an assessment, unless a warrant issued under Article 129 Mental Health (NI) Order is in force.

(iii) The warrant authorises an officer to enter the premises specified, if need be by force, where the person is believed to be, and remove the person to a place of safety with a view to the making an application. Although a MP shall accompany the officer, the presence of an ASW is not legally required (although in accordance with good practice they normally accompany the MP).

(iv) Similar warrants may be issued where there is reasonable cause to believe that a patient who, under the Mental Health (NI) Order 1986, is liable to be taken to any place, or taken/retaken into custody, is to be found on any premises, and admission to such premises has been refused or refusal is anticipated.

(e) **Roles and Responsibilities**

(i) Where an ASW is involved, they have overall responsibility for co-ordinating the process of an application for assessment, and where they decide to make an application for compulsory admission to Hospital, for implementing that decision.

(ii) Where the police are involved in the process of admission, it is essential that there is clarity between the ASW, police and other agencies and individuals involved that police will control the operation for the purposes of entry into the premises, and preventing a breach of the peace.

(iii) A GP or an ASW may request police to remove items of equipment (eg firearms or CS Spray) prior to entering any premises on the grounds that such equipment may cause the patient to become agitated, confused or aggressive. Such requests should be given due consideration, however, such situations should be subject to a dynamic risk assessment, and officer safety should not be compromised.

(iv) Officers should bear in mind that removal of items of equipment (eg baton or CS Spray) reduces the tactical options available to officers in conflict management situations. In limiting such options, officers may have to resort to a use of force that may be disproportionate to the threat faced. Such actions could result in disciplinary or criminal proceedings.

(f) **Entry to Premises**

(i) Although in possession of a warrant, it is preferable to try to gain consent to enter the premises. Formally serving a warrant may have an adverse impact, given the sensitivities and public perceptions surrounding such situations, and given that the subject may be fearful and/or confused.

(ii) A warrant must not be used as a threat in order to gain consent. If entry is gained by consent, there will be no legal requirement to execute the warrant whilst consent remains. However, if such consent is withdrawn before an application is completed, the warrant must then be executed.

(iii) A warrant issued under Article 129 Mental Health (NI) Order 1986 provides police with the power to enter the premises accompanied by a MP. Two options are then available:

(aa) Where it is considered proportionate and necessary, the person may be removed under the authority of the warrant to a place of safety for the purposes of assessment;

(bb) The MP and an ASW may be able to make an application for assessment on the premises (providing the ASW has been authorised entry by the owner). If the determination of that application is that the person should be subject to compulsory admission to Hospital by virtue of Articles 4,5 and 6 Mental Health (NI) Order 1986, and the application is duly completed, any subsequent removal to the named Hospital will be by virtue of these sections, and NOT under the Article 129 warrant;

It should also be borne in mind that the result of the assessment may be that the person does not require compulsory admission to Hospital.

(iv) If the warrant is not executed, the police officer in charge at the scene should ensure to their satisfaction that the application for assessment has been completed, and in particular check that a medical recommendation in the prescribed form has been signed and is valid before undertaking any removal to Hospital. It is the responsibility of the ASW/medical staff to take the appropriately completed forms to the admitting Hospital.

(v) Where an Article 129 warrant is executed, it shall be the responsibility of the endorsing PSNI officer to deliver the warrant to Court Services. Unexecuted warrants will be delivered to Court Services by the ASW.

(g) **Transportation**

(i) It should be noted that although an ASW may authorise a police officer to convey a person to Hospital, they do not have a power to direct an officer to do so. An ASW may authorise any person, including ambulance personnel, to convey a person to Hospital.

(ii) **In the case of a passively resisting individual, it is important that police should not be considered as the automatic option for undertaking removal to a Hospital**.

(iii) Police will only comply with such requests where, after a reasonable assessment, it is considered necessary and proportionate to do so. (Patient history, where applicable, should form part of this assessment). Consideration should also be given as to whether the relevant HSC Trust have committed adequate resources to counter the level of risk envisaged.

(iv) Before authorising police assistance, the officer in charge at the scene should ensure that ambulance personnel have made reasonable attempts to remove the subject, with persuasion, coaxing and physical guidance and have been unable to do so. (Ambulance personnel are currently trained in de-escalation, avoidance, self-protection and withdrawal when faced with physical confrontation. They are not currently trained in restraint techniques.)

(v) Unless exceptional circumstances exist, transportation to Hospital should be by ambulance. Where it is considered proportionate and necessary (ie the ambulance crew could not reasonably be expected to manage the situation), and an ASW has authorised police to assist in taking and conveying the person to Hospital, officers may accompany the person in the ambulance or provide an escort.

(vi) Such occasions would include where there is violent, threatening or disturbed behaviour (which may be a result of alcohol or drugs) and there is evidently a risk of either escape or violence towards other agencies involved in the transportation. In such circumstances, police assistance will be sought to ensure that the patient is conveyed safely, and in a manner proportionate to the risk posed to others in attendance. All such decisions will involve consultation with ambulance personnel.

(vii) Due to the hazards involved, police **will not** accompany the person in any other type of vehicle, such as a private car or taxi. The requirement for police presence during transportation will be subject to a dynamic risk assessment. Officers should accompany/escort the patient only for as long as is necessary to ensure the protection of other agencies in attendance and prevent a breach of the peace.

(viii) Before deciding to withdraw police assistance at any stage, officers should seek the professional opinion of the other agencies in attendance eg ASWs, GPs and ambulance personnel. Officers should be alert to the risks associated with:

(aa) the use of CS Spray in confined spaces; and

(bb) the carriage of a firearm in close proximity of a violent/potentially violent individual. The use of handcuffs in such situations is at the discretion of the officers concerned.

(ix) Police transport should only be used in exceptional circumstances where the removal of a violent or potentially violent person is likely to result in a serious breach of the peace, and/or where the level of violence or disturbed behaviour is such that the police officer in charge considers it necessary in the interests of officer safety, and the safety of other agencies in attendance ie the presenting level of violence cannot be safely managed within the confines of an ambulance.

(x) Where possible, the ASW should be requested to accompany/follow police in order to fulfil their responsibilities towards the person detained during the journey (ASWs should endeavour to accompany a patient to Hospital and onto the Hospital ward).

(xi) Where police transport is used, and if deemed necessary after consultation with the ambulance personnel, the ambulance should follow the police vehicle in order to provide immediate medical care in the event of an emergency.

(xii) Relevant issues include time and distance from the destination and an assessment of the condition of the patient.

(xiii) A violent person who has been sedated for the purpose of being conveyed to Hospital should be accompanied by a nurse, doctor, or ambulance person who is sufficiently skilled in resuscitation techniques and the observation of drowsy or comatose patients.

(xiv) Although police may have to exercise their duty to protect persons or property while the patient is being conveyed, officers should, where this is not inconsistent with their duty, comply with any directions or guidance given by the ASW during transportation.

(xv) Where restraint has been used, officers should assess whether it is necessary to call the FMO to examine the person at the Hospital/premises.

(h) **Police Response to an Assessment in Progress**

(i) As well as pre-planned police involvement, unforeseen circumstances may occur whereby the ASW/GP/Ambulance personnel consider it necessary to call police to the scene of an assessment in progress. Such circumstances would include instances of:

(aa) Violence being threatened/used against those involved in the process, or other persons present (eg family members);

(bb) Self harm by the subject;

(cc) Entry to the premises being refused;

(dd) Risk of violence/breach of the peace based on clinical judgement/past experience of the subject.

(ii) In all such cases, officers in attendance at the scene will be required to carry out a dynamic risk assessment and ensure that any action taken by police is legal, proportionate and necessary. Police will **not** attend, or provide transport/escort in cases involving a difficult, but non-violent subject whose past history and present diagnosis gives no rise for concern for the safety of other agencies present. Before any police intervention, officers will have due regard for what other options were considered by the mental health services in attendance, including the provision of adequate resources to manage the situation.

(3) **Mental Disorder On Private Premises-Other Circumstances**

(a) There are occasions when police are called by the occupier or another member of the public to assist with a person exhibiting a Mental Disorder on private premises. There are also occasions when police will be on premises dealing with other issues, and it becomes apparent to an officer that a person is exhibiting behaviour suggestive of a Mental Disorder.

(b) In such circumstances, police will need to make a judgement as to whether it is **necessary and proportionate** to engage the immediate assistance of mental health services and the person's GP and/or make application for an Article 129 warrant to remove the person to a place of safety.

(c) When assessing the situation, consideration should be given to the safety of the individual concerned, and the safety of other persons on the premises, especially children or other vulnerable adults. It may also be necessary and proportionate to take action/remove the subject to prevent a breach of the peace or to prevent a crime.

(d) It should be understood that there is no power available to police under the Mental Health (NI) Order 1986 to detain a person on private premises in these circumstances, no matter how severe their condition, or however high the risk that they may pose to themselves or others. (Nothing contained in this section will prejudice police powers of arrest under other legislation eg Common Law, Article 19 PACE (NI) Order 1989, Article 26 PACE etc).

(e) However, if a person were arrested on private premises under one of the aforementioned powers, it would be an unlawful use of Article 130 of the Mental Health (NI) Order 1986 to 're-arrest' under this power once in a public place, due to the fact that the person could not be deemed to have been 'found'.

(4) **Requests For Police To Assist With Hospital Patients Who Present Particular Management Problems**

(a) Nothing contained in the following section shall compromise the statutory and professional duty of a police officer to protect life and property, preserve order, and to prevent the commission of offences.

(b) The Mental Health Order Code of Practice (1992) sets out how Hospitals can prevent and respond to conduct presenting particular problems of management. It should be remembered that General Hospitals do not have the same resources available to deal with such situations as Psychiatric Hospitals.

(c) The Code emphasises the importance of Hospitals having sufficient staff on duty, who are trained to control and restrain patients, and where necessary, place them in isolation for their own safety, or the safety of other persons.

(d) It makes no mention of using police to assist in the controlling or restraining of patients. Whilst Hospital staff have powers under the Mental Health (NI) Order 1986 to do so, this power does not extend to police officers.

(e) However, mental health professionals should be afforded the same level of protection from violence as any other person, and therefore should feel able to report violence in whatever form it takes to the Police Service so that appropriate action can be taken.

(f) Whilst police may be called to assist Hospital staff with in-patients who are receiving treatment or assessment, either as patients detained under the Mental Health (NI) Order 1986 or voluntary patients, they should not routinely be involved in patient management. Only in exceptional circumstances where it is beyond the capability of the Hospital staff to manage the situation, and a serious breach of the peace has, or is likely to occur, will police respond to such situations. In all such cases, officers must ensure that any action taken by police is legal, necessary and proportionate, and that the rights of the patient are preserved.

(g) Any subsequent police investigation should be in accordance with locally agreed protocols between the police and the HSC Trust concerned.

(h) DMHLOs will be responsible for the establishment of such procedures where they currently do not exist. Under such circumstances, and with the consent of the doctor in charge, the patient may be taken to a police station, preferably accompanied by a member of the medical staff to ensure continued medical care. In the case of a person who is mentally disordered, an 'appropriate adult' will be required.

(i) In circumstances where there is no obvious risk of harm to the patient or others, police officers will not restrain a patient unless they are carrying out an arrest for an offence eg an assault on Hospital staff or a breach of the peace.

(j) Police should ensure that their own identification of risk and subsequent actions are not based upon stereotypical images or inappropriate generalisations about mental illness. To this end, it is essential that police obtain the following information from either the doctor in charge of the care of the patient, or the nurse in charge of the ward:

  (i) The exact legal status of the patient in the Hospital (ie whether the person is a voluntary or detained patient under the Mental Health (NI) Order 1986. Whilst Medical staff have power under Common Law to restrain a voluntary patient, and powers under the Mental Health (NI) Order 1986 to detain a voluntary 'in-patient' for assessment, the reasons for such actions must be considered in assessing whether the behaviour of the patient constitutes a breach of the peace);

  (ii) Any risks relating to that patient;

  (iii) Any risks relating to other patients in the ward or immediate vicinity;

  (iv) The full circumstances leading up to the call for police;

  (v) The exact nature of police assistance required.

(k) Where it is considered necessary and proportionate to arrest for an offence, it may be appropriate in certain circumstances to return the patient back into the care of Hospital staff whilst still at the scene. Such circumstances would include where the original arrest conditions no longer exist eg the patient's behaviour no longer constitutes a breach of the peace or a threat to Hospital staff. However, before any such handover, it must be established from the doctor or nurse in charge that staff have the power under the Order to restrain the patient, and the legal authority, where applicable, to administer medication without the patient's consent.

(l) Where a handover has taken place, and restraint has been used by police, it will be incumbent upon the senior police officer present to assess whether there is a need for a FMO to attend the scene and examine the person restrained.

(m) Where an arrest has taken place, and the patient is exhibiting signs of disturbed or violent behaviour, it may be necessary for police officers to restrain the patient and allow medical staff to administer rapid tranquillisation without the patient's consent. Officers must be satisfied that such action is consistent with Common Law ie the treatment is necessary on the grounds that the patient or other persons will come to harm unless the procedure is carried out and the person is not in a mental state to give valid consent to treatment.

(n) Police have no power to restrain a patient to enable Hospital staff to administer rapid tranquillisation or any other medication unless these conditions exist, except where such treatment is immediately necessary to save the patient's life. This must be made absolutely clear to Hospital staff, and borne in mind by police before undertaking any intervention.

(5) **Transportation And Escort From Hospital To Hospital, And Between Court And Hospital, Of Persons In The Care Of HSC Trusts**

(a) Nothing contained in the following section shall compromise the statutory and professional duty of a police officer to protect life and property, to preserve order and to prevent the commission of offences.

(b) Requests from HSC Trusts for police transportation to be used to convey a patient from one Hospital to another, or from Hospital to a court - even if the person is violent or potentially violent- will be refused.

(c) Requests from HSC Trusts for police escorts based solely upon patient history (eg potentially violent) will be refused. In exceptional circumstances, it may be considered proportionate and necessary to provide a police escort during transportation. Such circumstances are cases where there is information to indicate that intervention by the public or other parties may occur, **and** that this intervention may present:

(i) A significant danger to the public or HSC staff; and/or

(ii) A risk of escape.

(d) Where police assistance is requested, a police supervisory officer will ensure that a full risk assessment is conducted before authorising a police escort. In such cases, the person must be conveyed in a properly equipped ambulance or HSC Trust vehicle under the care of qualified medical staff.

(e) In these circumstances, intervention and restraint will only be used where it is proportionate and necessary to save life, prevent a crime or prevent a breach of the peace.

(f) In the following circumstances, a court may direct police to transport mentally disordered persons. Whilst such directions must be complied with, discussion should take place with the receiving Hospital as to the safest and most humane mode of transportation:

(i) A court may remand an accused person into the care of an HSC Trust for admission to Hospital for a report on their medical condition. Where an accused person is remanded to Hospital, the court may, pending admission to Hospital, direct the police to convey the person to the place of safety;

(ii) A court may remand an accused person into the care of an HSC Trust for admission to Hospital for treatment. Where an accused person is so remanded, the court may, pending admission to Hospital, direct the police to convey the person to the place of safety;

(iii) A court may make an 'Interim Hospital Order' committing a person into the care of an HSC Trust for admission to Hospital. Where this order is made in respect of an offender, the court may direct the police to convey the person to a specific Hospital.

(iv) By virtue of Article 46 of the Order, a court can impose a Hospital order directing a Constable to convey a person to a specified Hospital.

(6) **Persons With A Mental Disorder Who Have Absconded**

(a) Persons who are liable to be **detained** under the Mental Health (NI) Order 1986, and who are absent without leave or fail to return within a prescribed period, may be arrested without warrant, and returned to the relevant Hospital. This power exists for 28 days, beginning with the first day of their absence without leave. The person should be informed in simple terms that the return to Hospital is under the provisions of the Mental Health (NI) Order 1986, and that a fuller explanation will be given at the Hospital.

(b) A court may remand an **accused** person to a Hospital for the purpose of reports or treatment. Where such a person absconds, they may be arrested without warrant and brought before the court that remanded them, as soon as practicable.

(c) In certain circumstances, a court may make an 'interim Hospital order' which commits a **convicted** person to Hospital. If an offender absconds from a Hospital in which they are detained in pursuance of an interim Hospital order, or whilst being conveyed to or from such a Hospital, they may be arrested without warrant, and brought as soon as practicable before the court that made the order.

(d) Where patients, who are for the time being subject to guardianship, absent themselves without the leave of their guardian from a place at which they are required by the guardian to reside, they may be taken into custody and returned to that place by any Constable or other authorised persons.

(e) Any person required to be conveyed, kept or detained by virtue of the Order shall be deemed to be in legal custody. Such a person may be retaken by the person who had custody immediately before the escape, or by any Constable or ASW. A person who escapes while being taken to or detained in a place of safety under Article 129 or Article 130 shall not be retaken under this Article after the expiry of 48 hours, beginning from the time when they escape or the period during which they are liable to be so detained, whichever expires first.

(7) **General**

(a) This Service Procedure outlines how the PSNI will work with mental health services to provide a service to persons suffering from Mental Disorder. It is neither feasible nor desirable to specify the exact contents of local protocols, since these will depend upon the particular local situations that are being addressed by the respective parties.

(b) A balance is required between legislation and local discretion. It is intended that the aims and guiding principles contained within this document should inform any local protocols.

(c) Accordingly, the following checklist outlines examples of best practice elements that should be considered by DMHLOs. Exactly how the elements are incorporated into local practices should be the focus for local discussion and decision. All procedures must be compliant with the Human Rights Act 1998.

(d) Suggested elements to include in local inter-agency protocols:

(i) Monitoring/audit procedures;

(ii) Review procedures;

(iii) Communication strategy;

(iv) Risk Assessment. (As with other aspects of police work, dealing with mentally disordered persons must, under Health and Safety law, be risk assessed. These health and safety risk assessments can only be done locally based on consultation and co-ordination between Districts and the appropriate outside agency which would normally be the local Trust. This consultation and co-ordination is essential to make sure that the health and safety risk assessments are as suitable and sufficient as the law requires. In addition to the health and safety risk assessments being localised they should, ideally, be signed off by managers from both PSNI and the Trust(s) involved. Each DMHLO must be actively involved in the preparation of the Health and Safety Risk Assessments);

(v) Reference to related policies and protocols eg information exchange, data protection, health and safety, conflict resolution.

(vi) Diversity issues;

(vii) Joint action plans;

(viii) Joint training initiatives;

(ix) Statutory requirements/relevant legislation;

(x) Liaison with the voluntary mental health sector;

(xi) Community Impact Assessments.

This list is not definitive, and other elements may be required to address particular local circumstances. Appendix ‘D’ is provided in order to assist Districts in drawing up local protocols with Health Trusts, Social Services and the NIAS.

9. MONITORING AND REVIEW

This Service Procedure will be reviewed annually. Any feedback should be forwarded to Chief Inspector, Conflict Management Development Unit, Brooklyn.

Service Procedure No 32/2008

Index Entries/

‘ D’ - **Dealing With Persons With A Mental Disorder – Operational Procedure and Guidance – For**

‘ O’ - **Operational Procedure and Guidance For Dealing With Persons With A Mental Disorder**

APPENDIX 'A'

DEFINITIONS OF MENTAL DISORDER

The term 'Mental Disorder' is used in current legislation and by mental health professionals to describe a wide range of disorders. These can range from 'Learning Disability' (the legislation still refers to 'Mental Handicap') to severe mental illness, and includes age-related disorders such as 'Dementia'. Mental Disorders can affect a wide range of people at all levels of society, from those diagnosed as 'intellectually impaired' to those with higher than average IQs. Each disorder will have recognisable patterns of psychological symptoms or behaviour causing acute or chronic ill health, personal distress or distress to others.

Under the Mental Health (NI) Order 1986:

(a) **"Mental Disorder"** means mental illness, mental handicap and any other disorder or disability of mind;

(b) **"Mental Illness"** means a state of mind which affects a person's thinking, perceiving, emotion or judgement to the extent that they require care or medical treatment in their own interest or the interest of other persons;

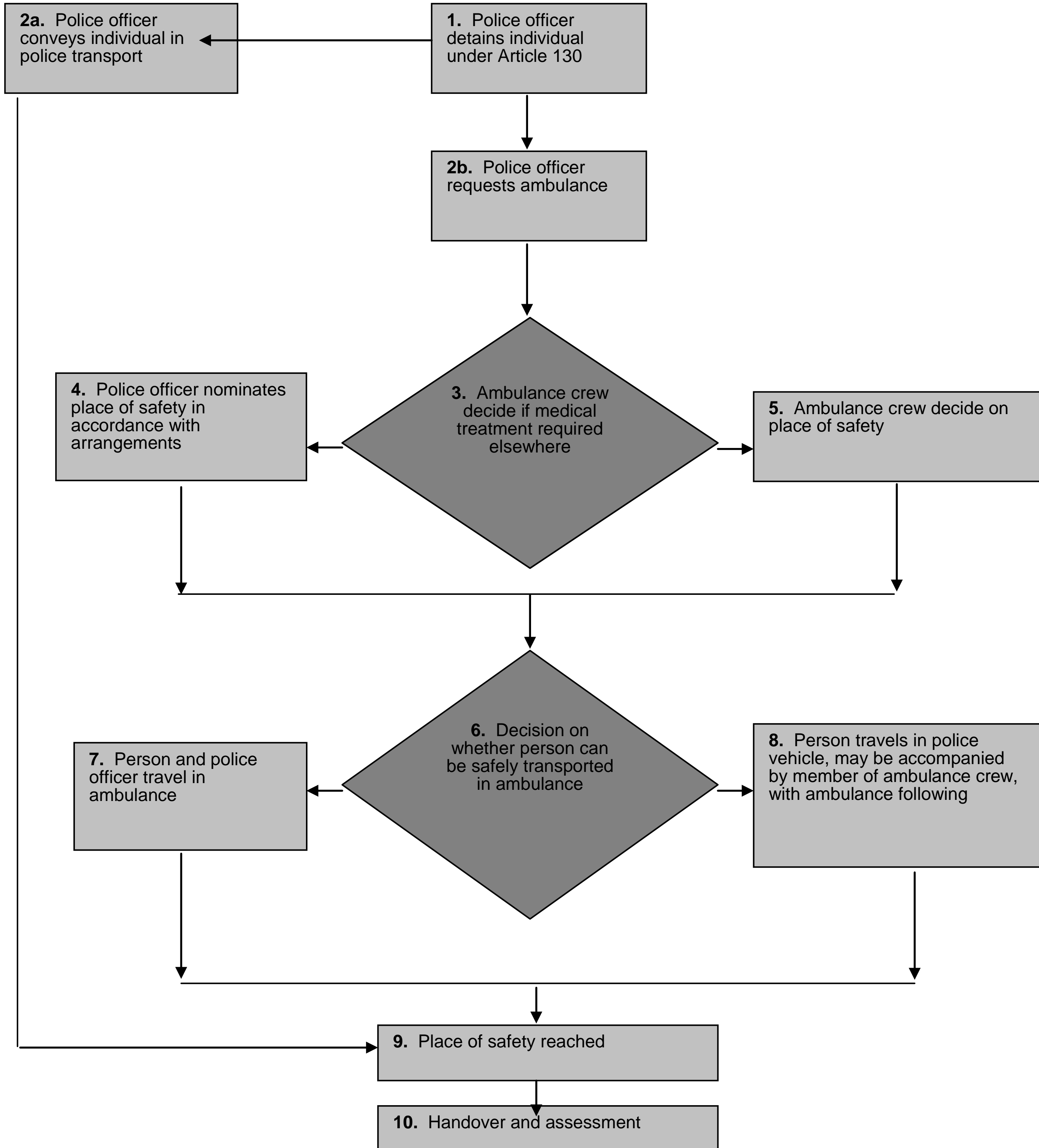
(c) **"Mental Handicap"** means a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning;

(d) **"Severe Mental Handicap"** means a state of arrested or incomplete development of mind which includes severe impairment of intelligence and social functioning;

(e) **"Severe Mental Impairment"** means a state of arrested or incomplete development of mind which includes severe impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned.

APPENDIX 'B'

FLOWCHART FOR DETENTIONS UNDER ARTICLE 130 MENTAL HEALTH (NI) ORDER 1986



APPENDIX ‘D’

SUGGESTED ELEMENTS TO INCLUDE IN INTER-AGENCY PROTOCOLS

ELEMENT:	SUB-ELEMENT:	INCLUDED IN PROTOCOL:
Scope of protocol:	PSNI roles and responsibilities under the Mental Health (NI) Order 1986.♦	
	PSNI Service Procedure for dealing with persons with a Mental Disorder.	
Dissemination channels:		
List of partners to protocol:	Accountability.	
Protocol review procedures:	Protocol amendment procedures.	
Monitoring/audit of performance:	Review performance.	
	Identifying/disseminating ‘best practice’.	
Communication strategy:	Consultation procedures (in and out of office hours).	
	Liaison with relatives.	
	Information sharing.	
Risk assessment:	Procedures (in and out of office hours).	
	Potential violence.♦•	
	Risk of self-harm.♦•	
	Potential risk to others.♦•	
Reference to related policies and protocols:	PSNI Service Procedure for dealing with persons with a Mental Disorder.	

ELEMENT:	SUB-ELEMENT:	INCLUDED IN PROTOCOL:
	Information exchange and Data Protection Act 1998.	
	Risk assessment and management.	
	Health and safety.	
	Discrimination, harassment and victimisation.	
	Awareness/management of violence.●	
	Use of restraint.♦●	
Reference to relevant written guidelines:	Search procedures for AWOL patients.	
Range of potential police interventions:	Circumstances in which no police action to be taken.♦	
	Art 130 Detentions (Public Place).♦	
	Art 129 and police role in facilitating compulsory admission to Hospital for assessment.♦	
	Entry to premises.♦	
	Places of safety (incl. handover procedures).	
	Referral and diversion to relevant agencies.	
	Mental Disorder on private premises.♦	
	Escort duty.♦	
	Checks on individuals.	
	Arrests/de-arrests on healthcare premises.♦	
	Arrest on healthcare premises and removal of subject to a police station.♦	
	Arrest, detain and take to court.	

ELEMENT:	SUB-ELEMENT:	INCLUDED IN PROTOCOL:
	Court directions re. Transportation eg Hospital Orders.♦	
Diversity issues:	♦	
Joint action plans:	Resourcing levels.	
	Levels of responsibility.	
Joint training initiatives:		
Reference:	Statutory requirements.♦	
	Relevant legislation.♦	
	Police powers.♦	
	Relevant documentation.♦	
	Recording procedures.	
	Definitions/explanation of terms.♦	
	Flowcharts showing procedures/action to be taken.♦	
Handling procedures:	Managing potential violence.•	
	Use of de-escalation and safer restraint techniques.•	
	Provision of advice.	
	Handover procedures.	

♦ **In accordance with PSNI Service Procedure.**

- In accordance with PD 07/07 ‘Public Order and the Use of Force (including CS Incapacitant Spray, batons, handcuffs and vehicle mounted water cannon)’.