MENTAL HEALTH AND PLACE OF SAFETY

Standard Operating Procedures

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PLEASE NOTE:

Version 2.00 of the Mental Health and Place of Safety Standard Operating Procedure contains changes so significant from that published as Version 1.01, dated March 2014, that it should be regarded as having been:

COMPLETELY REVISED

Consequently, changes from Version 1.01 are not highlighted in yellow and readers should therefore take care to read all sections when referring to this SOP.

Policy Support Section
October 2014

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1. INTRODUCTION

1.1 There are particular circumstances in which mental health status, including illness, should influence procedures carried out by the police.

1.2 Police officers and police staff are often the gateway to appropriate care either through criminal justice or healthcare. It is essential that people with mental disorders or learning disabilities are recognised and assisted by officers at the first point of contact with the police operating a person centred approach.

1.3 If undetected and unaddressed mental health issues, like physical issues, can escalate. This often leads to increased demands for services including the police. Effective police intervention can have a significant role in reducing the impact of deteriorating mental health.

1.4 The Mental Health (Care and Treatment) (Scotland) Act 2003 (hereinafter referred to as 'the Act') came into effect on 5th October 2005. It aims to ensure the effective care and treatment of people who have a mental disorder, providing a range of powers and duties relevant to local authorities, health professionals and the police and makes provisions for Places of Safety. This is augmented by the Mental Health Code of Practice.

1.5 Under the Act, the Mental Health Tribunal for Scotland and the Mental Welfare Commission for Scotland provide safeguards against mistreatment.

2. PURPOSE AND PRINCIPLES

2.1 The purpose of this document is to provide procedures for officers and police staff coming into contact with people experiencing mental health crisis. The document contains guidance notes on police powers under the Act clarifying the procedures to be implemented.

2.2 It is important to recognise that such persons can be distressed and their mental health issue may be masked by alcohol or other substances.

2.3 Effective partnerships and collaborative approaches are essential to ensure the care and welfare of individuals in mental health crisis.

2.4 A key principle of the Act is minimum interference in peoples' liberty and the maximum involvement of service users in any treatment while taking into account the safety of others. It is important that any police powers used are carefully considered and fully recorded.

2.5 Officers will always act with fairness, integrity and respect, focusing on the needs of the individual whilst keeping them and others safe.

2.6 People with mental health problems should be made aware of their rights. Officers should make full attempts (where possible/if the person is coherent and/or conscious) to explain to the person in their care what action is being taken and why.

3. DEFINITIONS

3.1 The following, referred to within this document, have been defined:

- Mental Disorder
- Public place
- Private Place
- Place of Safety
- Custody
- Mental Health Officer (MHO)
- Approved Medical Practitioner (AMP)
- Nearest Relative
- Mental Welfare Commission
- Section 35 warrant
- Section 36 Emergency Detention Certificate (ETC)
- Section 44 Short Term Detention Certificate (STDC)
- Section 292 Warrant
- Section 293 Removal Order
- Compulsory Treatment Order (CTO)
- Probation Order
- Psychiatric Emergency Plan (PEP)

3.2 MENTAL DISORDER

3.2.1 The Act defines a Mental Disorder as any:

- mental illness;
- personality disorder; or
- learning disability

however caused or manifested; and similar expressions shall be construed accordingly.

3.2.2 This includes people who are mentally ill, have a learning disability, those with acquired brain damage and people with dementia. The existence and nature of any mental disorder can only be fully determined by a suitable medical practitioner**.**

3.2.3 A person is **not** mentally disordered by reason only of any of the following:

- sexual orientation;
- experiencing gender dysphoria or has undergone/ is in the process of gender reassignment;
- because a person is transgender;
- dependence on, or use of, alcohol or drugs;
- behaviour that causes, or is likely to cause, harassment, alarm or
- distress to any other person;
- sexual deviancy; or
- by acting as no prudent person would act.

3.2.4 No person, who suffers from a mental disorder but also falls within any of the above categories, should be excluded from consideration for assistance, treatment or services under the Act. For example, the provisions of the Act may be invoked in respect of people with mental disorder who also have alcohol problems or misuse drugs.

3.3 PUBLIC PLACE

3.3.1 The Act defines a ‘public place’ as a place to which the public, or any section of the public, has, or is permitted to have, access (whether on payment or otherwise); and includes the common parts of a building containing two or more separate dwellings e.g. communal garden, corridor or stairwell.

3.4 PRIVATE PLACE

3.4.1 A private place is defined under the Act as "inside a private home or the immediate surrounding area, including the garden”.

3.5 PLACE OF SAFETY

3.5.1 Section 300 of the Act defines a place of safety as a hospital, premises which are used to provide a care home service or any other suitable place (other than a police station) where the occupier is willing to temporarily receive a person with a mental disorder.

3.5.2 Section 297 (5) provides that if no place of safety is immediately available, a constable may remove a person to a police station and as such any reference thereafter in Sections 297 and 298 of the Act to a

place of safety shall be construed as being a reference to a police station.

3.5.3 However, the Code of Practice recommends that where a police station has to be used as a place of safety the person should be removed to a suitable place of safety as soon possible and as circumstances permit.

3.5.4 Psychiatric Emergency Plans (PEPs) should provide a list of locally agreed places of safety.

3.6 CUSTODY

3.6.1 In the Act the term 'custody' is interpreted as regaining care or control of the person and not detaining or arresting them as is the common policing interpretation.

3.7 MENTAL HEALTH OFFICER (MHO)

3.7.1 A MHO is a social worker with specialist training who carries out statutory duties for the local authority primarily in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. The duties pertaining to the mental health act include assessing for detention and obtaining and utilising warrants

3.8 APPROVED MEDICAL PRACTITIONER (AMP)

3.8.1 An AMP is a medical practitioner who has been approved under section 22 of the Act by a NHS Board or by the State Hospitals Board for Scotland as having special experience in the diagnosis and treatment of mental disorder and will often be a consultant psychiatrist.

3.8.2 Only an approved medical practitioner can grant a Short Term Detention Certificate (STDC) and at least one of the two mental health reports forming part of a Compulsory Treatment Order (CTO) application must be provided by an AMP.

3.9 NEAREST RELATIVE

3.9.1 There are occasions in the act where the nearest relative is given information about a person coming under the provisions of the Act such as when a person is removed to a place of safety. Section 254 of the Act sets out a list of the people who will be considered when identifying a person's nearest relative.

3.9.2 Sometimes it is not appropriate to contact the nearest relative e.g. when there is a Named Person nominated; for reasons of child protection, adult protection, marital separation or other ‘no contact’ orders in place.

3.10 MENTAL WELFARE COMMISSION

3.10.1 The Mental Welfare Commission for Scotland is an independent statutory body established to safeguard the interests of people considered to be mentally disordered or incapacitated under the Act, the Adults with Incapacity (Scotland) Act 2000 and other relevant legislation.

3.11 SECTION 35 WARRANT

3.11.1 A Section 35 warrant is obtained from either a Sheriff or Justice of the Peace by a MHO and authorises the MHO specified in the warrant, any other person so specified, and any police constable of the Police Service of Scotland, before the expiry of **8 days** beginning with the day on which the warrant was granted, to enter the premises specified on the warrant, by force if necessary, for the purpose of gaining access to medical records and/or medical examination of a person suspected of having a mental disorder.

3.11.2 The warrant authorises the detention of the person for a period of 3 hours for the purpose of carrying out a medical examination.

3.11.3 A section 35 warrant **does not** authorise the removal of the person from the premises which they are in at the time of the medical examination.

3.11.4 It is the responsibility of the attending officers to ensure power to force entry to premises has been granted prior to carrying out such duties.

3.12 SECTION 36 EMERGENCY DETENTION CERTIFICATE

3.12.1 An emergency detention certificate can be granted in an emergency by any registered medical practitioner including a GP. It should only be used when a person is not willing to be admitted to hospital or unable due to mental disorder to make the decision to be admitted but needs immediate admission for a mental health assessment.

3.12.2 The registered medical practitioner should consult and seek the consent of an MHO to the granting of the certificate. All reasonable efforts should be made to contact an MHO.
However, where the urgency of the situation is so great that it would not be practicable for this consultation to take place then it is permissible for the GP to grant the certificate without consent.

3.12.3 If a person is not in hospital before the emergency detention certificate is granted, the granting of the certificate authorises two separate procedures. These are:

- Their transfer to hospital. The transfer must take place within 72 hours of the certificate being granted; and

- Their detention in hospital for a further 72 hours.

3.12.4 It would be expected that responsibility for organising the patients transfer to hospital would be assumed by the Medical Practitioner who granted the certificate unless there was a perceived risk of violence or the patient absconding etc.

3.12.5 The 72 hour detention period within a hospital commences only when the emergency detention certificate has been given to the manager of the hospital or someone at the hospital acting on behalf of the manager.

3.13 SECTION 44 SHORT TERM DETENTION CERTIFICATE

3.13.1 This certificate may be granted by an AMP who must obtain consent from a MHO.

3.13.2 If the person, suspected of having a mental disorder, is not in hospital before the certificate is granted, the granting of the certificate authorises two different procedures:

- That person's transfer to hospital. This transfer must take place within 3 days of the certificate being granted; and
- Their detention in hospital for a further 28 days. However, this detention is only authorised once the detention certificate has been given to the manager of the hospital in which the person is to be detained before that person is admitted.

3.13.3 It would be expected that responsibility for organising the person's transfer to hospital would be assumed by the AMP who granted the certificate unless there was perceived risk of violence or the person absconding etc.

3.13.4 It is used where a person has a mental disorder which is affecting their judgement about their treatment and is not willing to be admitted to hospital, and admission is required for further mental health assessment or treatment over a short period of time.

3.13.5 A short term detention certificate should be granted, wherever possible, in preference to an emergency detention certificate, where it is practicable and where the relevant detention criteria have been met.

3.14 SECTION 292 WARRANT

3.14.1 A warrant granted under Section 292 of the act, permits, any person authorised under the Act, any MHO appointed by the local authority area for the area in which the premises are situated and any Constable, entry to premises specified in the warrant, by force if necessary, to take a patient, who is already subject to the Act, to any place or into 'custody'.

3.14.2 This warrant can only be granted where it is necessary to enter premises to enable that person to fulfil the purpose for which they had been previously authorised; and where the sheriff or Justice of the Peace is satisfied that the authorised person cannot obtain, or reasonably expect to obtain, entry to those premises.

3.14.3 It is most commonly used in relation to a person who is already subject to compulsory powers and who has absconded, or is refusing access following an Order or Certificate being granted and that patient requires to be conveyed to a hospital or other residence.

3.14.4 Whilst the warrant permits entry by police officers it **does not** provide police with the power to remove a person from the premises.

3.15 SECTION 293 REMOVAL ORDER

3.15.1 An order issued under section 293 of the Act, obtained by a MHO from a Sheriff, or section 294 (urgent application) from a Justice of the Peace, authorises entry to premises, by force if necessary, by a MHO, police constable and any other authorised person, in order to take a person over 16 years of age to a place of safety, if it is believed the person is at risk of significant harm whether financial or physical; and allows the detention of that person at the place of safety for up to 7 days. The Order is valid for a period of 72 hours, beginning on the day on which the Order was granted.

3.15.2 It does not permit access to a patient's medical records nor does it permit detention for the purpose of carrying out a medical examination.

3.15.3 The key considerations for a Mental Health Officer when deciding which warrant or order to seek will be how much is known about the person's circumstances and the perceived level of risk. If the level of risk is thought to be high, and if it is thought that the person may need to be removed to a place of safety, then a section 293 or section 294 Order should be sought.

3.16 COMPULSORY TREATMENT ORDER (CTO)

3.16.1 The application for a CTO can only be made by a MHO and granted by a Mental Health Tribunal. It is used for the treatment of a person with a mental disorder over a long period of time either in hospital or at home or other community setting.

3.16.2 It is designed to ensure that tailor made measures are applied to the care and treatment of a person who requires a degree of compulsion to ensure they are accepted. A CTO will initially last for six months with an option to renew it for a further six months, then further periods of 12 months as necessary.

3.16.3 Where it is thought that the person will have to be removed from one place to another after the CTO is made, a contingency plan for this transfer should have been drawn up and, where practicable, presented to the Tribunal before the order is made in order to provide it with as full a view of the person's situation as possible.

3.17 COMMUNITY PAYBACK ORDER

3.17.1 Community Payback Orders are not issued under the Mental Health (Care and Treatment) Scotland Act 2003. They may have conditions but do not provide any compulsory powers of detention or treatment. The person may be treated as an in patient at any hospital except a state hospital and in all respects is a voluntary patient.

3.17.2 If the person does not comply with the treatment, or leaves the hospital where they are receiving treatment the Act does **not** authorise detention.

3.18 PSYCHIATRIC EMERGENCY PLAN (PEP)

3.18.1 Arrangements and procedures imposed on police, health, social work and other partner agencies in relation to dealing with people who have or appear to have a mental disorder are detailed in local Psychiatric Emergency Plans (PEPs).

3.18.2 PEPs include guidance on the role of the police where they are asked to support partners in undertaking their duties relating to 'psychiatric emergencies'.

3.18.3 It is an agreement on procedures which would manage the transfer and detention processes in a manner which minimises distress, disturbance and risk for the person and others and which ensures as smooth and safe transition as possible from the site of the emergency to the appropriate treatment centre.

4. DEALING WITH PERSONS SUSPECTED OF HAVING A MENTAL DISORDER

4.1 Mental disorders affect many people in our communities who lead normal lives, either with or without medical intervention. Persons suffering from a mental disorder may display signs of:

- agitation
- anxiety
- paranoia
- hallucination
- self harm

- attempting / threatening suicide.

4.2 Assumptions should not be made about an individual's ability to reason, understand or respond coherently, even if further aggravated by alcohol or other substances.

4.3 In many cases a person is not necessarily offending when they are encountered by police and it is important that any response avoids criminalising the person by apprehending or charging them when an alternative solution can be found.

4.4 Information from responsible adult family members, bystanders, carers or other professionals coupled with the officer's own observations are significant in assessing the situation and deciding on an appropriate response.

4.5 Every situation should be considered individually whilst taking cognisance of all available options and the impact on the individual. Other appropriate options may be considered if it is safe to do so. The National Decision Making Model as applied to Mental Health Incidents should be applied to the decision making process and all decisions must be fully recorded.

4.6 Further guidance can be found within 'Recognising Behaviours and Signs of Mental Illness'.

4.7 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

5. POLICE ACTION WHERE NO OFFENCES ARE COMMITTED – PUBLIC PLACE

5.1 REQUIRING IMMEDIATE CARE AND TREATMENT

5.1.1 Police officers attending an incident in a public place relating to a person suspected of having a mental disorder should first establish if the relevant person is in need of medical attention (e.g. cuts to arms, medication or drugs consumed).

5.1.2 Where the relevant person requires immediate medical attention this must take precedence and is a separate issue from the mental health process. An ambulance should be summoned for their conveyance to hospital. Where there is a perceived risk of violence by the relevant person the police shall assist with the escort to hospital.

5.1.3 Section 297 of the Act, provides that a police officer may remove a person to a place of safety from a public place where the following criteria has been met:

- They reasonably suspect that a person in a public place has a mental disorder; **and**
- That person is in need of immediate care or treatment; **and**
- That it is considered to be in the interest of that person or necessary for the protection of any other person to remove the person to a place of safety.

5.1.4 The relevant person may be detained at a place of safety for no more than 24 hours from the point of being removed from the public place.

5.1.5 The purpose of this detention is to allow a health professional to examine the person and to decide whether it is necessary for further care and treatment to be arranged.

5.1.6 It is the responsibility of the attending officers to ensure the control room and their supervisor are immediately informed of such a removal.

5.1.7 Where a person absconds, whilst being removed to a place of safety, or from a place of safety, Section 297 (3) of the Act allows a police officer, at any time during the aforementioned **24 hour period**, to take the relevant person into 'custody' and remove them directly to a place of safety.

5.1.8 Arrangements should be in place to ensure that officers can rapidly ascertain the location of the places of safety enabling them to alert the relevant place of safety of their intended arrival time.
This affords staff at the place of safety time to prepare to receive the person which should also reduce the officers waiting time.

5.1.9 The decision as to whether or not the police officers can leave the person at the place of safety in the care of staff without continued police presence will be dictated by the outcome of a joint risk assessment carried out by police and NHS staff, and if necessary, after consultation with supervisors.

5.1.10 Officers, in consultation with the relevant person and their supervisor, should consider contacting a responsible adult, whether it is a relative, friend, or carer, to meet with them at the place of safety to afford the option of leaving the person in their care. This will be subject to a risk assessment.

5.1.11 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

5.1.12 Information in relation to Designated Places of Safety should be contained within each local Psychiatric Emergency Plan (PEPs).

5.1.13 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult then an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

5.2 POLICE STATION AS PLACE OF SAFETY

5.2.1 Section 297 (5) of the Act allows for a police station to be used as a Place of Safety but only in circumstances where a designated place of safety is not immediately available.

5.2.2 Detention of a person in a police cell for lengthy periods should be avoided other than in the most exceptional circumstances of physical risk.

5.2.3 The person should only remain in the police station for **as short a time as possible and for no longer than is necessary** to make more suitable arrangements for their care and treatment.

5.2.4 When a police station is used as a place of safety the Forensic Physician or Custody Nurse must be contacted immediately to provide a medical assessment.

5.2.5 The Forensic Physician or Custody Nurse will advise the custody officer whether the person can be released or should be transferred to a designated place of safety for further Mental Health assessment.

5.2.6 Further guidance regarding detention of persons in police stations is contained within the Care and Welfare of Persons in Police Custody Standard Operating Procedures.

5.2.7 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult then an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

5.3 RISK ASSESSMENT AT PLACE OF SAFETY

5.3.1 A joint risk assessment process should be carried out by police and NHS staff at the place of safety to ascertain whether or not the relevant person is of risk to themselves or any other person or can be left in the care of NHS staff without police remaining.

5.3.2 It is important for the police to assist with the risk assessment by providing information regarding circumstances which brought the person to the attention of the police along with any known previous

history/background (e.g. known to be violent, relevant risk markers and offending history, previously been suicidal, absconder).

5.3.3 Information can be shared verbally under terms of Section 29 of Data Protection Act 1998, with the proviso that the content of the information shared, who it was shared with and the justification for doing so, is fully recorded at the earliest opportunity within the officer's notebook and the subsequent VPD adult concern form.

5.3.4 In circumstances where NHS staff request officers to remain with the person until the conclusion of the mental health assessment their justification for such a request must be recorded on the incident on Command and Control and within the officer/s notebook.

5.3.5 Where a supervisor does not agree with the requests made by a health professional, the circumstances should be referred to the Divisional Mental Health Lead for review.

5.4 RECORDING OF REMOVAL TO A PLACE OF SAFETY

5.4.1 Accurate recording of all relevant information relating to the removal of a person, under the Act, to a place of safety is essential.

5.4.2 Where a police officer removes a person to a place of safety, the officer must immediately inform the control room of the circumstances ensuring an incident is raised, with the appropriate opening and closing codes, relating to the removal. This is essential for audit purposes.

5.4.3 The attending officer is required to record the following information in their notebook, on the incident on Command and Control and the subsequent VPD adult concern form:

- the name and address of the person;
- date and time which the person was removed from the public place;
- circumstances giving rise to the removal of the person to the place of safety;
- the address of the place of safety;
- where a police station has been used as the place of safety, the reason why the person was removed there.

5.5 STATUTORY DUTY TO INFORM OF REMOVAL TO PLACE OF SAFETY

5.5.1 The Act stipulates that, as soon as reasonably practicable after removing a person to a place of safety, the police **must** ensure the relevant Local Authority and the relevant person's nearest relative are informed of the aforementioned recorded information.

5.5.2 The Police also have a statutory requirement to inform the Mental Welfare Commission when a person has been removed to a place of safety within **14 days** beginning with the day on which the relevant person was removed to the place of safety.

5.5.3 It shall be the responsibility of the Adult Support and Protection Coordinators, or other person nominated to undertake this task, of the Police Scotland Division where the relevant person resides, to share information regarding the removal to place of safety, with:

- Local Authority; and
- Mental Welfare Commission.

5.5.4 This will be done by the sharing of the VPD concern report with the Social Work Department and the completion and submission of a POS1 Place of Safety Form 095-001 to the Mental Welfare Commission.

5.5.5 Adult Support and Protection Coordinator/s, or nominated person, **must** record on the relevant VPD adult concern form of the fact Mental Welfare Commission and Local Authority have been informed.

5.5.6 It is a **requirement** of the Act for the police to inform the nearest relative of the relevant person of the removal to a place of safety, as soon as is reasonably practicable.

5.5.7 Where it is not possible for officers to notify the nearest relative of the relevant person; or the nearest relative does not reside with that person; the officer may instead, notify the person who resides with or provides care service to the relevant person.

5.5.8 In any case, any positive or negative result in trying to inform the nearest relative, and the details of that nearest relative, must be recorded on the VPD adult concern form and on the incident on Command and Control.

5.5.9 Section 254 of the Act sets out a list of people who should be considered in identifying a person's nearest relative with other factors to take into consideration such as separation of spouses, step children etc.

5.6 COMMUNITY TRIAGE

5.6.1 This section is under development and will apply where an approved Community Triage service is in place and operational.

5.7 OUTCOME FOLLOWING ASSESSMENT

5.7.1 At the conclusion of a mental health assessment at a place of safety, the following outcomes may apply:

- Detention of the person in hospital; or
- Voluntary admission of the person; or
- No admission.

5.8 DETENTION OR VOLUNTARY ADMISSION TO HOSPITAL

5.8.1 Where the person is admitted to hospital or other health care facility either under terms of the Act or on a voluntary basis, having been conveyed there by the police, it is the responsibility of the officers involved to ensure the nearest relative is informed of the admission, thereafter their involvement with the person concludes.

5.8.2 A VPD adult concern form detailing the circumstances must be submitted prior to the termination of duty.

5.9 NO ADMISSION TO HOSPITAL FOLLOWING ASSESSMENT

5.9.1 Where the person, originally detained under section 297 of the Act, does not require admission to hospital for any medical matter and the psychiatric assessment concludes there is no requirement for admission for inpatient psychiatric treatment, the detention will cease at this point. It is important to remember 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.

5.9.2 In circumstances where a mental health 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.

5.9.3 Officers must, **if still present** and prior to leaving the place of safety, record details from the health professional who carried out the mental health assessment, in relation to:

- The health professional's rationale for their decision in not admitting the person;
- Whether the person can be left alone;
- Any care plan is in place for the person (If there is no care plan, is there one being put in place as a result of the mental health assessment or the reason for no requirement for such a care plan);
- Any details of referrals to made by the health professional (what agency/person); and
- Any other information including risk factors which police should be made aware of.

5.9.4 Whilst it is not possible to cover every possible scenario, officers, **if still present**, must also give consideration to a number of issues prior to the person being released from the place of safety:

- Time of day;
- Location;
- Weather conditions;
- Clothing;
- Means of getting to home address;
- The person's ability to get home;
- The person's vulnerability and/or health.

5.9.5 Where there is a responsible adult, whether a relative, carer or friend, immediately available, who is willing and capable of accepting responsibility, the person may, following discussion with a supervisor, be placed into their care, having been advised of the circumstances.

5.9.6 Alternatively, some areas have local agreements whereby police can seek recourse to other agencies to arrange aftercare for a person. If aftercare options are limited or do not exist, police officers should, in consultation with their supervisor, give consideration to:

- Conveying the person home and leave with a responsible adult whether a relative, friend or carer who is willing and capable of accepting responsibility, having been advised of the circumstances.
- If not already present, request a responsible adult whether a family member, carer or friend to attend the place of safety;
- Inform a responsible adult, whether a family member, carer or friend, of the person being released from place of safety prior to their release affording them opportunity to make arrangements for the person's care; or
- Initiating a multi agency discussion (i.e. Emergency Initial Referral Discussion) involving relevant agencies (social work, GP, Community Psychiatric Nurse and A&E Departments or other services) that can support the provision of immediate suitable alternative care.

5.9.7 The aforementioned options would also be relevant in circumstances where police officers repeatedly convey the same person to a place of safety and on each occasion that person is deemed by health professionals to not meet the criteria to be admitted to hospital.

5.9.8 In all circumstances where officers feel there remains significant concerns with regards the persons mental health they should seek advice from their supervisor as to the next course of action.

5.9.9 The outcome of no admission and any resultant actions taken by the police in relation to the person's care and welfare must be fully

recorded on command and control and on VPD as soon as possible and in all cases prior to the termination of duty.

5.9.10 Where a supervisor does not agree with the course of action taken by any health professional, the circumstances should be referred to the Divisional Mental Health Lead for review.

5.10 PUBLIC PLACE - NOT REQUIRING IMMEDIATE CARE AND TREATMENT

5.10.1 Where a person, found in a public place, not considered requiring immediate care or treatment, but needs assistance due to vulnerability or distress, consideration, in consultation with a supervisor, should be given to the following options:

- Contact a responsible adult, whether a relative, friend, or carer who is willing and capable of accepting responsibility for the relevant person having been advised of the circumstances.
- During surgery hours contact the person's GP;
- Contact NHS24 – this option is available out of hours whereby they can make contact with a qualified nurse for advice over the telephone and if necessary may refer the person onto other services (e.g. an appointment with their GP).
- Contact duty Social Worker whether during daytime or out of hours.

5.10.2 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

5.10.3 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult then an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty

6. POLICE ACTION WHERE NO OFFENCES ARE COMMITTED – PRIVATE PLACE

6.1 REQUIRING IMMEDIATE CARE AND TREATMENT

6.1.1 Officers cannot use powers under section 297 of the Act when attending incidents involving a person within a **private place** suspected of having a mental disorder who is in need of immediate care and treatment.
The powers under section 297 apply **exclusively** to people found in a public place.

6.1.2 Removal of a person suspected of having a mental disorder from a private place by a police officer is **unlawful** unless:

- The person leaves the private place on a voluntary basis;
- person has committed a crime or offence and officers use powers afforded to them under that legislation;
- Circumstances where there is a risk to life; or
- Officers use powers afforded to them by Removal Order (Section 293 or 294) obtained by and under the direction of a MHO.

6.1.3 Arresting the person for a Breach of the Peace is not a tactical option for the sole purpose of operational expediency when dealing with a person requiring a mental health assessment.

6.1.4 Each set of circumstances involving a person suspected of having a mental disorder within a private place will be different and the subsequent actions of the police, health and local authorities and others providing care and support services will be dictated by these circumstances. The National Decision Making Model as applied to Mental Health Incidents should be applied to the decision making process and all decisions must be fully recorded.

6.2 ENTRY GAINED

6.2.1 Once entry is gained officers should first establish if the person is in need of medical attention (e.g. cuts to arms, medication or drugs consumed). If required, this must take precedence as a separate issue from the mental health process and an ambulance should be summoned for their conveyance to hospital. Where there is a perceived risk of violence the police shall assist with the escort to hospital.

6.2.2 Any available information from any responsible relative, friend, bystanders, carer or other professionals relating to the person's usual behaviour coupled with the officers own observations are significant in assessing the situation and deciding on an appropriate response.

6.2.3 Where it is suspected the person has a mental disorder and in need of immediate care and treatment, the officer/s should request the attendance of the person's GP to carry out an initial mental health assessment. If the incident is outwith normal office hours NHS 24 can arrange for an out of hours GP to attend.

6.2.4 On the arrival of the GP, unless there is a risk of violence by the person, police involvement should end. However, if there is a perceived risk of violence by the relevant person, officers will be

required to remain until the completion of the mental health assessment.

6.2.5 If the GP considers the relevant person has a mental disorder the GP will make necessary arrangements such as transportation to a designated place of safety. Where there is a risk of violence by the relevant person, police officers will be expected to assist with transportation if necessary.

6.2.6 If the relevant person is not willing to be admitted to hospital but requires immediate admission for a mental health assessment, the GP can issue an Emergency Detention Certificate dependent on the circumstances.

6.2.7 Where the GP considers the person does not have a mental disorder the officer must record within their notebook:

- GP's rationale for their decision;
- Whether the person can be left alone;
- If a care plan is in place for the person (If there is no care plan, is there one being put in place as a result of the mental health assessment or the reason for no requirement for such a care plan);
- Any details of referrals to made by the health professional (what agency/person); and
- Any other information including risk factors which police should be made aware of.

6.2.8 In all circumstances where officers feel there remains significant concerns with regards the persons mental health or vulnerability they should seek advice from their supervisor as to the next course of action.

6.2.9 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

6.2.10 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult then an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

6.3 PRIVATE PLACE – ENTRY REFUSED

6.3.1 Where police officers are called to attend a private place in relation to a mental health incident they will either be the first service in attendance or there will be a health professional or other service already in attendance.

6.3.2 Where police officers are first to attend an incident at a private place and suspect there is an immediate risk to the safety of a person within or damage to property, and officers consider urgent entry is required, they should decide whether or not there are sufficient grounds to force entry to the premises, consulting supervisors as appropriate.

6.3.3 In circumstances where there is no apparent urgency to gain entry, a MHO should be requested to attend and provide assistance. This may be facilitated by a GP if already in attendance.

6.3.4 It is not uncommon for health professionals to be the initial partner dealing with an incident involving a person suspected to have a mental disorder within a private place.
This may be where a person is already subject to a hospital-based compulsory treatment order has absconded or is refusing to cooperate with treatment or conditions of community treatment orders.

6.3.5 Often the MHO or other health professional will request police attendance in circumstances where entry is refused and/or it is suspected there is a risk to the safety of health professionals, the person or damage to property.

6.3.6 The Act gives power to an MHO to apply for warrants or removal orders dependent on the circumstances presented to them.

6.3.7 The MHO will first consider how entry to the premises may be achieved without recourse to further legal measures. Where the MHO cannot gain entry or is confident that entry to the premises is not or will not be possible, he/she may crave a warrant under section 35 of the Act.

6.3.8 There are three different powers which can be granted under the Section 35 warrant:

- To authorise entry with the assistance of a police officer;
- To authorise the detention of a person (who is not already subject to the provisions of a mental health order) in situ for up to 3 hours for the purposes of a medical examination by a medical practitioner named on the warrant;
- To authorise a specified medical practitioner to access and inspect medical records.

6.3.9 A warrant which authorises, for example, entry to premises does not authorise access to the person's medical records. Each warrant must be applied for separately.

6.3.10 The warrant must be executed within 8 days, beginning with the day on which it was granted.

6.3.11 If the circumstances are such that the person is already subject to compulsory powers and has absconded, or is refusing access following an Order or Certificate being granted, the MHO may seek to obtain from a Sheriff a section 292 Warrant which also authorises entry, by force if necessary.

6.3.12 Prior to the execution of any warrant or order, the relevant partners should discuss the best way to proceed which would maintain the dignity of the person who is subject of the warrant as well as protect the person and which would safeguard their own safety and the safety of others.

6.3.13 It is important that where officers are requested to assist in the execution any warrant they ensure that the power to 'authorise entry with the assistance of a police constable' has been granted.

6.3.14 Sections 35 and 292 warrants **do not** provide police with the power to remove a person from a private place.

6.3.15 Any request for police to force entry on behalf of a health professional under powers of a warrant or order should be recorded by the attending officers including details of the person making the request and the rationale behind it. The details should also be recorded on the incident on Command and Control along with the outcome.

6.3.16 Responsibilities of all partner agencies in relation to psychiatric emergencies are detailed within local Psychiatric Emergency Plans.

6.3.17 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

6.3.18 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult then an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

6.3.19 Where a supervisor does not agree with the course of action taken by any health professional, the circumstances should be referred to the Divisional Mental Health Lead for review.

7. POLICE ACTION WHERE OFFENCES ARE COMMITTED

7.1 The police cannot determine a person's mental capacity to commit crime. Consequently, unless there are exceptional circumstances, where a crime has been committed, a person should be dealt with for the crime regardless of perceived mental disorder.

7.2 The exceptional circumstances may include where the crime/offence is of a minor nature and it would generally not be considered in the public interest to prosecute, or where the offence is directly linked to their disorder (e.g. bizarre or concerning behaviour that constitutes a breach of the peace).

7.3 When a person detained or arrested for committing a crime or offence is suspected of having a mental disorder, officers should seek the guidance of the duty Custody Officer at the earliest opportunity, fully apprising them of all foregoing circumstances.

7.4 When interviewing a person over 16 years of age who is suspected of having mental disorder, police officers must consider using the services of an Appropriate Adult to ensure the relevant persons understanding of procedures throughout the police process.

7.5 Where a Forensic Physician or Custody Nurse considers the person has a mental disorder this should be clearly highlighted in all relevant police reports.

7.6 Where medical examination suggests the relevant person's mental disorder is so severe, in consultation with the duty Custody Officer, the duty Procurator Fiscal should be consulted for their consideration for prosecution.

7.7 If, owing to the circumstances of the case, a hospital is unable to accept the person, the person may be detained in a police cell under appropriate supervision pending their appearance in court.

7.8 Refer to the Care and Welfare of Persons in Custody Standard Operating Procedures for further guidance on custody procedures and practices.

7.9 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

7.10 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty

8. PERSON UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

8.1 Accurate psychiatric assessment of a person who is intoxicated may be difficult.

However, where a person, who has consumed alcohol or drugs, can answer questions with full understanding of what is being asked of them, that person is able to be given a mental health assessment.

8.2 It may be difficult for police officers to know whether a person, under the influence of alcohol or other substance, has a mental disorder as intoxication may mask mental health issues.
Officers should not see the Police Custody Unit as the obvious solution to the person's care and welfare.

8.3 If a person in a public place, appears to have a mental disorder, has consumed alcohol but is coherent and lucid and not in need of urgent medical attention, the person should be detained under section 297 of the Act and removed to a place of safety. However the criteria in paragraph 5.1.3 must still be met.

8.4 If the person, whether in a private or public place, appears to be **significantly** under the influence of alcohol or other substance, to the extent that would prevent them undergoing a mental health assessment at that time but not in need of urgent medical assistance; where

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

attending officers should consider leaving the person in the care of a responsible adult whether a relative, friend or carer who is willing and capable of accepting responsibility for that person having been advised of the circumstances.

8.5 Where a person, whether in a private or public place, appears to be intoxicated to such a degree they are unable to stand unaided or communicate, an ambulance must be summoned for the person to be taken to hospital. The person **must not** be taken to a Police Custody Unit.

8.6 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

8.7 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

9. ATTEMPTED SUICIDE AND SELF HARM

9.1 The case of Harris v HMA 2009 the Crown Office and Procurator Fiscal Service (COPFS) provided a ruling on the essential elements which must be present for a competent common law charge of Breach of the Peace. In essence, it underlined the necessity for a public element to be present to support such a charge.

9.2 COPFS have clearly instructed the police service to deal with cases of attempted suicide which come to their notice by means other than arrest, even where an offence such as breach of the peace may have been committed; that persons attempting or threatening suicide were no longer to be arrested for a breach of the peace unless the actions have caused or threatened to cause injury to another or endangered or threatened to another person's safety (e.g. threatening to jump from a bridge onto a motorway).

9.3 As a result of the COPFS direction, the common law charge of Suicidal Breach of the Peace is no longer competent in the vast majority of cases involving people in mental health crisis. Officers should refrain from using it to simply utilise the power of arrest and place someone in custody because it's operationally expedient to do so.

9.4 Attempted suicide or self-harm are not offences *per se*; rather they can be symptoms of mental distress or mental disorder. Care must be taken when dealing with a person in these circumstances.

9.5 Any medical emergency must take precedence as a separate issue from the mental health process and an ambulance should be summoned.

9.6 Guidance on procedures in relation to a person suspected of having a mental disorder in a private or public place can be found in Sections 5 and 6 of this document.

9.7 Consideration should be given as to whether or not the relevant person has responsibility of care over any other person or child to ensure any other vulnerability is identified and dealt with in the usual manner.

9.8 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

10. MISSING/ABSCONDING FROM HOSPITAL – COMPULSORY AND VOLUNTARY PATIENTS

10.1.1 Where a person absconds from a hospital they can be more vulnerable to harm. Each incident must be risk assessed in consultation with the hospital staff and appropriate action taken to safeguard the wellbeing of the individual and the public at large.

10.1.2 Police Officers should be aware that when a person is reported missing from hospital, their 'patient' status will have a bearing on the options available while tracing the person.
The hospital will do their own initial risk assessment which will inform their decision as to when they will report the matter to the police.

10.1.3 People in need of an in-patient service can be regarded as voluntary patients (free to leave hospital at any time) or formal patients, (those detained under the Act and held in hospital often against their will). A third category Restricted Patients are detained under a variety of pre-disposal and post-disposal orders made under the Criminal Procedure (Scotland) Act 1995 as amended by the Mental Health (Care and Treatment) (Scotland) Act 2003.

10.1.4 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty

10.2 VOLUNTARY PATIENT

10.2.1 Where a voluntary patient is reported missing, Police Officers have no powers to return the person to the hospital, unless they are in mental health crisis. The hospital should be updated if Police Officers locate the person.

10.2.2 If Police Officers trace a person in a public place and they are considered to be in mental health crisis, officers can use the provisions of Section 297 of the Act and return the person to the hospital for the purposes of immediate care or treatment if the criteria at 5.1.3 are met.

10.2.3 Where the person is traced within a private dwelling, a Warrant must be obtained by a Mental Health Officer in order to allow their removal.

10.2.4 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

10.3 COMPULSORY PATIENT

10.3.1 A person is a compulsory patient if they are subject to an order including: Emergency Detention Certificate; a Short Term Detention Certificate and a Compulsory Treatment Order.

10.3.2 Where a compulsory patient has absconded, Section 303 of the Act permits Police Officers to return them to the place where they were receiving care and treatment.

10.3.3 In circumstances where a person, who has absconded from a Place of Safety out with the Police Division or from elsewhere in the United Kingdom, is traced by the police, the officers will take the relevant person to the nearest place of safety within their Division. Staff from that place of safety will contact the hospital or other place from which the person absconded, to make the necessary arrangements to be made for their return transfer.

10.3.4 However, where a person is traced within a private dwelling and refuses Police entry, a Section 292 Warrant permitting entry must be obtained by a Mental Health Officer before Police Officers can exercise their powers under Section 303.

10.3.5 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult, an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

10.3.6 Guidance on missing people is contained within the Police Scotland Missing Wanted and Found Persons Abscondees and Escapees Standard Operating Procedure.

11. TRANSPORTING PATIENTS

11.1 Police may be asked to assist in transporting a violent or potentially violent person to a mental health establishment or other NHS premises. Prior to any arrangements being made, an assessment of the individual and circumstances of the situation will be undertaken jointly by police and the health professional to identify the safest method of transportation. This can be a police van or ambulance depending on the circumstances.

11.2 Holding a person in a police car, police van or another location such as a police cell for lengthy periods should be avoided other than in the most exceptional circumstances of physical risk.

11.3 Efforts should be made to ensure any transfer or detention procedures in relation to mental health issues, are conducted with as low a profile as possible under the circumstances so as to preserve the privacy and dignity of the individual involved.

11.4 Should any person be required to be taken to a place of safety by police they should be accompanied at all times by a minimum of **two** police officers.

11.5 Police officers **will not** transport a person suspected of having a mental disorder where:

- There is immediate risk to their life; or
- Where a dynamic risk assessment dictates that this is not possible; or
- The person has been sedated.

11.6 In the event of the above, the relevant on duty senior officer will be notified of the circumstances and will confirm the appropriate course of action.

11.7 In every case where a person is in the care of the police and is not escorted by two police officers, the dynamic risk assessment must take cognisance of that and the rationale fully documented.

12. USE OF RESTRAINT TO ADMINISTER MEDICATION

12.1 A police officer can restrain a person to prevent the commission of a crime or offence or in order to prevent injury to themselves or to another person but not solely for the purpose of allowing medical staff to administer medication.

12.2 Nowhere in the Act does it give police power to restrain a patient whilst medication is administered and this may be considered assault.

13. OVERLAPPING ISSUES

13.1 APPROPRIATE ADULTS

13.1.1 When interviewing a person over 16 years of age who is suspected of having mental disorder, whether a witness, complainer or suspect, police officers must consider using the services of an Appropriate Adult to ensure the relevant persons understanding of procedures throughout the police process.

13.1.2 Further guidance on the use of Appropriate Adults is found in the Appropriate Adults Standard Operating Procedures.

13.2 INCIDENTS INVOLVING CHILDREN

13.2.1 Where Officers attend an incident involving a person with a mental disorder or in mental distress, and where concerns are raised for the safety or welfare of a child, consideration must be given to the immediate care and wellbeing of the child.

13.2.2 Further guidance is contained in the Child protection Standard Operating Procedures.

13.2.3 Where a child is known or suspected to have a mental disorder the Act contains provision in relation to ensuring the welfare and rights of the child are paramount at all times.

13.3 DOMESTIC ABUSE

13.3.1 Where Officers attend a domestic incident where any party has been removed to a Place of Safety or is involved in other emergency psychiatric planning, the procedures outlined in the Domestic Abuse Standard Operating Procedures should be followed.

13.4 REPORT OF SEXUAL HARM

13.4.1 Where a report of sexual harm is made by a person known or believed to have a mental disorder or be in mental distress, the procedures outlined in the Sexual Crime Investigation Standard Operating Procedures should be followed.

13.5 ADULT SUPPORT AND PROTECTION

13.5.1 The Adult Support and Protection (Scotland) Act 2007, provides duties, powers and measures for the support and protection of adults who may be at risk of harm.

13.5.2 The Act requires **the local authority** to make inquiry into an adult's wellbeing if the council believes the adult might be an adult at risk and might require measures of protection and therefore the reporting mechanism.

13.5.3 Further guidance can be found within the Adult Support and Protection Standard Operating Procedures.

13.6 In terms of section 8 of the Victims and Witnesses (Scotland) Act 2014 a person who is, or appears to be, the victim of (offences listed below) must be afforded the opportunity to specify the gender of the interviewing officer (deemed to be the officer noting a full statement).

1. an offence listed in any of paragraphs 36 to 59 ZL of Schedule 3 to the Sexual Offences Act 2003;
2. an offence under section 22 of the Criminal Justice (Scotland) Act 2003 (traffic in prostitution etc.);

3. an offence under section 4 of the Asylum and Immigration Act (Treatment of Claimants, etc) Act 2004 (trafficking people for exploitation);
4. an offence, the commission of which involves Domestic Abuse;
5. stalking;
6. honour Based Violence, Female Genital Mutilation and Forced Marriage.

13.7 The victim's response will be recorded in the officer's police issue notebook. In **all** cases, a vulnerable persons report must be created and processed on the Interim Vulnerable Persons Database (iVPD). It will be the responsibility of supervisory officers to monitor any decisions made in relation to the use of the statutory exemptions (if complying with it (the request) would be likely to prejudice a criminal investigation, or it would not be reasonably practicable to do so) and satisfy themselves that in all cases it was appropriate. (Further information and guidance can be found on the Force intranet Guidance flowchart)'

14. OFFENCES AGAINST A MENTALLY DISORDERED PERSON

14.1 NON-CONSENSUAL SEXUAL ACTS

14.1.1 Section 17 of the Sexual Offences (Scotland) Act 2009, relates to capacity to consent.

It states a mentally disordered person is incapable of consenting to conduct where, by reason of mental disorder, they are unable to understand what the conduct is and/or form a decision whether to engage in the conduct or not.

14.1.2 Section 46 of the Sexual Offences (Scotland) Act 2009, relates to the abuse of trust of a mentally disordered person. In broad terms this Section states if a person who has a caring role, intentionally engages in sexual activity with a mentally disordered person, they commit an offence.

14.2 ILL TREATMENT AND NEGLECT

14.2.1 Section 315 states that where the person providing care and treatment, or purports to provide care and treatment, to a patient and ill treats, or wilfully neglects that patient, they shall be guilty of an offence.

14.3 INDUCING AND ASSISTING A PERSON TO ABSCOND

14.3.1 Section 316 of the Act states a person commits an offence if they knowingly induce or assist a person to do anything which prevents them being taken into custody.

14.4 OBSTRUCTION

14.4.1 Under section 317, sanctions apply to any failure to comply with the Act. A person commits an offence where he/she:

- refuses to allow a person authorised access to any premises;
- refuses to allow access to a mentally disordered person by a person authorised to have such access;
- refuses to allow the interview or examination of a mentally disordered person by a person authorised to interview or examine such person;
- persists in being present when requested to withdraw by a person authorised to interview or examine, in private, a mentally disordered person;
- refuses to produce any document or record to a person authorised to require the production of such document or record; or
- otherwise obstructs a person in the exercise of any functions conferred on them by virtue of this Act.

14.4.2 The patient themselves will not have committed an offence should they do any of the above.

14.5 FORCED MARRIAGE AND HONOUR BASED VIOLENCE

14.5.1 Adults with mental disorder or mental illness can find themselves forced into marriage as a way of ensuring their long term care, or subjected to physical, sexual and emotional abuse because they are less able to protect themselves.

14.5.2 Police Officers have a role in ensuring the immediate safety of a person suspected of being forced into marriage, or who is the victim of honour based violence Further guidance is contained in the Honour Based Violence/Forced Marriage And Female Genital Mutilation Standard Operating Procedures and the Home Office Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines.

14.6 OFFICER SAFETY

14.6.1 Consideration should always be made to ensure officer safety when attending any incident. General guidance can be found in the Use of Force Standard Operating Procedures and the Health and Safety (Police) SOP.

15. RECORDING AND REPORTING

15.1 INCIDENT RECORDING

15.1.1 Information relating to any mental health incident should be recorded on local command and control systems.
Appropriate coding and tagging should be used and the incident fully updated in line with the Scottish Crime Recording Standard (SCRS).

15.2 POLICE NOTEBOOK/PDA

15.2.1 Full details of a mental health incident should be recorded in an Officer's official Police notebook/PDA.

15.3 VPD REPORTING

15.3.1 In **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult then an update must be provided on the incident on Command and Control and a detailed adult concern form submitted onto the interim Vulnerable Persons Database (VPD) prior to the termination of duty.

15.3.2 The VPD Adult Concern report must contain detailed information on the circumstances giving rise to the incident.

15.3.3 Where a person is removed to a place of safety whether detained under Section 297 of the Act or on a voluntary basis the following must also be recorded on the VPD concern form;

- the name and address of the person;
- date and time which the person was removed from the public place;
- circumstances giving rise to the removal of the person to the place of safety;
- the address of the place of safety;
- where a police station has been used as the place of safety, the reason why the person was removed there.

15.3.4 Where additional enquiries reveal the relevant person has responsibility of care over any other person or child and/or the incident raises concern for any other person or child, measures must be taken to protect or safeguard that person or child and subsequent VPD concern forms submitted.

15.3.5 Consent from the person to share information with partners must be obtained and recorded. Where consent has not been given, the officer’s perception of their capacity to provide consent must be recorded on the adult concern report.

15.3.6 Information on Adult Concern Report may be shared with various partners therefore information must be professional, impartial, accurate, proportionate and sufficient. Refer to the relevant person by their name and avoid the use of jargon.

15.3.7 All VPD Concern forms must be submitted as soon as possible and in all cases prior to officers terminating their tour of duty.

15.4 CRIME RECORDING SYSTEMS

15.4.1 Where a crime or offence is reported to have taken place an incident will be raised as per local arrangements and in compliance with SCRS.

15.5 SCOTTISH INTELLIGENCE DATABASE (SID)

15.5.1 Where the circumstances of an incident involve known or suspected criminality, the Enquiry Officer will submit an intelligence log prior to completing their tour of duty.

15.5.2 Officers should refer to the relevant geographical variations for guidance on the submission of SID entries to ensure logs are fully compliant with the requirements of intelligence submission.

15.6 NOTIFICATION TO PROCURATORS FISCAL

15.6.1 In all criminal cases which are disposed of with a report to the Procurator Fiscal where it appears a person may have a mental disorder, this information with full details of Police actions and the relevant medical information must be included.
Further advice is provided in the Case Reporting Standard Operating Procedures.

16 ROLES AND RESPONSIBILITIES

16.1 CONTROL ROOMS/AREA CONTROL ROOM (ACR) WILL:

- Gather initial information from members of the public or outside agencies by telephone. They are responsible for the recording and management of this information;
- Raise and grade any incidents and thereafter dispatch and manage resources deployed to a mental health incident; and
- Apply appropriate opening and closing codes and any tags or markers.
- Notify a Supervisor as appropriate to provide Supervisory oversight of the investigation, enquiry and referral.

Some initial reporting of concerns relating to adults in mental distress may also come in via the '999' system.

16.2 ENQUIRY OFFICER WILL:

- Update relevant incidents on Command and Control.
- Ensure the appropriate actions are taken in respect of the person, leading to a satisfactory conclusion.
- Ensure that the VPD Concern Forms are completed in **all** instances where a police officer deals with a mental health incident or any incident where they identify concern for an adult prior to the termination of duty.
- Submit Crime Reports, SID logs and Standard Police Reports (SPR) as appropriate.
- Where required, inform the nearest relative and have this action recorded on the relevant VPD concern form.
- Raise any concerns relating to the operation of the Mental Health and Place of Safety Standard Operating Procedures to their Supervisor.

16.3 SUPERVISORY OFFICERS WILL:

- Ensure the VPD Concern Forms are updated and submitted accurately and timeously as per local recording procedures;
- Provide oversight of actions taken, enquiry and referral; and
- Ensure that Crime Report, SID logs and SPRs are submitted as appropriate.
- Raise any concerns relating to the operation of the Mental Health and Place of Safety Standard Operating Procedures to their Divisional Mental Health Lead.

16.4 VPD MANAGER/PUBLIC PROTECTION UNIT

VPD Manager will:

- Provide daily management/ supervision of all VPD incidents;
- Allocate, monitor and finalise incidents; and
- Check the quality of reports and enquiries prior to completion.

Public Protection Unit will:

- Be responsible for processing and onward referral of Concern Reports/referrals
- Share information regarding mental health incidents with partner agencies.
- Provide advice and guidance and liaise with Divisions and

Departments as appropriate; and

- Provide a Single Point of Contact for information sharing in line with legislative requirements;

16.5 LOCAL AREA COMMANDER (WITH DELEGATED GEOGRAPHICAL RESPONSIBILITY) WILL:

- Have overall responsibility for the supervision, audit and monitoring of incidents;
- Ensure front-line Officers respond to operational demands on behalf of the respective Local Police Commander; and
- Provide an accountable management structure, both internally and externally;
- Represent PSoS at strategic levels with multi-agency partners and Scottish Government;
- Provide knowledgeable input to the national change agenda; and
- Provide a recognised senior lead on Mental Health and Place of Safety;

16.6 MENTAL HEALTH POLICY SUPPORT/LEADS WILL:

- Provide advice and support to the Local Area Commander and policing areas;
- Monitor and review local practices and procedures;
- Develop and maintain effective partnership arrangements between the PSoS and all statutory and third sector agencies; and
- Review and enquire into any concerns relating to the operation of the Mental Health and Place of Safety Standard Operating Procedures brought to their attention.

APPENDIX 'I'

LIST OF ASSOCIATED LEGISLATION

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Data Protection Act 1998
- Criminal Procedure (Scotland) Act 1995 as amended by the Mental Health (Care and Treatment) (Scotland) Act 2003.
- Sexual Offences (Scotland) Act 2009
- Adult Support and Protection (Scotland) Act 2007

APPENDIX 'J'

LIST OF ASSOCIATED REFERENCE DOCUMENTS

- Mental Health Code of Practice
- Home Office Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines
- Recognising Behaviours and Signs of Mental Illness
- National decision making model
- Appropriate Adults SOP
- Domestic Abuse SOP
- Honour Based Violence and Forced Marriage SOP
- Missing, Wanted and Found Persons, Abscondees and Escapees SOP
- Sexual Crime Investigation SOP
- Use of Force SOP
- Care and Welfare of Persons in Police custody SOP
- Child Protection SOP
- Adult Support and Protection SOP
- Case Reporting SOP
- Health and Safety (Police) SOP

APPENDIX 'K'

LIST OF ASSOCIATED FORMS

- POS1 Place of Safety Form 095-001

APPENDIX 'L'

- National Decision Making Model as applied to Mental Health Incidents

APPENDIX 'M'

GLOSSARY OF TERMS

A&E	Accident and Emergency
AMP	Approved Medical Practitioner
COPFS	Crown Office and Procurator Fiscal Service
CTO	Compulsory Treatment Order
EDC	Section 36 Emergency Detention Certificate
GP	Registered Medical Practitioner
MHO	Mental Health Officer
NHS	National Health Service
PEP	Psychiatric Emergency Plan
SOP	Standard Operating Procedure
STDC	Section 44 Short Term Detention Certificate
VPD	Vulnerable Persons Database