Department of Health

health

Ambulance transport of people with a mental illness protocol 2010

State Government Victoria

Ambulance Victoria

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Note: This protocol will be updated in line with the revision of Mental Health Act due in 2012

Foreword

This protocol has been developed to improve service delivery to people with a mental illness. The protocol was drafted by the Department of Health in consultation with Ambulance Victoria, Victoria Police, mental health service providers, and consumer and carer representatives.

The protocol is based on continuing the collaborative relationship that exists between health and mental health professionals, ambulance and MICA paramedics and ambulance communications centres. These relationships are essential to providing high-quality services and transport to people with a mental illness.

We hope the protocol will prove to be a useful resource for interactions between ambulance services and clinicians working in public mental health services but also provide useful information for other health and mental health professionals, such as general practitioners and private psychiatrists, who may need to organise the transport of a person with a mental illness.

Additional copies of this protocol can be obtained online from <www.health.vic.gov.au/mentalhealth>.

Greg Sasella
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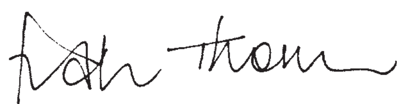

Fran Thorn
Secretary
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Executive summary

The previous protocol titled *Ambulance transport of people with a mental illness* was released in February 2002. Since that time, Rural Ambulance Victoria and Metropolitan Ambulance Services have been restructured and merged to a single entity – Ambulance Victoria.

There have also been a number of significant developments:

- the *Mental Health Act 1986* (the Act) has been amended
- the *Charter of Human Rights and Responsibilities Act 2006* has come into force
- the Victorian Auditor General's Office (VAGO) completed its report on mental health services in Victoria titled *Responding to mental health crises in the community*
- the new *Protocol for Mental Health – Department of Health and Victoria Police* has been developed.

As a result, the previous protocol no longer accurately reflects current practices in mental health, nor the structure of ambulance services in Victoria. The *Victorian mental health reform strategy 2009–19* was also released in March 2009, emphasising the importance of a whole-of-person approach and consolidating the role of psychiatric disability rehabilitation and support services to support community-based living for people with severe and enduring psychiatric disability. This protocol aims to address the recommendations of the VAGO report and align with the *Victorian mental health reform strategy 2009–19*, and, in so doing, update the protocol with current practices to enhance the quality of services provided to people with a mental illness. The new protocol has been developed and will come into effect in September 2010.

Key principles

This protocol is to be applied consistent with the following key principles.

Principle 1: Human rights

- All actions, decisions and recommendations should be made in accordance with the *Victorian Charter of Human Rights and Responsibilities Act 2006*. Professionals must minimise any restrictions imposed on a person's rights and be able to demonstrably justify the need for any action that interferes with a person's rights while allowing for the effective delivery of services. Any action that may limit a person's human right needs to be reasonable and proportionate. Further information on the Charter is available at <www.humanrightscommission.vic.gov.au>.

Principle 2: Person focused

- Consumers should as far as is possible be involved in decisions regarding their own treatment including the arrangements for transport between service locations, to appointments for services and to community activities. The safety and welfare of people with a mental health illness should be the primary consideration in decision making about transportation.

Principle 3: Cooperation

- Services should work together with other relevant services, practitioners and carers to foster positive professional relationships that facilitate the treatment and care of people with a mental illness, protect their rights and promote their safety.

Principle 4: Least restrictive practices

- The transport of people with a mental illness, whether by consent or under the relevant legislation without the person's consent, must be by the least restrictive means practical and minimises any potential interference with the person's liberty, privacy, dignity and self-respect.

Principle 5: Communication

- A collaborative relationship based on good communication between health and mental health professionals, ambulance and MICA paramedics, police and ambulance communications centres is essential to providing high-quality pre-hospital care and transport to people with a mental illness.

Principle 6: Respect

- People making decisions about a person's treatment and care must recognise and respect the diverse needs, values and circumstances of each person including their race, religion, culture, gender, age, sexual orientation and any disability. There must be no unlawful discrimination.

Principle 7: Ambulance responsibility

- Ambulance Victoria has primary responsibility for the transport of people with a mental illness who are ill and in need of treatment in a hospital regardless of whether the person has provided their consent or not. Decisions about the priority for ambulance transport should be made according to category-of-response criteria. In some circumstances, such as non-urgent cases, the person's best interests may be better served by an alternative form of transport.

Principle 8: Carer participation

- Services, mental health practitioners and ambulance and MICA paramedics should seek and incorporate carers' views as far as possible into their decision-making processes.

Principle 9: Privacy and confidentiality

- Information should only be disclosed if it is reasonably necessary or required for a person's treatment and care, transport or apprehension. All information must be treated in accordance with the legislation and policy relating to privacy or confidentiality that is in force in Victoria.

Purpose

This protocol has been drafted by the Department Health in consultation with Ambulance Victoria, Victoria Police, mental health service providers, and consumer and carer representatives in order to improve service delivery to people with a mental illness. It replaces the previous protocol on ambulance transport of people with a mental illness. It complements the *Protocol for Mental Health – Department of Health and Victoria Police* and the Chief Psychiatrist's *Safe transport guidelines*. These can be accessed at <www.health.vic.gov.au/mentalhealth/cpg>.

Where a proposed transport will cross a state border, additional guidelines may apply. Refer to <www.health.vic.gov.au/mentalhealth/crossborder> for specific guidance on cross-border mental health arrangements.

The principles in practice

Transport options

In addition to assessing whether a person requires admission to an approved mental health service, health and mental health professionals also need to assess the person's transport needs. In all situations where a person requires transport to an approved mental health service, the decision about what form of transport is appropriate should be based on assessment of the:

- person's physical and mental state
- person's immediate treatment needs
- risk of harm the person poses to themselves and others
- likely effect on the person of the proposed mode of transport
- expressed wishes of the person and/or their carer(s), where practicable
- availability of the various modes of transport including non-emergency patient transport (NEPT) vehicles [1]
- distance to be travelled
- person's need for support and supervision during the period of travel.

Consideration should be given to non-ambulance transport options in the first instance. Many people can be safely transported in:

- a private vehicle driven by a family member, carer or friend
- a taxi accompanied by a family member, carer or friend
- an agency vehicle driven by a mental health professional with another mental health professional
- a NEPT vehicle.

This decision should be made by the health or mental health professional in consultation with the client and their carer(s) where possible. More detailed information about the use of non-ambulance transport options can be found in Appendix 2.

Where a person cannot be safely transported by any other means, or is in police custody, it will be necessary to call for:

- an ambulance (with or without an accompanying mental health professional or police member in the ambulance) and/or
- a police vehicle (as an option of last resort).

Police should only be requested to transport a person in exceptional circumstances. Transport by police vehicle can give the impression that the person is suspected of having committed a crime, which may cause the person unnecessary distress and anxiety and perpetuate stigma. Police procedures for transporting people with a mental illness can be found in the *Protocol for Mental Health – Department of Health and Victoria Police*.

An ambulance must always transport where either:

- there is an urgent need for medical treatment
- an involuntary patient has been sedated by oral, intramuscular or intravenous medication for the purpose of transport to an approved mental health service, or
- the person is being restrained.

1 For details regarding circumstances for non-emergency transport refer to the NEPT section in Appendix 2.

The responsible mental health professional must ensure the appropriate forms are completed where restraint or sedation occur. These are outlined below.

Calling for an ambulance

A request for an ambulance can be made by dialling 000 and requesting ‘ambulance’.
Calls will then be transferred to Ambulance Victoria (AV).

The person requesting the ambulance should be prepared to answer questions such as:

- What is the exact address of the emergency?
- What is the phone number you are calling from?
- What is the problem, tell me exactly what happened?
- Are you with the patient now?
- How old is s/he?
- Is the person conscious?
- Is the person breathing?

These, together with other questions about the person and the situation (such as questions relating to the person’s mental health status), enable the ambulance service to prioritise the request promptly and determine the appropriate response. The ambulance service may need to determine whether the person is a voluntary or involuntary patient because this may affect the types of treatment/transport required.

Calling from a fixed (as opposed to a mobile) telephone automatically provides the emergency communications centre with the address of the telephone so an ambulance can respond even if the caller cannot give accurate location details. Health or mental health professionals calling from their own telephone, rather than the person’s, should ensure the ambulance communications centre is alerted to the fact that the site of the emergency is different to the location of the caller.

It is good practice for the mental health professional requesting the ambulance to be present when the ambulance arrives. This ensures that: a clinical handover is provided and appropriate documentation passed on; the person to be transported is not left unaccompanied; and any necessary debriefing of family or other carers takes place. Exceptions to this can occur where the nature of the emergency (for example, a suspected drug overdose) necessitates an ambulance being called and arriving before mental health staff can attend the person.

The mental health professional must contact the approved mental health service to ensure acceptance of the admission of a person before requesting an ambulance to transport the person to the service.

It is a requirement that police maintain custody of a person apprehended under section 10 of the Mental Health Act, even where the ambulance provides the transport to the mental health service. Upon arrival at the service, police will remain with the person until conclusion of their mental health assessment or their formal handover for a mental health examination. The ambulance may leave after providing a clinical handover.

Categories of ambulance response

Requests for ambulance transport are categorised into a level of priority for response. The categories are emergency, urgent and routine.

The person requesting the ambulance will be informed of the category assigned to the request and the expected time within which the ambulance should arrive.

Table 1 provides a summary of category responses.

Table 1: Categories of ambulance response

Emergency – code 1	Urgent – code 2	Routine – code 3
An emergency response using lights and sirens, with the person being transported to the nearest appropriate emergency department for treatment/ stabilisation.	A response (non lights and sirens) where the person is transported to the nearest emergency department or nearest appropriate approved mental health service. Most situations where police have apprehended a person under s. 10 will be categorised as urgent.	In some circumstances, particularly in some rural areas, the person will need to be transported to the nearest appropriate approved mental health service for admission, rather than the catchment area service the person should normally be admitted to. This may occur where either: • the person's wellbeing might be adversely effected by a long-distance transfer at that time, or • a long-distance transfer at that time might adversely effect the provision of acute ambulance care in the rural community from which the ambulance will need to be dispatched. In such cases, it is expected that the ambulance service will have available, within 12 hours, suitable transport for the interhospital transfer to the appropriate catchment area service.

Emergency

An emergency response is required where there is an actual or potential risk that a person's life is immediately threatened, such as in the case of a suicide attempt or an overdose of harmful substances.

Urgent

An urgent response is required to transport a person who *either*:

- exhibits evidence of acute mental illness accompanied by:
  - agitation
  - distress
  - impulsivity
  - unpredictability
  - propensity to destructive acts
- has attempted or threatened suicide but their life is not immediately threatened
- is unable to be contained safely in a care or support situation in the community (for example, they are wandering or confused)
- has been sedated to enable safe transport[2]
- requires approved mechanical restraint for safe transport, or
- is in crisis and has been apprehended by police under section 10 of the Mental Health Act.

Routine

A routine response will apply where adequate care is currently being provided but the person requires transport to an approved mental health service and other forms of transport have been considered and are deemed unsuitable by the mental health professional. Most interhospital transfers will also be in this category.

Reviewing the category of response

Requests for ambulance transport should be prioritised according to the three categories, regardless of whether the callout is for mental health or medical reasons.

If the mental health professional making the request for an ambulance considers the category of response assigned to the request is inappropriate, then, for requests made to AV, the mental health professional can ask to speak to the AV clinician to discuss and renegotiate the category assigned to the request. The AV clinician is a senior MICA paramedic who provides support to the call-taking and dispatching processes within the communication centre. The AV clinician is available in both metropolitan Melbourne and regional Victoria communications centres.

If circumstances change after a request for an ambulance has been made, a further call should be made to advise the ambulance service of the change and to request a change in the category of response.

In the event that a mental health professional and AV clinician fail to reach agreement regarding the use or prioritisation of ambulance transport, an ambulance should be dispatched immediately (or in the appropriate time frame given the priority of the patient).

The matter should then be referred for review to the director of clinical services responsible for mental health services in that region (or their authorised on-call deputy) and the AV group manager in that region for resolution.

2 Patients under sedation are designated as urgent; however, some interhospital transfers are routine and can be transported by NEPT under their clinical practice protocols. Many of these are managed as routine/code 3.

Procedure for handover

When a request for the ambulance has been made by a mental health professional, that person must, wherever possible, be present when the ambulance arrives. The mental health professional will ensure that the relevant documentation to authorise transport (detailed in the section on legal framework) has been completed. They will also be responsible for keeping the client and carer(s) informed of transport arrangements.

Clear handover procedures must be implemented between the mental health professional and ambulance and MICA paramedics including:

- communication of relevant personal details
- briefing on the person's physical and mental state
- details regarding any sedation administered
- risk assessment and need for restraint
- transport and inpatient admission requirements
- ensuring all documentation has been completed correctly.

It is not generally expected that a mental health professional will accompany the person when they are being transported by ambulance, although this should certainly be considered if feasible. In particular, in rural Victoria a mental health professional may need to accompany the person in the ambulance due to variations in ambulance crewing arrangements in smaller communities. If this does occur, roles and responsibilities during transport must be clearly specified and agreed between the parties in advance.

Consideration should be given to whether a family member, carer or friend should accompany the person in the ambulance, if this is deemed appropriate by the attending ambulance and MICA paramedics.

Police assistance

If on arrival at the location, ambulance and MICA paramedics or the caller believe that the person is a danger to themselves or to others as a result of their mental illness, police should be called.

Involving police in transporting a person with a mental illness is appropriate when:

- the person is in police custody (for example, apprehended under section 10 of the Act), or
- the person poses a risk of harm to themselves or to others.

Police involvement can take several forms:

- accompanying the person in another vehicle (such as an ambulance or mental health agency vehicle)
- escorting another vehicle (such as an ambulance or mental health agency vehicle)
- conveying the person in a police vehicle, as a last resort and after all other transport options have been considered and assessed as unsuitable.

Ambulance and MICA paramedics and mental health professionals are responsible for determining whether to request police involvement. The decision should reflect a clinical risk assessment of both the person's current and previous behaviour, and the objective of providing transport in the least restrictive manner possible.

Bearing in mind that police cannot delegate their custody (for example, for a person apprehended under section 10), police are responsible for determining the most appropriate form of police involvement.

Either a mental health professional or an ambulance/MICA paramedic (through the AV communications centre) may request police involvement in the transport of a person with mental illness via police communications (‘000’). If a mental health professional wishes to request both police involvement and ambulance attendance, the mental health professional should contact the police and ambulance services concurrently and arrange to meet at a common location. The ambulance communications centre should coordinate the meeting arrangements.

Interagency transfer

Where a person requires transport from one hospital to another, the hospital transferring the person should determine if transport by ambulance is required or whether an alternative form of transport or delaying transport would be more appropriate. If ambulance transport is required, the request for an ambulance will be prioritised in accordance with the response categories previously described.

Requests from consumers, carers or others for ambulance transport

In general people with a mental illness who may require transport to hospital need to be assessed by a health or mental health professional first, to determine if hospitalisation is required and what form of transport is needed. In some instances, however, (for example, following an overdose) carers or consumers may need to contact ambulance services directly. When an ambulance service receives a call from a person who is not a health or mental health professional seeking an ambulance response for a person who appears to be mentally ill, the relevant ambulance service will categorise the request in accordance with the standard ambulance medical dispatch criteria referred to previously.

If on arrival at the location ambulance or MICA paramedics responding to the call believe the person appears to have a mental illness but does not require immediate transport to a hospital, they must contact the local area mental health service triage on the carer’s/client’s behalf (in accordance with local protocols) to arrange the most appropriate management (such as referral for non-urgent assessment).

If the person appears to be mentally ill and requires hospital treatment but refuses ambulance transport, the ambulance or MICA paramedic must contact the local area mental health service triage on the carer’s/client’s behalf to arrange a more urgent response. This may require the immediate involvement of the crisis assessment and treatment (CAT) service.

It is acknowledged that these guidelines apply wherever possible/practicable and, in consideration of the consumer’s perspective, consumers often have a preference for transport depending on their circumstances.

Mental health triage[3]

Mental health triage is the process of initial assessment through which a mental health clinician determines a person's need for mental health services or other services and the urgency of the response required.

Victoria's area mental health services provide 24-hour, seven-day telephone triage services for all age groups. Triage assessments may also be conducted face to face where individuals present to emergency departments or community mental health services seeking urgent assistance.

Where a mental health triage assessment indicates that specialist mental health services are required (or possibly required) a face-to face assessment will be provided. Where an urgent assessment is required, triage will generally request CAT services to see the person within specified timelines (see below).

Where it is considered that specialist mental health services are not the most appropriate option, the person will be referred to another service provider or given brief counselling or advice.

Ambulance services should contact the relevant area-based mental health triage service to request the involvement of the area mental health service in the care of an individual or for secondary consultation and advice about managing an individual.[4]

Crisis assessment and treatment (CAT) services

CAT services are delivered statewide and operate on a 24-hour, seven-day-a-week basis.

The role of CAT services includes:

- assessment and crisis intervention for acutely unwell people in the community – CAT services may be requested by mental health triage to assess people within timelines determined in accordance with the statewide mental health triage scale
- facilitating admission to an inpatient unit if this is clinically indicated
- short-term intensive treatment and support to people in the community to prevent the need for an admission or to assist in early discharge
- supplementary out-of–hours support to aged persons and child and adolescent mental health services.

CAT services are not resourced to provide an immediate emergency response to all mental health crises. In some areas the service may be provided by integrated services.

Emergency services liaison committees

Each area mental health service has an emergency services liaison committee comprising representatives from mental health services, ambulance, police, consumers and carers. The committees meet on a regular basis to:

- develop and update local protocols for interagency service cooperation and coordination
- address operational service issues, including any use of force, restraint or police transport and planning to minimise this

3 www.health.vic.gov.au/mentalhealth/triage
4 www.health.vic.gov.au/mentalhealth/services/index

- agree on joint case plans for shared clients, particularly those who present frequently or who have multiple and complex needs
- arrange interagency training and information sessions to share knowledge and skills, including induction sessions and ridealongs
- inform the Interdepartmental Liaison Committee (IDLC) of ongoing and systemic issues requiring attention.

The IDLC will have an oversight and monitoring role of ongoing or systematic issues requiring attention, local initiatives and achievements and recommendations.

The IDLC is responsible for establishing and maintaining a formal monitoring and reporting framework to better support and communicate with the locally based emergency services liaison committees. The committees will continue to be responsible for implementing local initiatives and resolving local issues.

The legal framework – the Mental Health Act

All references to 'the Act' refer to the *Mental Health Act 1986* and its subsequent amendments.

Involuntary treatment by an approved mental health service

Request and recommendation—section 9

Section 9 of the Act provides for the commencement of involuntary treatment. The usual procedure is for a request (Schedule 1)[5] and recommendation (Schedule 2) to be completed. This documentation is then sufficient authority for any of the following people to take the person to an approved mental health service:

- the person making the request
- a member of the police force
- an ambulance or MICA paramedic
- a prescribed person under the Act, or
- any other person authorised by the person making the request (refer to Appendix 1 for a list of *authorised persons* under the Act).

A request (Schedule 1) can be completed by any person aged over 18 years, including a relative of the person, a mental health service staff member or an AV or MICA paramedic.

A recommendation (Schedule 2) is completed by a registered medical practitioner. The same medical practitioner cannot complete the request and cannot be a relative or guardian of the person being admitted.

Both documents are required for the person to be taken without consent to an approved mental health service. The request or recommendation alone is not sufficient to authorise transport for the person.

5 Schedules referenced in this section refer to Mental Health Regulations 2008- Schedules.

Request and authority to transport without recommendation—section 9A

Section 9A of the Act provides an alternative power to transport a person requiring involuntary treatment. Under section 9A, a mental health practitioner may complete an *Authority to transport without recommendation* (Schedule 3). This can be done if the mental health practitioner believes a person meets the involuntary admission criteria and should be taken to an approved mental health service for examination but a doctor is not available within a reasonable period to consider making a recommendation despite all reasonable steps having been taken to secure the attendance of a doctor.

A mental health practitioner is a registered nurse, a registered psychologist, a social worker or an occupational therapist employed by a public mental health service (within the meaning of section 120A of the Act). An approved mental health service or community mental health service is one that is engaged in the provision of acute psychiatric assessment and treatment functions in the community. Where a request (Schedule 1) and *Authority to transport without recommendation* (Schedule 3) have been completed, the person may be transported to an approved mental health service by:

- the person making the request
- a member of the police force
- an ambulance or MICA paramedic
- a prescribed person under the Act, or
- any other person authorised by the person making the request.

Both the request and Authority to transport without recommendation *must be completed for transport to commence.*

Involuntary patients absent without leave

Sections 43 and 53 of the Act provide for the apprehension and return of involuntary patients and security patients who are absent without leave.

Under section 43 where a community treatment order (CTO) or restricted community treatment order (RCTO) is revoked, the person is deemed to be absent without leave. Sections 14D, 15D, 36C and 36D, in conjunction with section 43 of the Act, provide for the person's apprehension and return. Written notice of the revocation must also be given to the patient, being MHA form 10[6] *Revocation of community treatment order* and 15A *Revocation of a restricted community treatment order.*[7]

Section 53 of the Act contains similar provisions for security patients.

The experience of being apprehended and transported following revocation of a CTO can be traumatic for the individual and every effort should be made to involve the person in a negotiation about their return, and to transport them in the least possible restrictive manner. In many instances the person can be persuaded to accompany mental health clinicians in an agency vehicle. Where this is not possible, preference should be given to ambulance transport. The use of restraint, assistance of police and transport in police vehicles should be avoided where alternatives are available and appropriate. Ambulance paramedics, certain professionals employed in mental health

6 Current MHA forms are available at <http://www.health.vic.gov.au/mentalhealth/mh-act/forms.htm>
7 Refer to OCP guideline for revocation details at <http://www.health.vic.gov.au/mentalhealth/cpg/cto.htm>.

services, members of the police force and people authorised by the authorised psychiatrist or chief psychiatrist are able to apprehend and transport a person absent without leave.

Section 9B of the Act also provides for the use of sedation and restraint where necessary for safe transport.

The Act does not prescribe any forms to authorise the transport of a person absent without leave but simply provides that a person who is absent without leave can be apprehended and transported, at any time, by any of the *authorised persons*.

To arrange transport, mental health clinical staff should ensure that a written notice confirming that the person is *absent without leave* is faxed to the relevant ambulance communication centre or, in some circumstances, may be provided to ambulance personnel attending the scene. This may be:

- MHA 10 – *Revocation of community treatment order*
- MHA 15A – *Revocation of restricted community treatment order*, or
- a letter on hospital letterhead.

Ambulance and MICA paramedics can contact the relevant ambulance communication centre to confirm the status of the person.[8]

In some circumstances the person will need to be transported to the nearest appropriate approved mental health service for admission, rather than the catchment area service closest to where the person resides. This may occur where either:

- the person's wellbeing might be adversely effected by a long-distance transfer at that time, or
- a long-distance transfer at that time might adversely effect the provision of acute ambulance care in the community. In such cases, it is expected that the ambulance service will have available, within 12 hours, suitable transport for the interhospital transfer to the appropriate catchment area service.

Use of restraint and sedation for safe transport

The Act provides for the use of restraint and sedation where necessary for safe transport.

Restraint – section 9B(2)

This is afforded to ambulance and MICA paramedics, *authorised persons* employed in mental health services and members of the police force who are authorised to enter premises and use such force and physical and/or mechanical restraint as are reasonably necessary to ensure safe transport. (Refer to definitions for complete list of *Authorised persons* under the Act.)

Only a person who has been recommended, is involuntary or is being transported under the authority to transport may be mechanically restrained for the purpose of safe transport to an approved mental health service.

Ambulances have been supplied with approved restraints that can be used if necessary and all less restrictive options have been considered and assessed as unsuitable. If restraint is considered to be necessary, it is good practice to use the option of these restraints before considering transport in a police vehicle.

The use of restraint must be documented on the Schedule 4, Form 1—*Particulars of use of restraint* by the person who used the restraint.

8 In some circumstances fees may apply subject to the 2010 revision of the ambulance fee guidelines.

Sedation – section 9B(3)

A prescribed registered medical practitioner can administer sedation if they believe it is necessary for the safe transport of a person. The practitioner may direct another registered medical practitioner or a registered nurse to administer the sedation. Ambulance and MICA paramedics are not able to administer sedation in these circumstances. If continued sedation is likely to be required during transport the referring practitioner must make appropriate arrangements for this to occur. This may include providing a registered nurse escort or arranging for sedation to be provided by a health service en route to the final destination. The question of whether ambulance and/or MICA paramedics should be permitted to administer sedation is currently under review as part of the review of the Act.

If sedation is required, both the person prescribing and the person administering it must document this on a Schedule 4, Form 2—*Particulars of use of sedation*.

To ensure their safety, involuntary patients who have been sedated must be transported by ambulance.

Transport of minors

The requirements of the Mental Health Act, including the requirements relating to transport, apply to people of all ages.

Hospital bypass

If a hospital is on bypass, the mental health triage should advise the ambulance (or other transporting agency) of an alternative arrangement, including direct presentment to the mental health service, mindful that it is not in the best interests of the person with a mental illness to be restrained, detained or transported any longer than is necessary.

Ambulance fees

In some circumstances fees may apply subject the *Guidelines on responsibility for payment ambulance fees*. Further information is available from <www.dhs.vic.gov.au/health/ambulance/ambcharge>. Services and service users should refer to this site for current information regarding the costs of transportation.

Appendices

Appendix 1

Definitions of terms used in this protocol

Ambulance and MICA paramedics—the Act uses the term 'ambulance officer'. For purposes of this protocol we have referred to the more commonly used title of ambulance and MICA paramedics. For any ambulance transports that involve the use of restraint, only ambulance and MICA paramedics currently engaged by an ambulance service should undertake the transport.

Approved mental health service is any premises or service that has been proclaimed by the Governor in Council under section 94 or declared under section 94A to provide treatment to patients. In practice this means a public hospital with a proclaimed psychiatric unit (a psychiatric inpatient service), that is also to provide involuntary treatment.

Authorised person refers to an *authorised person* within the meaning of section 7 of the Act; in this respect an *authorised person* is a registered medical practitioner or a registered nurse.

Authorised psychiatrist means a person appointed as the authorised psychiatrist for an approved mental health service under section 96 of the Act or their delegate.

Chief psychiatrist means the person appointed as the chief psychiatrist under section 105 of the Act or their delegate.

Mental health practitioners are either:

- registered medical practitioners
  - registered nurses
  - registered psychologists
  - social workers, or
- occupational therapists – employed, appointed or engaged to provide care and treatment to people with a mental disorder in an approved mental health service, a child and adolescent psychiatry service, a premises licensed under section 75 of the Act, a hospital admitting or caring for persons with a mental disorder, a mental health service of a community health centre, a psychiatric outpatient clinic or a community mental health service.

Mental health professional is used throughout this document. This term does not have a legal meaning but is intended to mean any clinician (including a medical practitioner, nurse, psychologist, social worker and occupational therapist) employed by a mental health service.

Patient has a legal meaning under the Act and refers to a forensic, involuntary or security patient. This term should not be confused with the use of the word 'patient' by Ambulance Services Victoria to refer to clients of that service.

Prescribed person is:

- a member of the police force
- an ambulance or MICA paramedic
- a registered medical practitioner
- a registered nurse
- a registered psychologist
- a social worker

- an occupational therapist – employed, appointed or engaged to provide care and treatment to persons with a mental disorder in:
  - an approved mental health service
  - a state child and adolescent psychiatry service
  - any premises licensed under section 75 of the Act
  - a hospital admitting or caring for a person with a mental disorder
  - a mental health service of a community health centre
  - a psychiatric outpatient clinic, or
  - a community mental health service.

Prescribed registered medical practitioner is a registered medical practitioner who is in one of the following categories:

- in general practice
- the registered medical practitioner who recommended the person receive involuntary treatment from an approved mental health service
- the head of the emergency department of a hospital
- employed as such in or by a psychiatric service within the meaning of section 106 of the Act
- a psychiatrist
- a forensic physician.

Registered medical practitioner is a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*.

Appendix 2

Transport to a mental health service inpatient unit

In addition to assessing whether a person requires involuntary inpatient treatment, mental health professionals also need to assess the person's transport needs. Transport options include: a private vehicle driven by family member, carer or friend; a taxi accompanied by family member, carer or friend; an agency vehicle driven by a mental health professional accompanied by an escort; an ambulance (with or without mental health/police escort in ambulance); and a police vehicle.

It is preferable to use the least restrictive and intrusive transport option appropriate to the clinical situation. Decisions should be based on an assessment of the clinical situation and the best interests of the person, made in consultation with the client and carer. The guidelines for the use of ambulance transport and police assistance are described in the main body of this document. The guidelines for the use of other vehicles are described below.

It is important to note that these options are not be appropriate for a person apprehended for being absent without leave or in crisis (under section 10 of the Act) if a prescribed person is not present to accompany the person.

Private vehicle

A private vehicle driven by a family member, carer or friend may offer the client a supportive and familiar form of transportation. Consideration must be given to the level of willingness and ability of people to provide transport in a crisis situation, as well as the mental and physical state of the

patient. For people who are cooperative and relatively settled in behaviour, private transport may offer the most acceptable option.

Taxi

Very occasionally, transport by taxi in the company of a family member, carer or friend may be appropriate for a person who needs to travel to a psychiatric inpatient service. Consideration must be given to the physical and mental state of the client and the level of availability and affordability of the taxi service. Once again this option would generally only apply to those who are cooperative and relatively settled in behaviour.

Agency vehicle

Mental health service clinicians have access to agency vehicles and may transport clients for the purpose of inpatient admission. In situations where the person does not require active monitoring or medical care and there are no perceived risks to worker or client safety, agency vehicle transport may provide a less stigmatising and less restrictive means of transport than ambulance or police vehicles.

In situations where a person is being transported to an inpatient service in an agency vehicle, it is preferable that two mental health service clinicians travel with the person, as driver and escort. A relative, carer or friend may also accompany the person in an agency vehicle; however, consideration must be given to ensuring that the accompanying person also has the means to return home.

Police may be able to provide an escort as a means of reducing the risk associated with transport in an agency vehicle. If a police escort is arranged, clear expectations need to be established between mental health service clinicians and police regarding communication of the need for police intervention, the type of intervention required and the role of the mental health service clinicians in the event of police intervention being required en route. The person remains the responsibility of the mental health service clinicians and police will leave upon arrival at the service, provided it is safe to do so.

Non-emergency patient transport (NEPT)

NEPT providers are trained to provide safe transport of medically stable people who will not require significant medical intervention during transport. The NEPT service is not an emergency ambulance service and will not transport people who require urgent medical evaluation or treatment. They are engaged by Ambulance Victoria or directly by services.

Subject to the requirements of the NEPT regulations, NEPT may be used for people receiving mental health services on a voluntary basis to transport them from a facility to home or for transferring a person subject to an involuntary treatment order between facilities. A registered medical practitioner should approve all referrals to a NEPT service.

NEPT cannot be used:

- where a person requires restraint or the administration of sedation during transport
- to transport mental health patients being taken to an approved mental health service or between services under a request and recommendation or a request and authority to transport
- for persons being apprehended and taken to a facility pursuant to a civil interstate apprehension order (IAO).[9]

9 For further information about NEPT visit Victoria's mental health services website at <www.health.vic.gov.au/mentalhealth/pmc /non-emergency-transport>.

Appendix 3

Additional resources and further information

Ambulance fees guidelines refer to:
http://www.dhs.vic.gov.au/health/ambulance/ambcharge.htm

Chief Psychiatrist's *Safe transport guidelines*:
http://www.health.vic.gov.au/mentalhealth/cpg/index.htm

Cross-border mental health arrangements:
http://www.health.vic.gov.au/mentalhealth/crossborder/index.htm

Crisis assessment and treatment (CAT) services and functions:
www.health.vic.gov.au/mentalhealth/cat/review07.pdf

Medical Practice Act 1994 (repealed by the *Health Professions Registration Act 2005*):
http://www.health.vic.gov.au/mentalhealth/mh-act/regs.htm

Mental Health Act (1986) forms are available at:
http://www.health.vic.gov.au/mentalhealth/mh-act/forms.htm

Mental Health Regulations 2008 – schedules (schedules referenced in this protocol):
http://www.health.vic.gov.au/mentalhealth/mh-act/regs.htm

Mental health triage guidelines and resources:
http://www.health.vic.gov.au/emergency/mental

NEPT – for latest information visit:
http://www.health.vic.gov.au/mentalhealth/pmc/non-emergency-transport.pdf

Non-Emergency Patient Transport Regulations 2005:
http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/
7e27929611f1d5c2ca256dac00186f32/f842ba4d165394e1ca25741800136466!OpenDocument

Office of Chief Psychiatrist guidelines are available at:
http://www.health.vic.gov.au/mentalhealth/cpg/cto.htm.

Victorian Charter of Human Rights and Responsibilities:
http://www.humanrightscommission.vic.gov.au/Home.asp

Victorian Police mental health protocol:
http://www.health.vic.gov.au/mentalhealth/police/index.htm