

# Working Together

**A collaborative approach to improving the management of Section 10 Presentations to the Emergency Departments of Western Health.**

# Collaborative initiative

- **Victoria Police**
- **Western Health**
- **Werribee Mercy Area Mental Health Program**
- **Mid West Area Mental Health Service**
- **Metropolitan Ambulance Service**

# Overview of Section 10 (MHA)

- **Police have the authority under Section 10 of the Mental Health Act to enter premises and apprehend a person who appears to be mentally ill.**
- **They must believe on reasonable grounds that the person has recently attempted suicide or attempted serious bodily harm to themselves or others, or this is likely to happen through act or neglect.**
- **Police not required to make any clinical judgement.**
- **Power to apprehend and arrange for an examination by a registered medical practitioner or mental health practitioner.**

# Background

**Concerns raised by police & hospital staff in relation to interactions and service when dealing with S10 referrals.**

# Issues identified

- **No specific documentation required under S10 (MHA)**
- **ED perception that many referrals were inappropriate**
- **Information not shared/communication issues**
- **No data collection on these referrals**
- **Inconsistent triage process**
- **Access to ED by Police**
- **Intense resource requirements (all agencies)**
- **Responsibilities of Police in ED**
- **No feedback to Police**

# Objectives

1. To increase collaboration between ED, mental health clinicians, Victoria Police and Metropolitan Ambulance Service.
2. Implementation of a standardised police referral form.
3. Agreed local protocols in response to Section 10 referrals.
4. Improved data collection and reporting of Section 10 referrals.

# Method

- Prospective pilot
- Police Referral Forms
- Emergency System data used
- Review of patient notes
- Feedback from staff

## Police Referral to Emergency Department (Trial)

Date: / /	Time: Hours
Name:	
Address:	
Date of Birth: / /	
Phone No's:	

**You MUST have D.24 call to notify hospital of your attendance. (tick)**

- Footscray  9201 5500
- Sunshine  8345 1999
- Werribee  9216 8884

Contact details of a family member to assist police / Hospital: (Mobile Preferred) \_\_\_\_\_

**Risk Factors** (Inform hospital via D.24 of any of the following). Tick appropriate box

Self Harm <input type="checkbox"/>	Suicidal <input type="checkbox"/>	Threat to others <input type="checkbox"/>
Medical Care Required <input type="checkbox"/>	Requires restraint <input type="checkbox"/>	Assault Police / Staff <input type="checkbox"/>
Absconded Patient/Escapee <input type="checkbox"/>		

**Person's Status** (tick)

Section 10\*  Other (Victim/Offender/Motor Vehicle Accident Occupant) Circle

*\*Section 10 MHA:- Police have formed opinion that person has actually harmed him/herself or others or believes he is at substantial risk or hurting him/herself or others and appears mentally ill. (If person is violent, Police are to remain with person until reviewed by Doctor or sufficient security measures have been taken).*

**Police to be notified prior to emergency discharge / transfer?** No  Yes

**Circumstances of coming to Police attention:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where person was picked up:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other concerns:** (Behaviour, speech, conversation, aggravating factors)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officers Name, Rank and Number: \_\_\_\_\_ Police Station (Tick)

<input type="checkbox"/> Altona North Ph: 9392 3111 Fax: 9392 3200	<input type="checkbox"/> Footscray Ph: 9680 1200 Fax 96801265	<input type="checkbox"/> Kellor Downs Ph: 9365 3333 Fax 9365 3303	<input type="checkbox"/> Laverton Ph: 9369 2122 Fax: 9360 0847	<input type="checkbox"/> Melton Ph: 9747 7999 Fax 97477903	<input type="checkbox"/> Sunshine Ph: 9313 3333 Fax 93133300	<input type="checkbox"/> Werribee Ph: 97429444 Fax 97429446	<input type="checkbox"/> Williamstown Ph: 93939555 Fax 93939502
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Feedback (Hospital use) Please Fax to Station as indicated above: **Attention Station Psych Liaison Officer**

Health Professional (Name): \_\_\_\_\_ Dr  Nurse  ECATT

Comments: \_\_\_\_\_

\_\_\_\_\_

Result (tick): Discharged  Discharged (with psychiatric follow up)  Transfer to Psychiatric Unit

# Referral Process

1. Referral Form – police patrol kits, triage
2. Pre-hospital notification via 'bat phone'
3. Presentation to the ED
  - Via ambulance entrance
  - Remain in the van for safe transfer
  - Seen within 10 min
  - Identified on HAS as S10
  - Multidisciplinary team response (doctor, nurse, security, ECATT)
  - Police to stay until handover to doctor or ECATT
4. Feedback to Police Psych Liaison Officer - fax
5. Data collection & reporting

# Patient Demographics

	Sunshine Hospital	Western Hospital	Total
<b>Mental Health*</b>	<b>240</b>	<b>180</b>	<b>420</b>
<b>Section 10</b>	<b>58 (24%)</b>	<b>69 (38%)</b>	<b>127 (30%)</b>

\* Excludes overdose

# Referral Documentation

<b>Section 10 Compliance Rates</b>	<b>Sunshine Hospital</b>	<b>Western Hospital</b>	<b>Total</b>
<b>Patients</b>	<b>56</b>	<b>57</b>	<b>103</b>
<b>Presentations</b>	<b>58</b>	<b>69</b>	<b>127</b>
<b>Referral Forms</b>	<b>51</b>	<b>59</b>	<b>87% (110)</b>
<b>HAS Flag</b>	<b>45</b>	<b>62</b>	<b>84% (107)</b>
<b>Feedback to Police</b>	<b>48</b>	<b>59</b>	<b>84% (107)</b>

# Patient Demographics

<i>Source of Referral</i>	<i>%</i>
<b>Family/Friend</b>	<b>43%</b>
<b>Public/Police</b>	<b>32%</b>
<b>Self</b>	<b>22%</b>
<b>MAS</b>	<b>3%</b>

<i>Mode of Arrival</i>	<i>Sunshine Hospital</i>	<i>Western Hospital</i>	<i>Total</i>
<b>Police</b>	<b>44</b>	<b>57</b>	<b>80% (101)</b>
<b>MAS*</b>	<b>12</b>	<b>8</b>	<b>16% (20)</b>
<b>Car</b>	<b>2</b>	<b>4</b>	<b>4% (6)</b>

# Patient Disposition

<i>Disposition</i>	<i>Sunshine Hospital</i>	<i>Western Hospital</i>	<i>Total</i>
<b>Admits</b>	<b>21</b>	<b>29</b>	<b>39% (50)</b>
<b>Discharge with Psych Follow-up</b>	<b>27</b>	<b>21</b>	<b>38% (48)</b>
<b>Discharge</b>	<b>10</b>	<b>19</b>	<b>23% (29)</b>
<b>% Psychiatric Treatment</b>	<b>83%</b>	<b>73%</b>	<b>77% (98)</b>

# Staff Feedback

**“I think this system is great and should be formalised” (ED Nurse)**

- **“Excellent diagnostic clues to help with intervention; understand the whole picture i.e. domestic dispute or acute psychotic episode etc.**
- **S10 forms are a way of including police in the whole intervention model for crisis situations.**
- **Helps build better relationships and education for officers**
- **Overall professionalism and accountability between community support networks for people in psychiatric crisis.”**

**(ECATT)**

Section 10 Pilot

# Staff Feedback

- “Pre-warning is very helpful. It is infinitely better to meet the patient in the back of the divi-van and potentially defuse the situation there than to just hear a roaring noise as someone is being dragged up the back corridor into lockup.” (ED Doctor)
- “...I think it is outrageous that we have only started getting some sort of documentation. I think some details of why a person has been sent to us against their will and what dangers they posed to themselves and society is absolutely essential.” (ED Doctor)

# Staff Feedback

- **“...the concept is great. I agree entirely that it provides a basic description of the situation so that police have fulfilled their obligations and shouldn't have to remain at hospitals”. (Police)**
- **“..I believe the current system you are implementing is more effective/efficient than past systems”. (Police)**
- **“..needs to be more education for both police and hospital staff with respect to procedures and reasons for these”. (Police)**

# Staff Feedback

- “I have only utilised the form upon conveying patients to hospital, so staff were given a verbal briefing at the time of attendance. I found the feedback useful in relation to management of the incident afterwards.” (Police)
- “..depends who’s working naturally but some are still greeting us with disdain as we present at ED putting the boys immediately off-side and a few of them have resulted in yelling arguments in the ambo bay”. (Police)

# Improvements

- Shared procedural expectations
- Increased accountability (all services)
- Improved working relationships
- Increased police confidence with handover
- Police information consistently used for clinical assessment
- Planned entry to ED
- Increased efficiency and effectiveness in the transfer of care
- Improved data collection & understanding of patient cohort

## In Summary

- **Impressive compliance rates**
- **Most referrals have a mental illness**
- **Improved service co-ordination & service delivery**
- **Support for formal implementation from all service providers**

# Recommendation

- The trial system be considered for implementation throughout Victoria to improve communication between service providers and improve the management of Section 10 patients.
- Important Points for a roll-out
  - System approach – not just the “form”
  - Need for local flavour
  - Access to bat phone – D24 inclusion
  - Feedback to Police – to whom, timeliness
  - Improve data integrity