The Government of Jersey Department for
Health and Community Services

Joint Protocol between States of Jersey Police, Health and Community Services and Ambulance Service: Mental Health (Jersey) Law 2016 and use of Emergency Department

30 January 2020

DOCUMENT PROFILE

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CONTENTS LIST

1 Introduction

This protocol describes the procedures to be adopted by and the roles and responsibilities of personnel from the States of Jersey Police, Jersey Ambulance Service and Health and Community Services in relation to the Emergency Department (ED) Assessment Room. It is expected that all agencies develop Safe Systems of Work and associated risk assessments to ensure safe working practice in relation to this protocol.

2 Legislation

The primary legislation affecting this protocol is Article 36 of the Mental Health (Jersey) Law 2016 and the Mental Health Law Code of Practice (CoP). The CoP provides guidance, there is a legal duty to comply with the CoP and the reasons for any departure from the code should be recorded.

Article 36 of the Mental Health (Jersey) Law 2016 ('the Law') provides the following Police power:

Urgent removal of persons found in public places
(1) Paragraph (2) applies where a police officer finds, in any place other than a private dwelling, a person who appears to the police officer –
(a) to be suffering from mental disorder; and
(b) to be in immediate need of care or control.
(2) Where this paragraph applies, and the police officer thinks it necessary to do so in the interests of that person or for the protection of other persons, the police officer may remove the person to a ***place of safety.***
(3) A person who is removed to a place of safety under this Article may be detained there for a period not exceeding 72 hours beginning with the admission of the person to that place, for the purpose of making an admission application in respect of the person under Part 3 of the Law, or of making any other arrangements for the person's care or treatment.

The Law is underpinned by five fundamental principles which are detailed in chapter 1 of the accompanying CoP.

The principles are:

1. *Least restrictive option and maximising independence*
2. *Empowerment and involvement*
3. *Respect and dignity*
4. *Purpose and effectiveness*
5. *Efficiency and equity*

All five principles are of equal importance, and should inform any decision made under the Law. The weight given to each principle in reaching a particular decision will need to be

balanced in different ways according to the circumstances and nature of each particular decision.

Where it is possible to treat a patient safely and lawfully without detaining them under the Law, the patient should not be detained. This includes the option of a person attending for assessment voluntarily.

Other relevant legislation includes the Capacity & Self-Determination (Jersey) Law 2016, Discrimination (Jersey) Law 2013, Human Rights (Jersey) Law 2000, Police Procedures and Criminal Evidence (Jersey) Law 2003, and the United Nations Convention on the Rights of the Child.

Children and young people under 18 years of age (please see section 14 below)

United Nations Convention on the Rights of the Child Article 37[1]:
Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

If there is an incident involving a child or young person the overriding consideration will always be the welfare of that person. There is no age limit to using Article 36. People under 18 should not be taken to the Police Station as a place of safety. The Police Station should only be used in exceptional cases; it may be necessary if the person is violent, threatens violence or there is evidence of serious crime. **If the Police Station is used for a person under 18 this must be escalated and authorised by the standby Chief Officer. The HCS on-call manager should be informed and they must complete a DATIX.**

Use of the Police Station as a place of safety will be reported to The Mental Health Improvement Board as part of the monitoring form reporting.

3 Purpose of Joint protocol

The aim of this protocol is to underpin positive collaboration between agencies. This jointly agreed protocol is required by the Mental Health CoP (13.17) and defines the roles and responsibilities of:

- A Police Officer in detaining a person in a public space and conveying that person to a place of safety
- Doctors, Nurses and Authorised Officers (AOs) in the assessment and care of the person

[1] https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf?_ga=2.235405637.570243086.1560249157-188890209.1560249157

- The Ambulance Service in providing timely medical assistance as required and in conveying the person to the designated place of safety or the ward if admission is required after a Mental Health Law assessment has taken place.

This protocol aims to provide operational guidance to staff in each agency to support:

- a clear and consistent response to those people subject to Article 36 of the Law
- a common understanding of the roles and responsibilities within the application of Article 36 of the Law arrangements

This protocol does not represent a full statement of law and should be read in conjunction with the Mental Health (Jersey) Law 2016[2] and it's CoP.

4 Information sharing and monitoring

4.1 The sharing of information will be carried out with regard to the Data Protection (Jersey) Law 2018 and the Human Rights (Jersey) Law 2000. **People in crisis should expect that statutory services share essential 'need to know' information about their needs[3]**

Information sharing is formalised through the States of Jersey Police (SoJP) and Health and Community Services (HCS) jointly agreed information sharing agreement '*Transfer of individuals into the care of HCS under Article 36-Mental Health (Jersey) Law 2016'* signed August 2019.

The Article 36 monitoring form facilitates the sharing of information between the SoJP and HCS. This is an electronic form enabled on the hand held devices of the police. Additional information that may be shared includes:

- physical impairments and any prescribed medicines or dietary requirements
- whether the person is already engaged with their GP and or mental health services and the name of the team and any involved professional
- whether they have a mental health crisis plan or other advance statements
- any clinical information e.g. prescribed medication, psychological therapy
- any presenting risk factors (for example self-harm, suicide, physical aggression, confusion, impaired judgement, self-neglect, missing from home)
- children, dependents, pets or other factors to take into account when planning the most appropriate response

4.2 This protocol and use of Article 36 will be reviewed on receipt of the annual Mental Health and Capacity Law Administrator report by the Mental Health Improvement Board. Monitoring will include target times for commencement and completion of assessments,

[2] https://www.jerseylaw.je/laws/enacted/Pages/L-29-2016.aspx
[3] https://s16878.pcdn.co/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

response times for all agencies involved and a thematic review of the circumstances in relation to the use of each place of safety available.

The Board will monitor and review the application of the protocol in relation to local services and circumstances, identify and discuss general areas of concern, specific issues and monitor documentation and reporting from this.

Monitoring will include a check of how, in what circumstances and with what outcome Article 36 is used. We will aim to check its use in relation to people from minority ethnic groups as data collection improves and in relation to children and young people.

5 Overview of Protocol

If a Police Officer finds, in a place to which the public have access, a person who appears to be suffering from a mental disorder, and to be in immediate need of care or control, the Police Officer can remove the person to a place of safety. **Police Officers should consult mental health professionals, if practicable, before using Article 36. The on-call AO will provide this support. They will be contacted via the Hospital switchboard. The person can choose to attend for assessment voluntarily.**

A person removed to a place of safety under the Law may be detained there for a period **not exceeding 72 hours** for the purposes of enabling them to be examined by Registered Medical Practitioners (RMPs), at least one of whom must be an Approved Practitioner (AP) and to be interviewed by an AO for the making of an assessment or treatment application or making any other necessary arrangements for the treatment and care of the person. The person cannot be discharged from Article 36 until this has taken place. They can be moved to another place of safety within this time.

The imposition of consecutive periods of detention is unlawful. It is not anticipated that the Article be permitted to stay in situ for the entire 72 hours. Although there may be occasions when this becomes necessary on account of intoxication or aggressive behaviour, it will normally be the case that an assessment will take place within a short period following the person's detention to a place of safety.

The aim should be for the Mental Health Law assessment to commence as soon as reasonably practical but aiming for within one hour. The target is 90% of responses within one hour and the other 10% within four hours. It is recognised that physical health issues may delay assessment.

If a person is not in a public place then Article 36 cannot be applied. If it is considered necessary to remove the person to a place of safety then it will be necessary to apply for a warrant from a Bailiff (Article 35). The AO will apply for the warrant.

Article 36 of the Law does not allow treatment to be given to the person unless they have capacity and give consent. If urgent treatment is required and the person does not have

capacity to consent, the Capacity and Self Determination (Jersey) Law 2016 and associated Code of Practice should be considered.

6 PLACES OF SAFETY under the Mental Health (Jersey) Law 2016

Approved establishment[4] **All Departments within the** Jersey General Hospital The Parade St Helier JE1 3QS	**States of Jersey Police: custody suite** Police Headquarters La Route du Fort St Helier JE2 4HQ (provides a right to legal advice under PPACE 2003)[5]	**Approved establishment**[6] St Saviour's Hospital: • Orchard House • Maison du Lac • Clinique Pinel • Rosewood House	**Any other place:** Which may be designated as such for the purpose by the Minister or the occupier of which consent to receive a person for a specified temporary period.

Designated Places of Safety

6.1 The Police Station – will only be considered as a place of safety under the following circumstances:

- The person presents too high a risk to people in a health care setting and cannot be safely managed there
- There is evidence of serious crime
- The person is not fit for interview but has been discharged from ED as medically fit

If the Police Station is used for a person under 18 this must be escalated and authorised by the standby Chief Officer. The HCS on-call manager should be informed and they must complete a DATIX and the Children's Service on-call manager should also be informed.

Where the Police Station is used as first port of call, contact with Mental Health Services should be made by the Forensic Medical Examiner (FME). The 72 hour period will commence on arrival at the Police Station.

Where possible the person detained should be asked if they wish to have anyone informed of their detention. They should also be informed of their right to legal representation. Detention will be governed by Police Procedures and Criminal Evidence (Codes of Practice) (Jersey) Order 2004[7].

[4] https://www.gov.je/Government/PlanningPerformance/Pages/MinisterialDecisions.aspx?docid=DD65ABB9-06C7-4EFB-8F50-2004DC9F3EFB
[5] https://www.jerseylaw.je/laws/revised/Pages/23.750.aspx
[6] https://www.gov.je/Government/PlanningPerformance/Pages/MinisterialDecisions.aspx?docid=DD65ABB9-06C7-4EFB-8F50-2004DC9F3EFB
[7] https://www.jerseylaw.je/laws/enacted/Pages/RO-143-2004.aspx

6.2 Emergency Department – The Emergency Department (ED) is the point of access for triage and medical care. **The 72 hour period will commence on arrival at ED.**

7 Process to be followed when a person is conveyed to the Emergency Department

When a person is conveyed to ED the following actions will be taken (the following guidance applies to both voluntary and detained persons):

- The Police will make immediate contact with the nurse in charge of ED through the switch board so that information about the person can be communicated
- ED staff should be informed by either the ambulance crew and/or Police of the Estimated Time of Arrival (ETA).
- On arrival the person will enter ED and be triaged by the ED nurse who will decide if person is medically fit and on their fitness for interview. The usual administrative processes including TRAK care update will be completed for ARTICLE 36 pathway presentations and voluntary presentations.
- If the person is decided to be fit for interview the Police will contact the AO via the switchboard to advise them of the need to arrange a Mental Health Law assessment.
- In instances where the person is not fit for interview and requires ongoing medical intervention (for example after overdose) the Police will remain with the person in ED subject to joint risk assessment with ED.
- When a person requires a **physical health care intervention** and it is necessary to help protect the public, the staff in ED or the person themselves, the police will remain with the detained person whilst urgent treatment is being undertaken or until they are discharged after assessment under the Law. The only exception to this is if the Consultant Approved Practitioner **and** Emergency Department Consultant **and** Emergency Department Senior Nurse involved agree that the police presence is no longer required. The required police presence will also be reviewed on a continual basis once the assessment has been completed.
- If the person is judged to be medically fit but is not fit for interview they will be conveyed to the custody suite. If there is disagreement between the ED representative and the Police the decision will be escalated to the F2 doctor. The doctor on duty will discuss their decision with the consultant on call. The judgement of the F2 doctor will be accepted by the Police representatives as confirmation that the person is medically fit to be moved, has been discharged from ED and can be conveyed to the Custody Suite.

The Police will contact the AO to advise them of the situation. The status of the patient in the custody suite will be kept under constant review by the FME and the Assessing

Team called in to make a judgement on whether a lawful assessment can be completed as soon as the person is fit for interview.

8 Alcohol and substance misuse

It may be unclear whether a person's behaviour is a consequence of intoxication or mental health issues. Caution should be used before using Article 36. **There are no grounds under the Law to detain a person or to use other compulsory measures on the basis of alcohol or drug dependence alone**. The Law does not exclude other disorders or disabilities of the mind related to the use of alcohol or drugs. Examples include withdrawal state with delirium or associated psychotic disorder; acute intoxication and organic mental disorders associated with prolonged use of alcohol or drugs: these remain mental disorders for the purposes of the Law [8].

The consumption of alcohol or substances is not a reason to exclude a detainee from assessment. Blood alcohol level will not determine whether a person is fit for assessment. Breathalyser results will not be used. Factors which may contribute to behavioural disturbance and which should be considered within Mental Health Law assessments include the influence of alcohol or drugs. [9] The CoP requires that the assessing team will make a clinical decision in relation to the person's capacity to engage in assessment. Capacity will be assumed until the person's presentation suggest otherwise. When physical conditions such as delirium or intoxication (which prevent a lawful mental health assessment) are present, or there are concerns about a physical condition deteriorating, the Mental Health Service staff will work in an advisory capacity with ED staff until an assessment can be undertaken.

Code of Practice 12.48 *Where patients are subject to the short term effects of alcohol or drugs (whether prescribed or self-administered), which make interviewing them difficult, the* ***assessing team*** *should form a view about the person's capacity to engage in the assessment process. Having formed such a view, the assessing team may either determine to interview the patient or to return later. Consumption of alcohol or use of substances is not in itself sufficient reason not to interview a patient. There may be circumstances in which the person is deemed to be unfit to interview but it is not realistic to wait until they become so on account of the patient's disturbed behaviour and the urgency of the case. In such an event any decisions will have to be based on the information the assessing team can obtain from reliable sources at the time. If the assessment was compromised as a result, this should be made clear in case recordings.*

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8 https://www.gov.je/SiteCollectionDocuments/Crime%20and%20justice/ID%20COP%20Mental%20Health%20180928%20SDF.pdf p18

9 https://www.gov.je/SiteCollectionDocuments/Crime%20and%20justice/ID%20COP%20Mental%20Health%20180928%20SDF.pdf (p203)

Individuals who have used alcohol or drugs and can be assessed should be assessed unless they:

- need acute medical intervention (decided by Emergency Department staff in liaison with the ambulance service)
- the person presents too high a risk to people in a health care setting and cannot be safely managed there
- the person is so intoxicated that an assessment cannot be undertaken or

These individuals will be conveyed to the custody suite.

9 AMBULANCE SERVICE RESPONSIBILITY/ACTION

Requests for ambulance assistance will be triaged by the joint control centre within the terms of the policy and procedures of the ambulance service:

- Immediately life threatening: **Red 1/2** response time 8 minutes
- Serious but not immediately life threatening: **Green 1/2** response time 19 minutes
- Other: **Green 3** within 30 minutes. However, if the person is in a public place and their dignity is compromised the response will be as rapid as possible[10].

The role of the ambulance staff is to:

- Assess the person's medical condition, administer any immediate medical assistance required
- Convey the person to the Emergency Department. A Police officer may travel with the person in the ambulance and other attending officers will follow.
- ED staff should be informed by either the ambulance crew and/or Police of the Estimated Time of Arrival (ETA).
- If the person is to be conveyed to the Place of Safety in Police transportation they may be accompanied in the police transport by a member of the ambulance crew and the ambulance will follow. Transportation in a police vehicle is currently used to facilitate an immediate response. It should only be used in exceptional circumstances. Monitoring of transportation issues will continue and be reviewed. Use of a police vehicle is stigmatising and may cause the person additional trauma. Police transport may however be required due to the level of risk or because no ambulance is available.
- Medical staff who have provided sedation will decide on the level of supervision the patient requires. Patients who have been sedated before being transported should always be accompanied by a health professional who is knowledgeable in the care of such patients, is able to monitor the patient closely, identify and respond

[10] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps02_2013.pdf?sfvrsn=905f05d1_4

to any physical distress which may occur and has access to the necessary emergency equipment to do so[11].

10 POLICE RESPONSIBILITIES/ACTION

The Police power to detain the person cannot be delegated. The Police retain responsibility for anyone detained under an Article 36.

When practicable the Police will consult with the on call AO about the use of Article 36. This will allow HCS staff to investigate whether less restrictive options are available and prepare for the arrival of the person. The Police Officer will provide information on:

- whether the person has been detained under Article 36
- circumstances leading to use of Article 36
- identity of the person
- any indication that the person presents a risk of harm to themselves or to others
- any communication difficulties

If a Police decision is made to detain a person under Article 36 and the intent is to convey to ED, the Police Officer will contact ED via the general Hospital Switchboard to alert them as soon as possible.

The Police Officer should inform the person that they are being detained under the Mental Health Law. If they have committed a significant offence such as a violent act, they should be arrested for that offence instead and have a subsequent mental health assessment in Police custody. Both the arrest for the offence and detention under Article 36 can be applied at the same time[12].

In addition the Police Officer should:

- Ensure that any person so intoxicated that an assessment cannot be undertaken or so physically violent is not conveyed to the Emergency Department and will be conveyed to a custody suite
- Accept the outcome of medical triage in relation to whether the person is medically fit and/or fit for interview
- Escort the person to the place of safety and supply relevant information via the monitoring form regarding the person's behaviour, risk issues, or known risk factors. Information shared must be relevant to the circumstances for which

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[11] https://www.gov.je/SiteCollectionDocuments/Crime%20and%20justice/ID%20COP%20Mental%20Health%202 0180928%20SDF.pdf 14.7

[12] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps02_2013.pdf?sfvrsn=905f05d1_4 p6

s/he is detained. It is the responsibility of the Police Officer to complete the Monitoring Form and ensure this is shared with the AO.

It is the responsibility of the police officers to notify the ED staff and the AO, when they attend, as to the level of search carried out in the interests of staff and others' safety. Police Procedures and Criminal Evidence (Jersey) Law 2003 CoP applies whilst the person is subject to Article 36[13].

Where the person is violent or aggressive on arrival at the place of safety, the Police Officer(s) will remain with the person until they do not require Police Officer restraint. The required Police presence will be reviewed on a continual basis with the assessing team. When a person requires a **physical health care intervention** and it is necessary to help protect the public, the staff in ED or the person themselves, the police will remain with the detained person whilst urgent treatment is being undertaken or until the person is discharged after assessment under the Law. The only exception to this is if the Consultant Approved Practitioner **and** Emergency Department Consultant **and** Emergency Department Senior Nurse involved agree that the police presence is no longer required. The required police presence will also be reviewed on a continual basis once the assessment has been completed. The overriding factor is the safety of all the individuals involved.

The Police Officer must complete the Monitoring Form describing the circumstances that led to the person being made subject to Article 36 of the Law, and state date and time of arrival at the place of safety. The 72-hour period commences from the time of arrival at the Place of Safety. The AO must be provided with the completed Monitoring Form

11 APPROVED PRACTITIONER/REGISTERED MEDICAL PRACTITIONER RESPONSIBILITIES/ACTION

If a person is subject to Article 36, a Mental Health Law assessment must take place before discharge or further applications under the Law. The co-ordinator (usually the AO) will contact the Approved Practitioner (AP) on duty and an additional RMP. A mental health and risk assessment will be completed with the AO. Where possible, the AP will have previous knowledge of the patient. The assessment details will be recorded on Care Partner.

It is the responsibility of the AP to identify a bed if an application for admission to an inpatient unit is sought.

The RMPs will ensure that the GP is advised of the assessment.

[13] https://www.jerseylaw.je/laws/enacted/Pages/RO-143-2004.aspx

12 AUTHORISED OFFICER (AO) RESPONSIBILITIES /ACTION

The role of AOs is to provide an independent decision about whether or not there are alternatives to detention under the Law. They will also support the Police in their decision making about use of the power. The AO will co-ordinate and aim to undertake the assessment of a person subject to Article 36 within one hour. There should be sufficient AOs for the assessment to begin within one hour unless there is a good clinical reasons to delay[14].

The AO will establish whether the person has communication needs or difficulties and take steps to meet them. If an interpreter is required the AO should refer to the Interpreting Policy and Procedure[15].

- The AO will ensure that they have received the Monitoring Form from the Police Officer.
- The AO may only make an application for detention after they have interviewed the person in a suitable manner and;
- are satisfied that the statutory criteria for detention are met;
- are satisfied that, in all the circumstances of the case, detention in an Approved Establishment is the most appropriate way of providing the care and medical treatment the person needs; and
- are of the opinion, having regard to any wishes expressed by relatives, those closest to the person or any other relevant circumstances, that it is necessary or proper (CoP).
- If the person wants someone else (e.g. a familiar person) to be present during the assessment and any subsequent action that may be taken, then ordinarily AOs should assist in securing that person's attendance, unless the urgency of the case makes it inappropriate to do so (CoP).
- The person should usually be given the opportunity to speak to the AO alone. However, if the AO has reason to fear physical harm, the AO should insist that another professional is present (CoP).
- The AO will ensure wherever practicable that where a person who has specific needs is being assessed, they will include a person with appropriate skills and knowledge.

Once all assessments are complete the AO and RMPs must consult to decide one of the following course of action:

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[14] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps02_2013.pdf?sfvrsn=905f05d1_4 p11

[15] https://soj/depts/HSS/Registered%20Documents/P%20Interpreting%20policy%20and%20procedure.pdf#search=big%20word

- The person may be fully discharged. If there is no evidence of a mental disorder they must be immediately released, failing to do so would be a breach of Article 5 under the Human Rights (Jersey) Law 2000. The person will be discharged from Article 36 of the Law by the AO.
- The person may be further detained: Application for Assessment Authorisation (Article 21) or application for Treatment Authorisation (Article 22), this is based on two medical recommendations completed by the assessing RMPs (one of whom is an AP) and a completed application by the AO.
- The person may agree to voluntary treatment.
- The person may be offered next day follow up. This will be undertaken by the AO involved in the assessment or handed over to the AO on duty the following day.

The person should be informed of the decision and given the reasons for it immediately. Unless the person objects to the sharing of information, the AO should also inform the person's nearest person and care co-ordinator.

When making an application the AO should ensure that arrangements are in place for the immediate care of any dependent children the person may have and for any adults who rely on the person for care.

The AO will work with the care co-ordinator and nearest person to ensure that that practical arrangements are made for the care of pets and securing the property.

- If the person requires further care/support, other than in hospital, the AO must discuss this with the Liaison Team. If the person requires further care/support, other than in hospital the AO:

1. ensures that the person knows about this
2. ensures the referral is made to the receiving team.

- The receiving team must accept the referral unless they can identify a more appropriate team. They must then onward refer and let the person know.
- If the person is discharged following assessment, the AO has the responsibility to assist in their return to the community if necessary.
- In all cases the AO should complete all paperwork ensuring that the assessment and outcome are recorded in the Mental Health Law assessment report and Care Partner records.
- The Mental Health Law assessment report and Police Monitoring Form must be submitted to the Mental Health Law Administrator within one working day.
- The AO will identify and arrange conveyance to an appropriate in-patient service where applicable. Based on presentation and risk police assistance may be sought.

If the person is discharged from the A36, the AO and Police Officer will determine with the person whether they should be returned to the place of their choice.

13 Additional information

13.1 Escalation

When difficulties with the protocol need immediate attention professionals should escalate to their immediate line manager or duty manager, if out of office hours.

13.2 Searches

Whilst it is acknowledged that the legal powers of HCS staff to search patients have not been expressly laid down in legislation, searches are a component of safe clinical practice. The Minister has a specific duty to provide both a safe and therapeutic living environment for patients; a safe working environment for staff and to protect members of the public and visitors to Approved Establishments (CoP). Please also refer to the HCS search policy (currently undergoing ratification).

14 Assessment of Children and Young People

14.1 During working hours (08:30 to 17:00 Monday to Thursday and 08:30 to 16:30 Friday) requests for the assessment of children or young people under 18 years of age should be directed to the Child and Adult Mental Health Services (CAMHS). CAMHS will jointly assess with Jersey Adult Mental Health Services (JAMHS) Liaison Team.

14.2 Outside working hours: children and adolescents will be assessed by the on-call Consultant Psychiatrist. If the child or young person is under 17 years of age the Paediatrician will jointly assess at the General Hospital. If the young person is 17 the GP will be contacted. If in exceptional circumstances the assessment takes place at the custody suite, it will be supported by the FME. The on-call Consultant Psychiatrist will notify the CAMHS psychiatric team if the assessment of a person under 18 has taken place.

14.3 Intoxication

If a child is not fit for assessment the best available option will be discussed with the Consultant Paediatrician. This process is currently under review.

It is the responsibility of the Consultant Psychiatrist and/or Paediatrician to contact the CAMHS Psychiatrist as soon as practicable. In the event of an emergency, it is permissible that neither of the doctors has expertise in treating children or young people.

15 People over 65/People with learning disabilities

In the event that the patient is over the age of 65, or has learning disabilities, one of the doctors should have specialist knowledge. In the event of an emergency, it is permissible that neither of the doctors has the specialist expertise. At least one of the professionals involved in the person's assessment should, if at all possible, consult with one or more professionals who do have relevant expertise and involve them as closely as the circumstances of the case permits.

All efforts should be made to coordinate an assessment of the patient jointly. This is intended to facilitate collaborative practice and the free and open sharing of professional opinions.

16 Follow on action

Following the mental health assessment, a decision should be made by the AO in consultation with the AP and RMP. If it is decided that the person requires admission to hospital, it is the RMPs responsibility to secure the bed.

If the AP, RMP and AO conclude that the person has a mental disorder but compulsory admission to hospital is not necessary, they may still need treatment or care (whether in or out of hospital).The AO should consult the AP about any arrangements that might need to be made for the person's treatment or care. When the assessment takes place in a police station the FME and Custody Sergeant must be informed as soon as the assessment is completed.

The risk assessment and diagnostic formulation must be recorded in the Care Partner record. An initial management/safety plan must be formulated in discussion with other clinical staff and fully documented in the record. If the examination takes place in the Police Custody Suite (following police detention) then the risk assessment and management/safety plan must be communicated to the police custody staff.

Each professional is responsible for completing their part of the Article 36 Law documentation and Care Partner records.

17 Transfer of patients between places of safety

Decisions to transfer a person between places of safety must always be based on individual circumstances and not for administrative convenience. The 72 hours maximum detention time begins when the person is received at the first place of safety. If a person, removed to a place of safety under Article 36 of the Law, needs to be transferred to an alternative place of safety in order to manage an assessed risk, the following steps must be followed:

The FME or Custody Sergeant will contact the Assessment Team as soon as the person is fit for interview.

A clinical plan should be agreed to ensure that the transfer is in the person's best interests. If it is agreed that a transfer is necessary, the timescale for the transfer will be confirmed.

The Monitoring Form will be completed by the Police Officers transferring the patient.

Unless it is an emergency, a person should not be transferred without the agreement of an RMP who is competent to assess whether the transfer would put the person's health or safety (or that of other people) at risk.

18 Implementation, training and awareness

All clinical and other professional staff, with responsibilities for persons detained under Mental Health (Jersey) Law 2016 and the Mental Health Law Administrators, should be familiar with this joint protocol. Training will be part of induction in all relevant agencies and made available to existing staff.

APPENDIX A: consultation schedule

Name and Title of Individual	Date Consulted
Acting Team Leader MH Services (C Ryder)	28/05/2019
Legal Advisor LOD (J Matia)	04/06/2019, advice incorporated 26/06/19. Resubmitted 26/02/20
Clinical Director Mental Health Services (Dr M Garcia)	05/06/2018
Chief Officer Ambulance Service (P Gavey)	06/06/2019
Information Governance (V Morel)	31/05/2019 e mail
Authorised Officer Team	29/05/2019 e mail
AO representative (L Chapman) and Orchard House staff representative (D Hawkins)	06/06/2019
CAMHS (W Gwatidzo)	31/05/2019 e mail
States of Jersey Police (A Fossey, M Hafey, M DeFreitas)	06/06/2019 Police monitoring form only agreed, protocol not shared
Mental Health and Capacity Administration Office	11/06/2019
Registered Medical Practitioners working in Mental Health	18/07/2019
Registered Medical Practitioners working in ED	18/07/2019 and 16/01/2020
Monitoring Group: States of Jersey Police (C Jackson), ED (Dr S Chapman), Ambulance (P Gavey), and AMH (including medical (Dr R Ruddy) Lead Social Worker (Mental Health) (J Pasternak) multi-agency meeting	Monthly during pilot and final sign off 30/01/2020
Legislation Team (B Brawley, S Davies & M Leeman)	07/02/2020
Mental Health Law Administrative Team (A Le Couteur & P Leathem)	07/02/2020

Name of Committee/Group	Date of Committee / Group meeting
Care Group Leads	26/08/2020
Mental Health Improvement Board	
Policy Procedure and Leaflets Ratification Group	
States of Jersey Police Governance arrangements	

APPENDIX B Key Performance Indicators

What should be achieved	How will it be achieved	Who will undertake the work	When will work be complete and/or evidence available	What evidence will be available to demonstrate achievement
Full compliance with the statutory provisions of the Mental Health (Jersey) 2016 Law	Continuous monitoring of the use of Article 36 of the Mental Health (Jersey) 2016 Law	Mental Health Law Administration Team	Annual Report	- Accurate and timely completion of paperwork. - Use of Article 36 of the Mental Health (Jersey) 2016 Law is monitored to ensure appropriate compliance with the Law.

Monitoring compliance with and effectiveness of this document

What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non- compliance
All paperwork relating to Article 36 of the Mental Health (Jersey) 2016 Law	Quarterly reports to AMH Care group leads and SoJP	MHCLA	Quarterly reports and ad-hoc as required.	Annual MHCLA report	JAMH Service Manager Chief Inspector Police Operations ED Consultant will investigate issues. Quarterly meetings to review pathway. Ensure ongoing training.

Exceptions

This protocol applies only to those persons detained under Article 36 of the Mental Health (Jersey) Law 2016

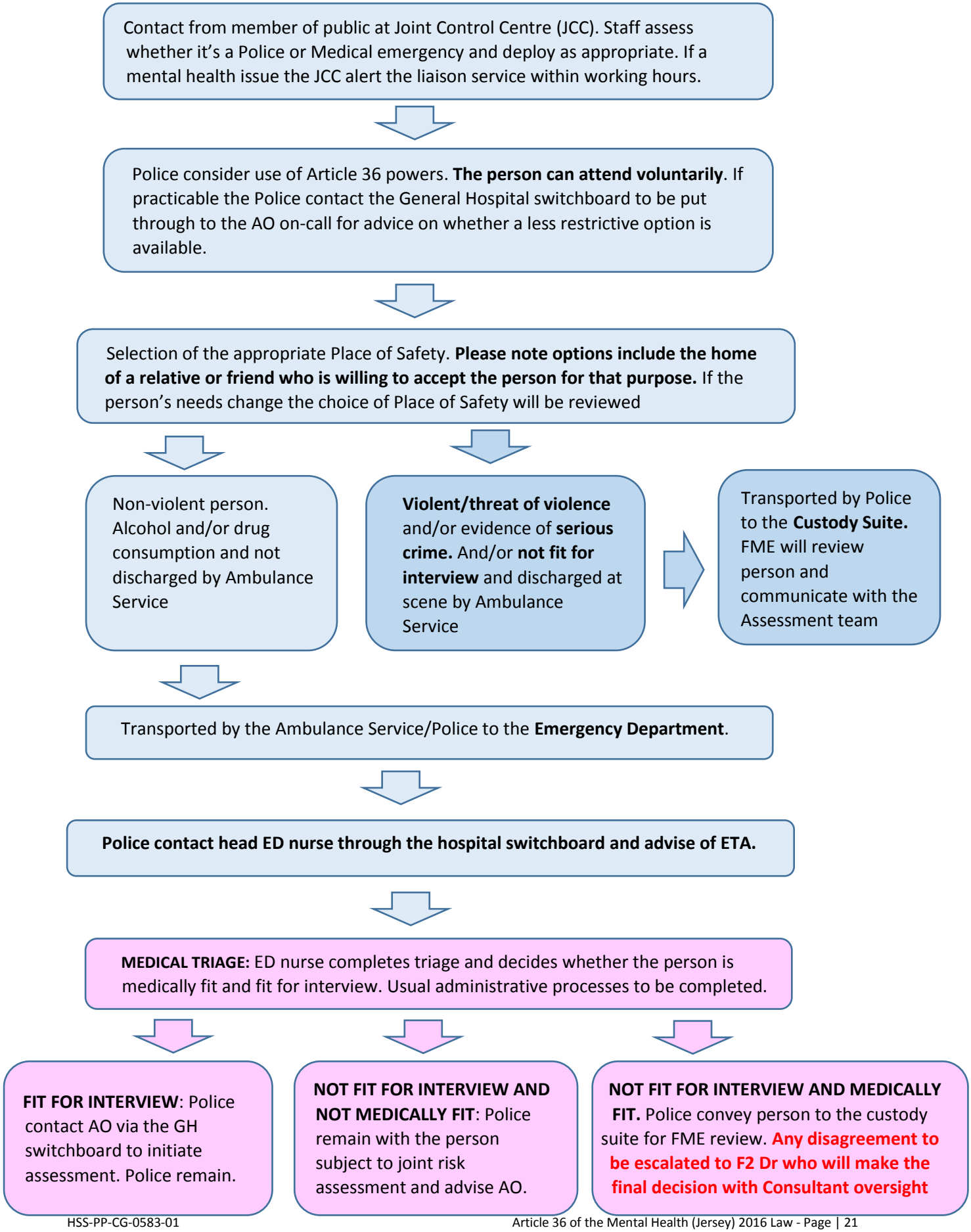
APPENDIX C Abbreviations and Definitions

Abbreviation	Meaning	Notes
AO	Authorised Officer	AOs are responsible for co-ordinating and taking part in Mental Health Law assessments and then arranging admission to hospital if a person is detained. AOs may be: social workers; mental health nurses; occupational therapists; psychologists or speech and language therapists. AOs will have received specialist training in order to undertake their role.
AP	Approved Practitioner	A registered medical practitioner (RMP) who has been approved by the Minister under Article 16 of the Mental Health (Jersey) Law 2016 after evidencing that they have sufficient experience and training in the field of mental health. Any application for detention of a person must be accompanied by two medical recommendations one of which must be from an AP.
AWOL	Absent without Leave	
CAMHS	Child and Adolescent Mental Health Service	
CoP	Code of Practice	Provides guidance on the enactment of the Mental Health (Jersey) Law 2016[16].
ED	Emergency Department	
FME	Forensic Medical Examiner	An on call doctor working within the Police Station.
FNL	Forensic Nurse Leader	
RMP	Registered Medical Practitioner	

16 https://www.gov.je/SiteCollectionDocuments/Crime%20and%20justice/ID%20COP%20Mental%20Health%202 0180928%20SDF.pdf

APPENDIX D

FLOW CHART: JOINT PROTOCOL RELATING TO PERSONS REMOVED UNDER POLICE POWER ARTICLE 36 OF THE MENTAL HEALTH (JERSEY) LAW 2016 TO A PLACE OF SAFETY (OVERVIEW)



MENTAL HEALTH LAW ASSESSMENT

ARRIVAL Police Officer gives/sends monitoring form to Authorised Officer who will aim to attend within one hour of notification

ASSESSMENT Approved Practitioner (AP), Registered Medical Practitioner (RMP) and Authorised Officer (AO) assess the patient

AFTER ASSESSMENT: the person is either discharged with appropriate care as required or admitted to hospital. The person will be transported by ambulance or by the Police if the ambulance is unavailable.

POLICE TRANSPORTATION: It may be necessary to remove the person to the custody suite if intoxicated and/or violent behaviour dictate that this is necessary.

If the person is not admitted to hospital the AO and Police will determine with the person whether they should be returned to the place where they were detained or any other place agreed with the person.

The ongoing presence of the Police after the assessment will be determined by ongoing risk assessment by the receiving team and AO.

OUTCOME: The AO will discharge the person if appropriate. The AO and Police will decide with the person about transport from the Assessment room.

TRANSPORTATION: If the person is to be admitted to Hospital the aim will be to convey the person by ambulance unless they are violent.