



## OPERATIONAL DIRECTIVE

**Enquiries to:** Wynne James Phone: (08) 9222 4088 **Number:** OD 0128 / 08  
Manager, Mental Health Network **Date:** 12 May 2008  
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**Subject:** **CHANGES IN PRACTICE REGARDING THE TRANSPORTATION OF MENTAL HEALTH PATIENTS IN THE METROPOLITAN REGION**

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WA Police and the Department of Health (DoH) have been working together to decrease the involvement of police in the hospital to hospital transportation of mental health patients clinically assessed as medium to low risk. This Directive only applies to the Perth metropolitan region.

The attached **Joint Internal Memorandum** articulates the agreement between WA Police and DoH.

Please ensure all health staff involved in the transportation of mental health patients between hospitals are informed of this change in practice.

**Dr Peter Flett**  
**A/Director General**  
**Office of the Director General**



Department of Health  
Government of Western Australia



**WESTERN AUSTRALIA POLICE**

## Joint Internal Memorandum

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**TO:** All Metropolitan Police District Office's & Metropolitan Health Service staff

**FROM:** Dr Steve Patchett  
EXECUTIVE DIRECTOR  
MENTAL HEALTH DIVISION  
DEPARTMENT OF HEALTH

Gary Dreibergs  
SUPERINTENDENT  
OFFICE OF METROPOLITAN  
REGIONAL COORDINATOR  
WA POLICE

22 April 2008

**SUBJECT:** CHANGES IN PRACTICE REGARDING THE TRANSPORTATION OF MENTAL HEALTH PATIENTS

WA Police and the Department of Health (DoH) have been working together to decrease the involvement of police in the hospital to hospital transportation of mental health patients clinically assessed as medium to low risk.

A number of strategies have been agreed:

- Area Health Services are required to increase their commitment to low to moderate risk inter-hospital patient transports by utilising a combination of government vehicles, ambulance, health service transport officers and mental health staff.
- The Mental Health Amendment Bill 2007 is being drafted and will in the future authorise a third party to undertake mental health transports.
- A Transport Risk Assessment Form has been developed and is to be completed for all transports of mental health patients requiring police assistance.
- WA Police can only be requested to conduct hospital to hospital transports where risk is clinically assessed as high or extreme and this is documented on a Transport Risk Assessment Form.

- The Protocol between the WA Police Service and the DoH is under revision and will reflect changes to the legislation.

If a request from the health services requires WA Police to conduct a mental health transport that is not high or extreme risk, negotiations should be undertaken via the local Incident Management Unit (IMU).

The IMU is required to relay any negotiations that occur with the health services to the District Inspector who will liaise with their respective DoH member to discuss mental health transport practice.

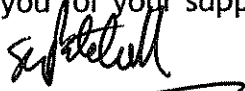
WA Police are still required to conduct a mental health transport if the Mental Health Act 1996 is invoked.

### Community to Hospital Transports

A request by health staff for police assistance for a community to hospital transport is to be treated by WA Police as a Priority 2 or 3, based on the level of risk to health staff. Health staff will be required to complete a Transport Risk Assessment Form for community to hospital transports where WA Police are involved.

Please ensure all District Inspectors, IMU managers and health staff involved in transporting mental health patients are informed of the change in practice. Attached is a list of key contacts for each metropolitan region for WA Police and mental health practitioners.

Thank you for your support.



Dr Steve Patchett  
EXECUTIVE DIRECTOR  
MENTAL HEALTH DIVISION  
DEPARTMENT OF HEALTH



Gary Dreiberger  
SUPERINTENDENT  
OFFICE OF METROPOLITAN  
REGIONAL COORDINATOR  
WA POLICE



## Mental Health Transport Risk Assessment Form

This form is to be used by services in order to identify the following:

SECTION 1: Assessed by SECTION 2: Personal Particulars SECTION 3: Risk Assessment SECTION 4: Result of Assessment

**THIS FORM IS USED TO ASSESS RISK ASSOCIATED WITH MENTAL HEALTH TRANSPORTATION ONLY AND SHOULD NOT REPLACE INDIVIDUAL AGENCY OPERATIONAL OR CLINICAL PROTOCOLS.**

*The purpose of information sharing is to ensure each agency has sufficient information to enable them to provide effective and appropriate services. Collection and disclosure should be limited to personal information that is necessary and relevant to these purposes and occur in accordance with Section 206 of the Mental Health Act 1996.*

**SECTION 1 - MEDICAL or AUTHORISED PRACTITIONER:** \_\_\_\_\_

**CENTRE / CLINIC / HOSPITAL:** \_\_\_\_\_

**TREATED ON:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CURRENTLY ON C.T.O:** YES  NO

Indicate by placing a  or  in either box

**FORM NUMBER:** \_\_\_\_\_

**SECTION 2 - PERSONAL PARTICULARS**

**SURNAME:** \_\_\_\_\_ **GIVEN NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **LANGUAGE SPOKEN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Add the consumers current residential address in this field. If the consumer is located at another place, record the address and location in the notes field supplied in Section 3.

Is the person currently receiving treatment for a mental illness? YES  NO

Indicate by placing a  or  in either box

**SECTION 3**

**RISK ASSESSMENT MATRIX**

		CONSEQUENCES			
		1- INSIGNIFICANT	2- MINOR	3 - MODERATE	4 - MAJOR
LIKELIHOOD	A= ALMOST CERTAIN	(H) HIGH	(H) HIGH	(E) EXTREME	(E) EXTREME
	B= LIKELY	(M) MEDIUM	(M) MEDIUM	(H) HIGH	(E) EXTREME
	C= POSSIBLE	(L) LOW	(M) MEDIUM	(M) MEDIUM	(H) HIGH
	D= UNLIKELY	(L) LOW	(L) LOW	(M) MEDIUM	(H) HIGH
	E= RARE	(L) LOW	(L) LOW	(L) LOW	(M) MEDIUM

Tick **IMPORTANT:** Police will assist with a high risk transport only-this is a transport that falls into the Extreme or High risk categories.

	<b>(E) EXTREME</b>	<b>SEVERE DISTURBANCE OF MENTAL STATE (ACUTE):</b> Psychosis (particularly paranoid beliefs and command hallucinations), mania, severe emotional disturbance, agitation (including delirium / dementia & intoxication states) and recent, current or anticipated dangerous behaviour (ie self harming, suicidal, aggressive, destructive, markedly disorganised or irrational and/or identifies targets for violence (victims)). History of impulsivity. Disengaged from treatment and actively refusing treatment.
	<b>(H) HIGH</b>	<b>DANGEROUSNESS TO SELF OR OTHERS (CHRONIC):</b> Repeated and escalating, recent aggression, serious threats or weapons use, serious self harm / suicide attempts together with acute disturbance of mental state, chronic pattern of highly impulsive / hostile behaviour.
	<b>(M) MEDIUM</b>	Past suicide attempts or aggression but not escalating recently. Current emotional arousal (anger/frustration/distress) without clear plan to harm self or others. No current access to weapons. Unstable or disengaging social supports but supports still present. Suspicious of treatment and/or reluctant to engage. Some impulsivity and difficulty controlling emotions. Moderate drug or alcohol use. Has some reasons to not harm self or others.
	<b>(L) LOW</b>	Currently engaged in treatment and compliant, able to be engaged. Supportive relationships. Stable living situation. No agitation, calm presentation, behaviour organised. Not intoxicated. Able to manage emotions. No or distant past episodes of violence or suicide. Can generate many reasons not to harm self or others.

The Risk Assessment Matrix identifies four categories in which mental patient transports are conducted. The matrix in conjunction with additional notes, should assist in deciding the level of risk associated with the transport.

**RISK ASSESSMENT NOTES** This section has been provided to record notes relevant to the risk assessment. Details such as next of kin/trusted friend, location of crisis, consumers behaviour and/or demeanour, current or history of mental illness/treatment, severity of situation and agency response can be recorded here.

Risk Summary:

Transport risk issue:

Medical risk that may impact on safe escort (e.g. heart condition, epilepsy):

Sensory impairment (e.g. sight, hearing, intoxication):

Access to weapons, concealed or otherwise:

Delusional systems that may impact on safe escort (e.g. fear of authority figures):

**ALL STAFF INVOLVED IN TRANSPORTATION ARE REQUIRED TO UTILISE UNIVERSAL PRECAUTIONS TO AMELIORATE THE RISK OF INFECTIOUS DISEASES**

**SECTION 4 - RESULT OF ASSESSMENT**

Having conducted a risk assessment in relation to the request for transport assistance, it has been determined that:

POLICE ARE REQUIRED  POLICE ARE NOT REQUIRED  FORM 3 SIGNED

Please circle risk level

Low	Medium	High	Extreme
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_ HRS