THE CHANGE PROGRAMME

The Commissioner of Police and his Executive Team has approved changes around how and when Police respond to mental health events across the motu. These changes will be implemented in **four phases** as follows, noting these timeframes could be subject to change.

Phase one **1st November 2024**	**Phase two** **January – March 2025**	**Phase three** **April – June 2025**	**Phase four** **July – September 2025**
Voluntary handovers at ED Transportation requests from mental health services Requests from mental health services to attend their facilities	Detained persons 60-minute handover at ED. Mental health Police custody rule changes	Mental Health services requests for Police assistance. Missing persons from Health facilities – including AWOL and walkouts of patients	Detained persons 15-minute handover at ED. Welfare checks: Public and other agency requests to Police

PHASE ONE

November 2024

Handovers at Emergency Departments - Voluntary persons

*Handover of persons in mental distress in Police care to Emergency Departments (ED's) will be **changed in three stages**, the first is voluntary transportations (detailed in this section), the subsequent two changes involve persons detained under the Mental Health Compulsory Assessment and Treatment Act 1992 (the Mental Health Act), these are detailed in subsequent sections.*

All persons who Police are transporting to an ED for the purpose of a voluntary mental health assessment (not detained under the Mental Health Act) will be handed to ED staff after a documented handover process and Police will depart shortly after.

A new national form for this handover process is in design and will be circulated in due course.

A voluntary patient has the right to stop receiving treatment and to leave the place at which they are receiving treatment at any time.

If a voluntary patient exits an ED or place of assessment police will respect their choice and not respond to requests to locate the person unless they meet the risk threshold detailed previously.

This handover process for voluntary people will begin across the country on **November 1st 2024.**

Requests from mental health services for transportation.

Police often receive requests from mental health facilities (services) to transport patients between hospitals or even between wards or rooms within wards and have seen themselves being requested too early in the process increasing the risk of trauma to patients. Police should be a last resort in transportations of patients and all other options must be explored and exhausted before Police are considered.

Involvement of Police, who bring a different lens to mental health work increases the risk of escalation of a matter, increasing the risk of use of force and overall restraint on a patient who can feel like they are being treated like a criminal, with the shame and trauma that can accompany that.

Police will no longer respond to routine requests to transport people in mental health care, particularly between (or within) health facilities like inpatient units, unless criteria threshold (outlined further in this section) is met and planning completed.

As such, before any request for transportation will be considered a written risk management plan will be required to be tabled with a Police District Command Centre detailing normal risk management and showing other options that have been considered before engaging Police. Police will not be involved in any mental health transportation until a written plan has been viewed and considered.

Police will only be involved if there is both an urgent need for transportation and there is an immediate risk to the safety of the person or others and all other options have been considered.

Police will not lead any transportation where a patient has been sedated (beyond any normal prescribed medication). Sedation carries known medical risks and police will direct all these requests to Ambulance services, no sedated person will be transported in a Police vehicle. If the risk level is still met to warrant Police involvement, Police may accompany the Ambulance.

Police will only be permitted to carry out mental health transportations if they are accompanied by a mental health practitioner.

Any mental health transportations that meet the threshold for Police will see Police apply their operational threat and risk assessment model and if required suitable restraint methods will be used to reduce risk to the person and others. Mental health transportation requests that are carried out by Police is acknowledging that the matter is beyond the capabilities of other services to provide and has become an emergency. Mental health and medical expertise will be sought and considered by Police on the best method for transportation, but the final decision will be made by Police.

Changes to mental health transportations is expected to begin across the country on **November 1st 2024.**

Requests for police to attend mental health facilities (inpatient units).

Police receive calls from Mental Health facilities (often inpatient units – described as "facility" in this section) to assist with a range of matters. At times, we consider these requests involve Police too early where there is either no risk apparent or just a potential for risk. Requests include assisting with moving patients between rooms, helping de-escalate moderate level behaviour, supporting medication administration, feeding patients or "taking patients away" from a facility when no offence has occurred.

Police believe that they have a very limited role within Mental Health facilities and our approach here is to reinforce that involvement of Police is extreme. Police involvement can lead to increased trauma, unnecessary escalation, and a loss of patient trust in the Health system and in particular greatly increases the likelihood of loss of patients trust and confidence in Police, which may need managing for many years.

Police will respond with appropriate urgency to any call that comes from a Mental Health facility where there is an offence (that we would attend through normal prioritisation) or an immediate risk to life or safety. If these thresholds are not met, Police will not respond.

Requests from Duly Authorised Officer's, Medical Practitioner's, or medical staff under the Mental Health Act within Mental Health facilities will be subject to the same threshold and Police response criteria as previously listed. Police attendance is discretionary.

Police understands that sometimes behaviour within Mental Health facilities can be challenging, presenting safety concerns for staff. However, requesting Police assistance should only be considered as a matter of escalation where the level of seriousness meets the threshold (criminality or immediate risk to life or safety).

Mental Health services are encouraged to report criminal offending to Police. However, Police attendance will be determined on normal prioritisation, which considers things like Police frontline staff availability and the immediacy of the risk. Is it a matter that Police have legislative powers to enforce? Does it potentially require criminal prosecution? Are Police required to collate evidence and provide scene security? These considerations alongside other internal operating rules around what Police will attend or not will determine the response.

Mental Health facility: Police evidential requirements

As with all matters Police attend, evidence (or lack thereof) impacts Police's decision making and subsequent response.

When Police have been called into a Health facility to remove someone, this engages a judicial process. As such, attending police will require statements and provision of evidence that the behaviour is not mental health-related and that the person has prima facie mental capacity to understand the judicial process that will follow.

The evidential requirements will mean police will not remove a patient at the request of Health staff unless charges are being considered, or the offence is at a level that charges would naturally follow. Depending on the officers on scene assessment, patients may be arrested or summonsed for the matter that Police have attended to resolve. Alternative resolutions will be applied like any other matter Police manages. A patient who is summonsed may well not be removed from the facility.

If a patient is being taken away for an offence that is a bailable matter (meaning they will be released shortly after being charged at the Police Station), attending Police staff will require provision of a suitable bailing address before departing the facility.

If the patient has committed a non-bailable offence, the patient will be held in Police custody as per the current process. Mental Health Services will be engaged via the normal forensic nurse process at Court.

The changes to Police attendance at mental health facilities are expected to apply across the country on **November 1st 2024.**

PHASE TWO:
JANUARY TO MARCH 2025

Handovers at Emergency Departments - Detained persons – 60-minute limit.

The problem of uniformed Police staff sitting in ED's for prolonged periods of time with persons in mental distress has been well documented and described within various research, both within New Zealand and internationally. Lived experience groups and media reports locally have often and rightly criticised this practice.

Police staff sitting in ED's with persons in distress has two main well reported problems:

1. Persons in distress fell shame and humiliation.

2. Police staff cannot respond to other calls for emergency Police assistance.

To minimise the above Police will complete and provide a handover form to ED staff for persons detained and transported to ED by Police under the Mental Health Act but remain for no longer than 60-minutes. At the expiration of that hour Police will carry out a safety assessment and if safe to do so will depart ED and leave the person they have transported in the care of ED staff or other Health staff present.

Where Police remain with the detained person (up to 60-minutes) ideally this would not be in a public waiting area.

A small number of persons in distress that Police bring to ED can be disruptive in their behaviour. Therefore, a suitable handover process for these persons will be established so that upon completion, Police will remain for no longer than 60-minutes then depart.

Persons detained who are handed over to Health staff sometimes may later exit of their own accord. This will often lead to calls to Police to locate and return them to ED. In these instances, Police will not respond automatically and will require the previously detailed threshold to be met and that Health staff have actively looked for the person in their care and carried out appropriate enquiries both within and outside the Hospital grounds.

Persons in distress who are violent or excessively aggressive or presenting a clear risk to others will always be returned to Police custody for an assessment for the safety of all involved.

This 60-minute handover process is expected to **commence in the period of January to March 2025**

Mental health custody rules changes.

Police custody units (also known as Police cells) are designed to hold persons arrested on criminal matters, and those that enter into that system are normally subject to search and confined to a cell. This can be psychologically damaging to persons in mental distress sometime causing lifetime trauma, leading to longer recovery times and a loss of trust and confidence in Police, and should be avoided at all costs.

At times, Police are seeing people in our cells requiring mental health assessments who have not committed a crime, are not violent and do not need to be incarcerated for the purpose of an assessment. This is contrary to Police and Health New Zealand aims to provide a person-centred and least restrictive approach to a mental health response.

In recent years, there has been significant improvements in the reduction of mental health assessments conducted in Police custody. However, Police has identified areas that require improvement.

Police will apply stricter rules to use of Police custody units. Police will not accept persons into Police cells for the purpose of a mental health assessment if they are not violent, aggressive or an immediate risk to others. Intoxication, in itself, will not be accepted as a reason for police to hold them in police custody.

The key determinants as to if a person is accepted into Police cells for an assessment will be aggression and violence.

Other areas that will be subject to change and or tightened are:

(i) Where frontline Police are with a person in distress they wish to be assessed and have engaged a Duly Authorised Officer (DAO), or Health medical staff and Police receive a direction from those persons to take the person in distress to a police cell for an assessment to be carried out.

(ii) Where a person in distress has been seen by Mental Health clinician in Police cells and sectioned under the Mental Health Act (issued a certificate of preliminary assessment) and Health staff request Police to continue to hold the (now) patient in Police cells as no Mental Health beds are available.

When Police contact DAOs or medical (ED staff) seeking to transport a person in distress into ED for an assessment, and Health staff then direct Police to take the person in distress to Police cells for a subsequent mental health assessment, the threshold listed in the paragraphs above will be applied.

If the threshold is not met, the person will be transported to ED and Police will commence a handover process. Police will always prioritise a person-centred approach and the new process will reflect this.

Where a person has been seen by mental health clinician in Police custody and sectioned under the Mental Health Act, Police will be required to wait no more than 30 minutes for logistical transport matters to be arranged for a sectioned patient to be transported to the Health facility. If Police are advised the person cannot be accepted in the facility/ward due to lack of beds available (or due to an issue of a similar nature), Police will immediately transport the sectioned patient to an ED. Police will commence a handover process to Health staff and Police will depart immediately, as any further Police involvement in this instance would be unlawful. The emphasis here on the handover is immediacy.

For clarity, after a person is sectioned under the Mental Health Act by a Mental Health clinician, they cannot be continued to be held in Police custody. Police compliance with a direction to do this from Health staff is unlawful.

On occasion, Mental Health practitioners will offer to sit with persons in Police cells whilst matters regarding bed availability are resolved. However, Police will not agree to these offers as this is still considered an unlawful action and therefore cannot be accommodated by Police.

Police custody rule changes **are expected to commence in the period of January to March 2025.**

PHASE THREE:

APRIL – JUNE 2025

Requests from Duly Authorised Officers and Medical Practitioners for Police assistance

At times, the Mental Health Act has been used to direct Police to undertake actions that do not require Police legislative powers, or the outcome sought could be achieved by another agency with planning.
Police will only respond to requests under the Mental Health Act, that meet the previous detailed threshold. The response to requests from DAOs, Health and medical clinicians, is at the discretion of Police. When Police do respond to requests, Police understands that Mental Health Services should lead and direct these actions as per the intent of the Mental Health Act.

Section 41 of the Mental Health Act

Police have observed and experienced verbal directions given under Section 41 of the Mental Health Act that are engaging Police either incorrectly or too early in a process, such as being asked to perform door knocks to bring nonviolent and compliant persons into facilities for matters such as assisting with monthly injections, to uplift "dangerous" elderly dementia patients, or to direct Police to stay in a Health facility for prolonged periods of time to "baby sit" a patient when there is no violence or disorder present, and the care and monitoring of the patient could be equally well done by another party within that Health facility.

Police will not automatically respond to DAO requests to uplift persons and take them to a Health facility for assessment or treatment. Police will require assurance that the previously listed threshold is met before their involvement.

Requests for Police assistance that do not meet the criteria for an immediate emergency response, will need to be accompanied by a written risk assessment and details of other options explored before Police will consider engaging. Police will also require information around transportation and immediate hand over logistics as part of the request. Requests will be submitted to the local Police District Command Centre for review and approval of Police involvement.

Absence of this risk assessment and required information will mean Police will not respond.

The intent of Section 41 of the Mental Health Act is clear in that requests for Police assistance require that a DAO must be present to direct Police on force of entry and subsequent detention. Police are not mental health professionals and as such are empowered to only assist DAOs, but assistance cannot be provided under this section if a DAO is not present in person.

Police expects a DAO to be on scene and must assist with transportation, and that immediate handover post transportation of the person to a Health facility will occur. If an immediate handover has not been organised within the Police timeframes for handover, Police will be required to depart the facility.

Police instruction will be not to attend to any Section 41 requests unless a plan is completed, the DAO is on scene, and the immediate risk threshold is met.

Police attendance to these requests is discretionary.

The exception to this is when a DAO articulates that there is an immediate risk to life or safety. It is expected this scenario will most likely present via 111 calls where Police will provide a priority response (if triaged to that level) and carry out any normal process or actions to save life. Engagement of police at this point is understanding that the matter is at a critical level.

If a matter has reached this critical level, Police may use other emergency provisions such as the Search and Surveillance Act 2012 Section 14 – Warrantless entry to prevent offence or respond to risk to life or safety, or the Crimes Act 1961 Section 41 – Prevention of suicide.

Section 110C

Police will at times receive requests by a Mental Health practitioner under Section 110C of the Mental Health Act to assist them to undertake an urgent assessment.

Police will apply the new threshold for Police involvement as under Section 41 above. If Police are involved, the same requirements outlined above will apply as do the same rules for assistance, transportation, and handover.

Police attendance to these requests is discretionary.

Section 110A – Assistance to sedate patient

Occasionally, Police are requested by a medical practitioner to assist with the sedation of a patient.

Where Police are brought into a Health facility to restrain a patient for the purpose of sedation, it can be highly traumatising for the patient and cause on-going issues/responses for any future Police interactions. This does not align with a person-centred approach and should be avoided at all costs.

Police will require the previously described threshold to be met before providing assistance.

Mental health warrants
Police will not sign off entry warrants for associated mental health warrants under the Mental Health Act, unless the threshold of criminality or immediate risk to life or safety is met.

If Police do agree to an uplift under any section of the Mental Health Act when assisting Mental Health services, the person will be transported to a health facility. Police will carry out a hand over to Health staff, including ED, and depart immediately.

Requests from Health staff changes **will commence in the period of April to June 2025.**

Reports from Mental Health services for Missing Persons – including AWOL and walkout patients.

Where a person exits a ward or Health facility and Health staff believe the person presents an immediate risk to life or safety for themselves or others, they should call 111 and Police will prioritise and respond as per normal 111 triaging processes.

Important note: Any forensic patient who absconds or escapes should be advised to Police via the 111 system as a likely immediate risk to themselves or others.

A recent review of one week of missing persons reports showed that at times, a third of all of New Zealand's missing persons reports to Police were being generated from the Health system, and often fell into one of these categories:

- Missing persons, this could be a person a Health practitioner has not seen for some time, this may be a person on a community treatment order (or similar) and the practitioner wishes to report them missing.
- Patients who are absent without leave (AWOL); these are often patients who are on approved leave from a Health facility but do not return from that leave.
- People who walk out of Health facilities, this includes walkouts from Mental Health wards and ED's during or after a mental health assessment.

The majority of persons reported to Police as missing are done so as a procedural process for the Health facility. The new approach will reflect an understanding that many of these do not require reporting to Police and that responsibility for locating persons should not automatically be handed to Police for action at such an early stage unless there is an immediate and serious risk.

The role of locating missing persons is an important function of the Police. However, there has been a long-standing misunderstanding of how this applies to "missing" mental health patients.

A ''missing person" should be one who is being reported to Police as there are concerns at a level that Police are going to deploy staff or establish an investigation team to find the person, these concerns are often around things like someone being hurt, or in danger. The majority of "missing" patients, AWOL patients or walk outs are not like this and do not require this level of resourcing from Police. Police are often asked simply to locate the person and bring them back to the Health facility. For the sake of clarity, it is important to understand that there is a fundamental

difference between a family member reporting a son or daughter or father missing and a Health facility wanting Police to in essence return a patient to them.

Police is aware that the shift to a less restrictive approach to holding persons receiving mental health treatment, although important from a human rights perspective, has seen an increase in calls regarding missing patients. At times, this becomes cyclical with police being called multiple times in a week about a person repeatedly exiting a health facility after being brought back each time by Police.

Police are developing a new process as to how we accept and respond to reports of missing mental health patients. It is likely to include a that Police will **not** be involved in actively looking for people who are missing from those facilities unless the new threshold (to be determined) is met.

Police will likely be seeking risk details to be included in reports to police, including information such as whether there are concerns due to missed medication that could alter their behaviour, recent behaviours of concern, and what attempts have been made by Health services to locate the person within and beyond the boundaries of the facility. Police will only consider involvement if these matters are considered and articulated in the report.

Inpatients absent without leave (Sec 32 of the MH Act)
Police acknowledge that inpatients who are granted leave under Section 31 of the MH Act who then become absent without leave under Section 32 can be retaken by any person within 3 months of their absence.

In cases where police uplift/retake such persons they will be transported to the nearest Hospital for an immediate handover. Handover times will be subject to the previous described times.

Outside of Section 32 where a person is reported missing and Health practitioners are seeking a person to be forcibly uplifted by Police, the report may need to be accompanied by a bench warrant. Police must be empowered to act when the person is located. Verbal directions from a DAO cannot apply to missing persons unless there has **not** been time to obtain a warrant.

For clarity, Police cannot act under a direction given by Health services to uplift a person when found as is sometimes listed in a missing person report, as an example the words *"you can uplift the person under Section 41"* written into the report, will not be actioned. As is detailed in the previous sections, powers of direction to Police are to assist a DAO or similar, not to have Police act arbitrarily, at any time, on their behalf without their presence. If the level of concern is such that Police will be asked to uplift a person upon location, a warrant should be sought as well.

If Police agrees to locate and uplift a missing patient, they will be transported to a Health facility. Police will carry out a handover to Health staff and depart immediately.

Missing person reports from Health facility changes **are expected to commence in the period of April to June 2025.**

PHASE FOUR:

JULY – SEPTEMBER 2025

Handovers at Emergency Departments - Detained persons – 15-minute limit.

For persons detained and transported to ED by Police under the Mental Health Act, Police will complete a handover form to ED staff carry out a safety assessment and look to remain for no longer than 15-minutes. At the expiration of that time, police will depart ED and leave the person they have transported in the care of ED staff or other Health staff present.

This process will be the same as per previously detailed sections on the 60-minute handover but will be reduced to a 15-minute time period.

The 15-minute handover process is expected to **commence in the period of July to September 2025**.

Welfare checks: Public.

Police is currently exploring our level of involvement in welfare checks. We will determine our position over the coming months after we have reviewed our responsibilities and legal obligations and more fully understand the expectations from the community.

Police are looking to **change our response to welfare checks in the period of July to September 2025**.

Welfare checks: Other agency requests.

As above, Police is currently exploring our involvement in welfare checks. We will determine our position over the coming months after we have reviewed our responsibilities and legal obligations and more fully understand the expectations from the community.

Subject to exploration of the issue, Police are looking to **change our response to welfare checks in the period of July to September 2025**.