



## **What to do in the event of a mental illness emergency.**

The information below is a summary of the Community Forum held in September 2014. During the Forum, three main areas of questions were explored.

- a. Which Emergency Service should I call?
- b. What happens when the Emergency Services arrive?
- c. What role can carers play to help the process and in the follow up?

### **A. WHICH EMERGENCY SERVICE SHOULD I CALL?**

#### ***WHO DO YOU CALL?***

If the situation is life threatening, it is vital that you call 000. Even if you call Bendigo Triage, they may call 000 anyway. Call Bendigo Triage on 1300 363 788 if there are acute mental health needs; changes in moods, health, perception, suicide risks, but if the patient or a family member is at risk, call 000 straight away, ie overdose. It is vital you Do Not call individual police stations. Call 000

#### ***WHAT ARE THE IMPORTANT THINGS THAT HAVE TO BE CONVEYED TO THE EMERGENCY PEOPLE WHEN MAKING A 000 CALL TO MAKE SURE THE RIGHT PEOPLE COME?***

When you call 000, the call receiver will ask a chain of questions. These will focus on;

- the need to establish how safe everyone is;
- name of patient;
- age,
- what is the crisis,
- medical condition/s of patient;
- what medication are they take;
- any allergies;

- time of crisis
- YOUR ADDRESS.

Tell them if there is any danger and any weapons present. Be clear and calm. You can prepare for this call by making sure you have a list of the things you need to say[ ie make sure you know the names of medications].

Depending on how these questions are answered, ensures how quickly an ambulance arrives.

Be prepared to repeat all this to the paramedics when they arrive.

If you are in a dangerous situation, leave the phone line open. Do not hang up. Police can not only hear what is going on, but can locate you if you are on a landline. If you are on a mobile they will be able get the address of the owner of the mobile phone but cannot actually track where the mobile phone physically is.

Sometimes people don't want to call the Police to save their family member getting into trouble, however if you call Triage, they will call the police themselves if they suspect a dangerous situation. Therefore the police may turn up anyway, whether you have called them or not.

### **WHAT HAPPENS IF YOU ARE ASSAULTED BY A FAMILY MEMBER? WHO DO I CALL AND WILL THEY BE ARRESTED?**

In the event of physical assault it is vital to call 000.

The Police have obligations under the Family Violence Act to send the patient off through the Mental Health Courts in Melbourne to be assessed.

The Police will arrive at the scene and assess the situation. First thing is to stabilise the patient and to make sure everyone is safe. The patient is then taken away to be assessed by mental health professionals and a treatment plan developed.

In the event that the police arrive at a situation where the carer is hurt, then they are obligated to take out an Intervention Order on the carer's behalf. Carer can go to court and say they do not want that. Vic Police will prosecute

as public safety is paramount, but the carer does not have to make a statement and therefore the case may never proceed.

Your case manager should advise you what to look for to avoid crisis; Carers must be comfortable talking to the services. Look for early warning signs and contact your case manager or Bendigo Triage if you think something is amiss. Police and Mental Health services work together and pool information.

Police advised carers to go to police when the patient is well, to talk through a likely crisis situation, so when/if it occurs the experience is planned for.

### **WHAT HAPPENS WHEN EMERGENCY SERVICES ARRIVE? WHAT ARE THE RULES FOR EMERGENCY SERVICES TO COME INTO YOUR HOUSE?**

There is a lot of information, available on the Vic Police website, outlining protocols for dealing with and transporting patients.

In essence the Police and Ambos will assess a situation based on-

- Safety of scene and of patient
- Medical assessment, drugs, injury (is it time critical)
- In case of an attempted suicide the ambos will take the person away regardless of whether everyone is safe and calm. This prevents re-occurrence an hour later.
- If patient refuses to go, police will be called.
- They will be taken, [against their will sometimes,] to be assessed.
- If resisting, a police member will be present in the ambulance.
- Everything is done, by talking and listening, to get the patient's agreement.
- If the ambos think it was a genuine cry for help they will transport without police.

The Human rights Charter dictates that patients must be transported in the most dignified and least restrictive manner, but also the safest

Transport will normally be by ambulance, which now have stretchers with restraints, unless patient is violent, where a police van may be used. Ambos can now administer sedatives, where necessary.

Circumstances where patients are transported in the back of a police van have been reduced considerably due to changes in the law.

### **ENTRY TO MY HOME?**

The ambos have no right of entry. If they receive a 000 call and the patient refuses them entry to the house, then they will call the police.

The police (under section 351) have power of entry, by force if necessary, and will take the patient away for assessment, if necessary.

Once the police have been called they are responsible for the safety of all concerned. They must enter and talk to the patient and calm situation down. They cannot leave until they are sure everyone is safe.

### **CAN WE REQUEST THE AMBULANCE TO TAKE THE PATIENT TO A SPECIFIC HOSPITAL?**

The Macedon Ranges, and Gisborne in particular, is on the cusp of the Melbourne hospital range.

If the ambos are called for medical reasons, then that takes precedence over the mental health issue. If it is time critical then the closest hospital will be accessed, to get medically cleared, before mental health issue comes into play, ie overdose or self harm.

If the issue is not time critical and it is a mental health issue but no crisis, then the ambos can go to appropriate hospital and will try to make it where they have been before. A patient's history can be relayed to all hospitals so everyone is kept in the loop.

The answer, therefore, is yes and no!!

RCH Banksia will accept a short admission from "out of region" If it is a long term admission patients will probably be transferred to the Austin. Most units have beds for "out of regions" but the length of admission will be a factor.

## **WHAT HAPPENS WHEN A YOUNGER FAMILY MEMBER REFUSES TO BE ASSESSED?**

In the case of children/teenagers the court system is about rehabilitation. If the family member refuses to be assessed and becomes violent, the best way may be to charge them and make a statement to the police to get a forced assessment. They may go through the system, but will not get a criminal record because by the time they reach court. Magistrates will have had the assessment and hopefully a treatment programme will be developed.

It is wise to remember that patients are not always honest during assessment and therefore very hard for mental health people to enforce the treatment.

Having an integrated team of GP, Paediatrician, psychologist etc gives more continuity to, and relationship with both the patient and family to provide better treatment and crisis control.

## ***WHAT SHOULD AN EMERGENCY CARE PLAN CONSIST OF?***

It is important to inform the police/ambulance of the fact that there might be an issue in the future.

Patients under care may have an Agreed Management Plan. Patient should be involved in the discussion in establishing this plan so they are aware of what is likely to happen.

The plan should include:

- early warning signs,
- who is involved in the treatment
- current medication
- patient history.

The balance of the rights of the young person versus the parents is very difficult. However, new legislation has loosened up the amount of information the health care professionals can give carers as to the treatment of the patient in regards to medication etc to assist in the care of the young person.

Under the new Act, if a child under 16 does not want their parents/carers contacted, the health care professionals now have every right to do so. The

Act realises that the family have a right and a need to know. The family are allowed much more information than they have been given in the past.

### **IN THE EVENT SUICIDE IS SUCCESSFUL, WHAT SUPPORT IS OFFERED?**

The Police will provide someone to stay with the carer until family or friends arrive. People will be referred to Support Link. The Police will have to investigate to ensure it was a suicide.

Police will go around in person to inform relatives, even overseas. The ambos are often first on the scene and will stay on site until the police arrive

### **C. WHAT ROLE, AS A CARER, CAN WE DO TO HELP THE PROCESS AND IN THE FOLLOW UP?**

#### ***ON WHAT BASIS ARE PEOPLE DISCHARGED FROM HOSPITAL AND WHAT SYSTEM EXISTS TO ENSURE CARERS ARE KEPT INFORMED?***

The new Act acknowledges that it is important for the carer to be involved in the discharge process.

If a carer is worried a patient is going to be discharged and will pose a threat, they must inform the police who will disclose this information to the health care professionals. This may end up with Intervention orders being put in place and the police will be notified when the patient is discharged.

Just because the health care professionals cannot LEGALLY share information with you; it does not mean you cannot share information with them.

If the patient is over 16 and they are going to be discharged and do not want the family to know, the hospital complies. If the patient is not dangerous, they will be released.

However, once the patient is released they are supposed to contact the mental health services within 7 days. A phone call will suffice.

After discharge, family/carers/patient are encouraged to work together. Sometimes this can be very difficult.

## **WHAT HAPPENS IF PATIENT TELLS HOSPITAL THERE IS NO CARER/PARENT?**

This is not an uncommon scenario. By and large the services will talk and listen and often the patient will open up. There is an element in the new Mental Health Act that refers to people called 'Nominated Persons'. The patient can nominate a person to be an advocate for them. The services identify this person when the patient is well, so that when a situation arises it is compulsory to contact that person. All the professional health services have access to the Nominated Person list.

Also in the new Mental Health Act there is something called an Advance Statement. This is a document the patient prepares when they are well to identify what they would like to happen in the event that they become unwell, ie treatment, people involved.

## **IF SOMEONE IS IN CRISIS, WHAT PHONE LINE SHOULD I CALL?**

Bendigo Triage is a crisis advice line, it is not a counselling line. If you want to talk to someone, call Lifeline.

If it is a mental health crisis call Beyond Blue or Lifeline. Both have a direct line to Triage and will transfer calls through if appropriate.

Remember Kids Help Line too for children.

The Police get a lot of calls from people who have seen suicide threats etc on social media. Police pick up on it and do welfare checks on people concerned.

In you need immediate support or assistance contact one of the following services: Lifeline on 131411, Beyond Blue on 1300224636, Bendigo Triage on 1300363788 or 000.

