

# **Complaints to the Police**

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## Contents

1.	Purpose of policy	.2
2.	Policy statements	.2
3.	Procedure	.2
4.	Management plan	.2
5.	Complaints to the Police	.2
6.	Auckland DHB notifications	.3
7.	Legislation	.3
	Associated documents	
9.	Disclaimer	.4
10.	Corrections and amendments	.4



## 1. Purpose of policy

Service users with a mental illness may act in ways towards other service users, staff or property, that are in the nature of an offence for which involving the Police may be appropriate.

The purpose of this policy is to outline the protocol to be followed when unacceptable behaviour occurs.

### 2. Policy statements

In order that service users have the opportunity to live according to general social and Auckland District Health Board's (Auckland DHB) expectations in regard to acceptable behaviour, these expectations must be made as explicit as possible.

Should there be serious breaches of these expectations; consideration will be given to the laying of a formal complaint with the police.

#### 3. Procedure

All service users will be provided with:

- Auckland DHB "Your Rights" pamphlet (which is congruent with the Health & Disability Commission Code of Rights).
- Service information detailing expectations regarding behaviour within the physical environs of the service

#### 4. Management plan

Where appropriate, management plans will address the likelihood of actions which may constitute an offence, and will incorporate strategies to reduce the probability of its occurrence.

Should such behaviour occur it will be dealt with in a manner that:

- Makes it clear to the perpetrator that the behaviour is not acceptable
- Limits any immediate risk to the service user or to others, or to property
- Addresses any ongoing short-term risk of such behaviour.

The management plan will be reviewed in the context of ongoing risk and will include consideration of entry to the level of secure care that would contain the risk. The risk assessment will be revised at regular intervals to reflect the nature and circumstances of the risks.

#### 5. Complaints to the Police

Where it is thought that a service user's behaviour may constitute a criminal offence, consideration will be given to laying a complaint with the police. This may be appropriate in cases of assault or damage to property.



In these circumstances, the clinical team (including Service Clinical Director and local Leadership Team) ordinarily responsible for the service user will consider:

- The mental state of the service user at the time of the assault/incident.
- The circumstances of the offence/incident.
- The risk of further occurrence.
- Whether the service user appears able to be held responsible for the behaviour of concern.

After hours, this will be reviewed by the Shift Coordinator; OnCall Psychiatrist; Oncall Mental Health Managers and escalated to the Senior Manager OnCall for Auckland DHB.

If police involvement is felt appropriate, a senior staff member will refer the matter to the Police. The Police may require that the 'victim' lay a formal complaint. It will be the decision of this person whether they wish to do so, and appropriate support will be provided in implementing their decision.

If the victim decides to lay a formal complaint, the service user must be provided with the names of lawyers from the District Law Society list, which is available at Te Whetu Tawera. If the service user is an inpatient, staff should ensure they have made contact with a lawyer before being interviewed by the Police.

#### 6. Auckland DHB notifications

Reportable event web based form and/or Staff Incident/Accident Forms to be completed as indicated by the event and to comply with Board policy.

#### 7. Legislation

- Code of Rights Health & Disability Commissioner Act 1994
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Crimes Act 1961

#### 8. Associated documents

- Health & Safety
- Informed Consent
- Restraint Minimisation and Safe Practice in Mental Health
- Incident Management Guideline
- Incident Management Policy
- OH&S Occurence
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#### Patient Information

• "Your Rights" leaflet (ADHB)



#### 9. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

#### 10. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or <u>Document Control</u> without delay.