



# CLINICAL SERVICES UPDATE

Issue Date: 3 October 2024

## Sectioning of Mental Health Patients in the Community

There has been frequent discussion recently around the use of the 'Form 6' in the current Mental Health and Related Services Act for sectioning of patients with mental illness or mental disturbance. Although this is currently in the CPM it is not a process endorsed by St John NT at this time.

**The current position for St John NT and agreed by NT Health is that form 6 is NOT to be utilised and police are to be requested for sectioning under the current Act.**

There is currently a process to review and amend the Act in progress which may provide more clarity on what our abilities in this context are going forward. Once the new Act is legislated, and we have been provided a clear understanding of any changes to the responsibilities and powers provided for where Paramedics fit into this process, appropriate training will be provided to all staff before any implementation of changes to current practice.

**The concerns for us to section patients and complete form 6 currently are:**

- **Need clarity on the term “conveyed in an ambulance” – Does this mean when they are already on board or will be transported by ambulance.**
- **What is the process at Hospital once they have been sectioned and who is responsible for the patient?**
- **All staff would require training regarding when a patient meets the criteria for sectioning.**
- **If Paramedics are sectioning patients is there a possibility that Police will not attend and therefore putting our crews at risk managing these patients.**

Once the amended act is published and we have clarity of our responsibility, we will review the process to ensure safety of our staff and patients, as well as compliance with the act.

To support the information and decision provided in this update, we have sought clarification from NT health on the rights and responsibilities of Paramedic staff with regards to this sensitive matter. The response email received on 28/08/2024 is provided below.

Kind regards



**Geoff Bates**  
Clinical Services Manager  
St John Ambulance Australia (NT) Inc.

*“Following our recent discussions I have some information regarding paramedics and current Mental Health and Related Services Act 1998 as in force at 21 December 2022 (the Act).*

*This was recently clarified for a ministerial briefing I prepared and cross referenced with the Office of the Chief Psychiatrist and our legal team at the time. I welcome this being shared with your clinical teams as you see fit. As we know there is new legislation pending that will impact the current role paramedics fulfil in the care of mental health patients which I envisage will benefit from a coordinated training and education approach with the Department of Health.*

*The following overview relates to the current legislation to support the duty of care being delivered by paramedics providing care treatment and protection of people with mental illness and for related purposes in the Northern Territory. This information is intended to be applicable in the context of relevant St John NT policies and procedures within an Authorised Scope of Clinical Practice, as well as associated domains of capability and code of conduct related to professional registration with the Paramedicine Board of Australia. Any feedback is always appreciated.*

#### **Overview:**

*Under the Mental Health and Related Services Act 1998, **Section 31: Paramedics** independently have powers to detain a person for up to 6 hours where a paramedic believes, on reasonable grounds, that the person may fulfil the criteria for involuntary admission on the grounds of mental illness or mental disturbance.*

*The Paramedic powers of **detention** are for a person being conveyed in an ambulance in situations to: prevent the person causing (or likely to cause) serious harm to that person, or someone else; to prevent further physical or mental deterioration of the person; or to relieve acute symptomology.*

***Police** have the powers of **apprehension** under **Section 32A** of the Act following beliefs on reasonable grounds a person may require treatment or care under the Act, having regard to appearance or behaviour of the person; and the person likely to cause serious harm to himself or herself, or to someone else, unless apprehended immediately. Police are not required to exercise any clinical judgement. Police of course, frequently work closely with Paramedics for the purposes of personal and public protection, and in rendering aid as first responders.*

*As highlighted above, the powers of Paramedics, and Police, vary under the Act, including when they should be used. The process of apprehending or detaining under the Act can be extremely hazardous to persons and care-providers, and the safety of all concerned should be considered paramount. Paramedics detaining a person (independently) under the Act, whilst “being conveyed in an ambulance”, may require further Police assistance for paramedic and patient safety purposes.*

*At an incident scene, Police have the powers to Apprehend under the Act, and there is no reference to paramedics having the same powers unless following the recommendations for psychiatric examination (**Section 34 (3)**). These recommendations can only be made by a medical practitioner, an authorised psychiatric practitioner or designated mental health practitioner.*

*Situations relating to Mental Health and Involuntary admission are delicate and dangerous. The safest and best outcomes for all concerned occurs when there are respectful, coordinated, professional, multi-disciplinary responses, combined with clearly articulated contingency preparations for sudden deterioration or collapse.*

#### **In summary:**

- 1. Definition of the powers to apprehend and detain under the Act vary between the Police and Paramedics.*
- 2. **Police** can **apprehend** persons under the Act having regard to appearance or behaviour, including entering a private premises to do so, as outlined in **Section 32A**.*



3. **Paramedics can detain persons (independently) being conveyed in an ambulance, as outlined in **Section 31**.**
4. *Paramedics are not afforded the same powers as Police, unless as part of a recommendation to detain, following assessment by a medical practitioner, psychiatrist, or approved mental health practitioner in **Section 34**.*
5. *In the majority of settings, Police may be required to provide enhanced safety to paramedics and mental health teams, in the coordination and support of persons taken through an involuntary admission process.*

*NT Health acknowledges that St John Ambulance hold a responsibility to ensure the clinical and psychological safety of all parties involved when detaining under the Act, when medically supporting Police apprehending under the Act, or when authorised via a recommendation for psychiatric examination following assessment by a medical, psychiatric, or designated mental health practitioner.*

*Paramedics detaining under **Section 31** would be required to complete **Form 6**. Police apprehending under **Section 32A** would be required to complete **Form 7**. Recommendation for psychiatric examination made by a medical practitioner, psychiatrist, or approved mental health practitioner under **Section 34**, would have **Form 9** completed when authorising a paramedic to control a person and bring them to an approved treatment facility. **Form 60** is completed when requesting Police assistance pursuant of Section 34. In these cases, the primary responsibility for the persons custody and safety rests with the health service/facility/agency of the clinician that has authorised Form 9.*

*Finally, it is the sole responsibility of each registered paramedic to know, understand, and seek clarification when needed regarding roles, responsibilities and legal obligations in the execution of their professional duties.*

*Please don't hesitate to reach out for further information, clarifications or feedback. I, and NT Health will look forward to working together when implementing and operationalising the new legislation.*

**Paul J Reeves**

*Principal Advisor Pre-Hospital Care  
Commissioning and System Improvement  
NT Health"*

