


# Mental Health Police Liaison Service: Documentation Procedure

## MHAPPM/8973

<b>Approved by:</b>	Deputy General Manager – Mental Health & Addiction	<b>First Issued:</b>	September 2024	
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## Purpose

The purpose of this document is to clearly outline the procedural steps to be undertaken by Health New Zealand | Te Whatu Ora Te Matau a Māui Hawke's Bay staff when:

- A Mental Health Police Liaison clinician contacts people requiring mental health assessment in police care. They ensure that all contacts are recorded appropriately and that all relevant information is accessible to clinical staff without the need for a Mental Health record being opened unnecessarily.

## Principles

All Health New Zealand, Te Matau a Māui Hawke's Bay documents are based on and link back to our values; **He Kāwanau** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

To respect that people seen by Mental Health Police Liaison staff are in police care and may not require or need Mental Health services, and therefore opening a Mental Health record can have implications with a number of process such as insurance and travel.

The following New Zealand Legislation and Standards are applicable to this document:

- [The Treaty of Waitangi Act 1975](#)
- [Ngā paerewa Health and Disability Services Standard](#)

## Scope

All Mental Health Police Liaison clinicians (CNS and RN's) and Peer Support workers.

## Roles and Responsibilities

Role	Responsibility
Clinical Nurse Specialist	To ensure that all interactions are documented appropriately
Peer Support	To discuss all interactions and take direction from the clinician around appropriate document.
Registered Nurse	To ensure that all interactions are documented appropriately

## Procedure

- 1 All face to face police custody contacts **must** be documented in the Police Custody Management Console under 'contacts' and documented in the Mental Health Police Liaison Contact spreadsheet.
- 2 If the person is not currently open to services and with no Mental Health concerns, but provides detailed information / history that may be of benefit for future encounters, this is documented on the Mental Health Police Brief Intervention form (see Appendix 1). This form is uploaded onto ECA, without the need to open a Mental Health contact.
- 3 If the person is currently open to Mental Health Services or presents with Mental Health concerns, an encounter is recorded in ECA for existing clients, or a new referral created for new clients. The information is documented in ECA, and if there is no further action required, the referral is closed for new referrals.
- 4 If an ECA entry is made, completion of a Brief Intervention form is not required.

## Measurable Outcomes

- An audit of the spreadsheet be conducted every six months to ensure that all contacts are recorded. Spreadsheet to indicate whether an ECA record has been completed with the NHI number documented for auditing purposes.
- All completed triage / screening forms are uploaded to ECA

## Related Documents

Brief Intervention Form (Appendix 1)

## References


NZS 8153:2002 Health Records

## Keywords

Documentation  
Mental Health

***For further information please contact the Clinical Manager – Mental Health Police Liaison***

## Mental Health Police Liaison Brief Intervention Screening Form



**NEW ZEALAND  
POLICE**  
Ngā Pirihimana o Aotearoa

MENTAL HEALTH POLICE LIAISON

**Te Whatu Ora**  
Health New Zealand  
Te Matau a Māui Hawke's Bay

### MHPL Brief Intervention

**Name:** Click or tap here to enter text.      **Date:** Click or tap to enter a date.

**NHI:** Click or tap here to enter text.      **Ethnicity:** Choose an item.

**Cultural Support discussed:**  Yes       No

**Open or previous contact with MH services:**  Yes       No

**What has happened today?**  
Click or tap here to enter text.

**Any Family Harm Concerns raised?**  
Click or tap here to enter text.

**Risks:** Click or tap here to enter text.

**Plan:** Click or tap here to enter text.

**Anger Issues:**  
Click or tap here to enter text.

**Risks:** Click or tap here to enter text.

**Plan:** Click or tap here to enter text.

**Addiction Issues Identified:**  
Click or tap here to enter text.

**Type:** Click or tap here to enter text.

**Frequency:** Click or tap here to enter text.

**Last Used:** Click or tap here to enter text.

**Risks:** Click or tap here to enter text.

**Plan:** Click or tap here to enter text.

**Mental Health Concerns:**  
Click or tap here to enter text.

**Behaviour:** Click or tap here to enter text.

**Mood:** Click or tap here to enter text.

**Speech:** Click or tap here to enter text.

NHI: \_\_\_\_\_

**Suicidal:** Click or tap here to enter text.

**Risks:** Click or tap here to enter text.

**Plan:** Click or tap here to enter text.

**Identified Social Needs:**

<input type="checkbox"/> Finances	<input type="checkbox"/> Housing	<input type="checkbox"/> GP Services	<input type="checkbox"/> Employment
<input type="checkbox"/> Food/Clothing	<input type="checkbox"/> Legal	<input type="checkbox"/> Cultural	<input type="checkbox"/> Spiritual

**Plan:** Click or tap here to enter text.

**Whanau or Other Supports:**

Click or tap here to enter text.

**Outcome of Intervention:**

Click or tap here to enter text.

**Completed By:**

**Name:** Click or tap here to enter text.      **Date:** Click or tap to enter a date.

SAMPLE ONLY

<input type="checkbox"/>	Police informed of concerns/issues		
<input type="checkbox"/>	Discussed with Clinician	<input type="checkbox"/>	Entered in Spreadsheet