1. Introduction
   1.1 Purpose of this guidance
   1.2 Overview of the offence and power of removal

2. Section 119 - Offence of causing a nuisance or disturbance on NHS premises
   2.1 What is a nuisance or disturbance
   2.2 Who may cause a nuisance or disturbance
   2.3 Reasonable excuse for causing a nuisance or disturbance
   2.4 NHS staff member
   2.5 NHS premises
   2.6 Refusal to leave the premises
   2.7 Reasonable excuse for refusing to leave the premises
   2.8 Patients and those seeking medical advice, treatment or care

3. Practical steps to determine whether a person has committed the offence and should be removed
   Step 1 Has the person caused or created a nuisance or disturbance to an NHS staff member on NHS premises?
   Step 2 Is the person on the premises to seek medical advice, treatment or care?
   Step 3 Does the person have a reasonable excuse for their behaviour?
   Step 4 Has the person been asked to leave the premises?
   Step 5 Does the person have a reasonable excuse for refusing to leave the premises?

4. Section 120 - The power of removal
   4.1 Reasonable suspicion and the power of removal
   4.2 Safe removal of a person suspected of committing the offence
   4.3 What is reasonable force?
   4.4 When can a person not be removed?

5. The authorisation of NHS staff
   5.1 The authorisation of authorised officers
   5.2 The selection of appropriate NHS staff
   5.3 Training requirements
      Authorised officers
Guidance on provisions to deal with nuisance or disturbance behaviour on NHS premises in England

Appropriate NHS staff members
Mental health awareness

6. Public awareness of the offence and power of removal
   6.1 Publicity
   6.2 Complaints

7. Record keeping and monitoring
   7.1 Why are records required?
   7.2 Statutory requirements on record keeping
   7.3 Who should keep records?
      The NHS body
      The authorised officer
      The Local Security Management Specialist
   7.4 Monitoring

8. Other statutory duties and responsibilities
   8.1 Equality and Human Rights considerations
   8.2 Health and Safety
   8.3 Trespass
   8.4 Breach of the peace

Annexes
   Annex 1 An aide-mémoire for low level incidents of nuisance and disturbance behaviour
   Annex 2 Authorised Officer training – key learning outcomes
   Annex 3 Appropriate NHS staff member training – key learning outcomes
   Annex 4 Conflict Resolution Training (CRT) – key learning outcomes
   Annex 5 Mental Health awareness training – key learning outcomes
   Annex 6 CJIA (2008) decision-making flowchart
1. **Introduction**

1.1 **Purpose of this guidance**

This guidance provides NHS bodies and authorised officers in England with important information to support them in their use of powers contained within the Criminal Justice and Immigration Act 2008 to manage nuisance and disturbance behaviour.

Sections 119-120 of the Criminal Justice and Immigration Act 2008 (CJIA) contain provisions for NHS staff to deal with nuisance or disturbance behaviour. Section 119 creates a criminal offence of causing a nuisance or disturbance on NHS premises and Section 120 provides a power for police constables or authorised NHS staff to remove a person suspected of committing this offence.

Specifically, this document provides guidance to NHS bodies and authorised officers on:

(a) the authorisation of authorised officers by NHS bodies
(b) the authorisation of appropriate NHS staff by authorised officers to remove persons under Section 120
(c) training requirements for authorised officers and NHS staff authorised under Section 120
(d) matters that may be relevant for consideration by authorised officers for assessing whether an offence is being or has been committed under Section 119
(e) matters to be considered by authorised officers in deciding whether there is reason to believe that a person requires medical advice, treatment or care or whether removal under Section 120 would endanger the person's physical or mental health
(f) the procedure to be followed by authorised officers or NHS staff authorised by them before using the power of removal under Section 120
(g) the degree of force that may be appropriate for authorised officers or NHS staff authorised by them to use to remove a person under Section 120
(h) arrangements for ensuring that persons on NHS premises are aware of the offence in Section 119 and the power of removal in Section 120
(i) the keeping of records by NHS bodies and authorised officers
(j) an explanation of other statutory duties and responsibilities as they relate to the powers under the act.

It should be remembered that the use of the power of removal should be integrated within existing strategies for the security and safety of NHS staff. The underlying principle is one of prevention of nuisance or disturbance situations before they arise, or when they do arise, de-escalation of the situation using non-physical methods wherever possible.

When incidents of nuisance and disturbance do occur, it may also be more appropriate for NHS bodies to deal with situations in line with their current policies and using their existing training if they feel this is more appropriate than using the power of removal. However, where it is necessary for NHS bodies to remove a person causing a nuisance or disturbance, this guidance will provide them with advice and examples of best practice, with the aim of producing a safe environment for all those who work in or use NHS services.

This guidance does not provide specific advice to NHS bodies in relation to prosecuting a person for committing the offence in Section 119. NHS bodies in cooperation with the police and Crown Prosecution Service are responsible for leading on the investigation and subsequent considerations of prosecution in line with local policies and procedures.
Key message: It is important to emphasise that the existence of the offence under Section 119 may be enough of a deterrent in drawing the individual’s attention to the potential consequences of their nuisance and disturbance behaviour. This may help to de-escalate the situation, by use of appropriate models learnt through conflict resolution training (CRT), without the need to use the powers of removal under Section 120. The use of the Section 120 power of removal is not mandatory and should be considered as a last resort if all other efforts to deal with the behaviour prove unsuccessful. However, when the power is considered for use, particular attention should be paid to recognising potentially vulnerable people and ensuring they are not removed from the premises without considering their welfare.

1.2 Overview of the offence and power of removal

There are two key provisions in the act relating to nuisance and disturbance behaviour:

**Section 119** states that it is an offence to cause a nuisance or disturbance on NHS premises. A person commits an offence if they satisfy all of the following:

(a) the person causes, without reasonable excuse and while on NHS premises, a nuisance or disturbance to an NHS staff member who is working there or is otherwise there in connection with their work, and

(b) the person refuses, without reasonable excuse, to leave the NHS premises when asked to do so by a police constable or an NHS staff member, and

(c) the person is not on the NHS premises for the purpose of obtaining medical advice, treatment or care for himself or herself.

**Section 120** gives police constables, authorised officers (and appropriate NHS staff members authorised by an authorised officer) the power to remove a person reasonably suspected of committing an offence on the NHS premises concerned under Section 119. A person may be removed using reasonable force if necessary, see section 4.3. An authorised officer cannot remove a person (or authorise another person to do so) if they believe the person requires medical advice, treatment or care, or that removal would endanger their physical or mental health.
2. Section 119: Offence of causing a nuisance or disturbance on NHS premises

2.1 What is a nuisance or disturbance?

A nuisance or disturbance against an NHS staff member can be described as any form of non-physical anti-social behaviour on NHS premises. Nuisance could be described as ‘a person or thing that causes inconvenience or annoyance’ and disturbance could be described as ‘a breakdown of peaceful behaviour’. This can include, but is not limited to:

- using foul language and verbal abuse
- using intimidating gestures towards NHS staff, patients or visitors
- creating excessive noise in waiting areas, wards and other areas of the NHS premises
- playing music on NHS premises (e.g. via a mobile/smart phone)
- preventing or impeding staff from carrying out their duties
- refusing to leave the NHS premises on completion of medical advice, treatment and care and causing a nuisance and disturbance when asked to do so
- failing to comply with any reasonable request to stop a particular activity which may be endangering other persons or property
- obstructing thoroughfares
- smoking
- alcohol and drugs
- disregard for visiting times and numbers allowed on each visit
- inconsiderate parking.


2.2 Who may cause a nuisance or disturbance?

This applies to anyone who is on NHS premises and is committing a nuisance or disturbance such as (although not limited to) the examples listed above, except where the individual is on NHS premises to seek medical advice, treatment or care (this exception does not apply if they have been refused treatment and care within the previous eight hours) and/or the person has a reasonable excuse for their behaviour (see below for further details).

For example, it may apply to anyone who is originally on NHS premises to seek medical advice, treatment and care, and having received this and been medically discharged, refuses to leave the premises when asked to do so and goes on to commit nuisance and disturbance (see section 2.8).

2.3 Reasonable excuse for causing a nuisance or disturbance

Under the provisions of the act, there is not one standard definition as to what constitutes reasonable excuse and the courts will normally consider the circumstances under which the potential offence was committed when deciding what is reasonable excuse.
It is however important that consideration is given to legitimate reasons a person may have for committing a nuisance or disturbance on NHS premises. If a person has a reasonable excuse for committing a nuisance or disturbance, they cannot commit an offence under Section 119 and therefore cannot be considered for removal from the premises using Section 120 powers.

An example of a reasonable excuse could be that a person may have earlier received distressing news about a friend or relative whom they had accompanied to hospital and they might therefore find it difficult to control their behaviour. An outburst under such circumstances would be understandable.

There is also the possibility that a person’s nuisance or disturbance behaviour could be the result of a mental health condition or learning disability (hereafter referred to as a mental impairment) and may be beyond their control. For example, behaviour associated with Autism Spectrum Disorder (ASD) can include stereotyped movements, poor awareness of personal space, repetition of strange sounds and words, lack of flexibility of thought or becoming increasingly upset or angry because of changes in routine. Other mental health conditions that may affect a person’s behaviour include Tourette’s syndrome, acute mania, psychosis, auditory and visual hallucinations, delusions and personality disorders.

It should be stressed that the existence of a mental health condition or learning disability is not in itself a ‘reasonable excuse’. When considering if an offence has been committed, it must be asked whether the condition caused the behaviour in question. Persons causing a nuisance or disturbance while under the influence of drugs or alcohol will not be able to use this as a reasonable excuse for their behaviour.

Authorised officers should be objective in their decision making and take into account the person’s physical or mental state when deciding if they should be removed from the premises using these powers.

2.4 NHS staff member

An NHS staff member is defined as a person employed by an NHS body or otherwise working for it. The term includes contractors and subcontractors providing services for the NHS, for example taxi drivers when booked by the NHS body.

In order for the offence to be committed, an NHS staff member must be on NHS premises in connection with their work at the time the nuisance or disturbance is caused to them. This includes cases in which staff are arriving or leaving the NHS premises in which they work at the beginning or end of their working day or shift.

2.5 NHS premises

NHS premises are defined as English NHS premises or Welsh NHS premises. This guidance, however, refers to English NHS premises only. This is defined by Section 119 as any hospital, its grounds, or any building, structure or vehicle associated with the hospital and situated on hospital grounds, including administrative buildings.

The term includes buildings which are located on hospital grounds and may be used to deliver private healthcare, but are owned or managed by that particular NHS body.

---

1 For the purpose of these provisions, ‘mental health condition’ or ‘disorder’ is defined as “any disorder or disability of the mind”, Mental Health Act 2007 (amending the Mental Health Act 1983 and the Mental Capacity Act 2005). Valuing People Now: a three year strategy for people with learning disabilities, Department of Health, January 2009, is recommended as useful reference.

2 As referred to by the National Autistic Society.
It also includes any buildings on NHS premises which are part of shared service arrangements between the NHS hospital, mental health and primary care services.

Please note that Schedule 5 of the Health and Social Care Act (2012) has amended the definition of ‘NHS premises’ under S119 of the CJIA 2008. This section will be updated in due course.

**Hospital**

The term ‘hospital’ generally applies to secondary care facilities that provide acute services, but it could also include facilities such as mental health, dental or community hospitals, walk-in centres and polyclinics if the NHS body considering use of these powers believes the facility in question falls within the definition of a ‘hospital’.

Some NHS premises may be spread across multiple sites or be separated across different locations. Provided the premises in question are situated on ‘hospital grounds’ as defined in Section 119 (that is, land in the vicinity of a hospital and associated with it), they will still fall within the definition of NHS premises and will be covered by these provisions.

**Vehicles**

The term NHS premises covers all vehicles, including ambulances, patient transport services and taxis, which are managed by or associated with the hospital and are based on the hospital grounds.

**What is excluded**

The definition of NHS premises does not include healthcare premises of the following types, unless they are located within the hospital grounds:

- GP surgeries
- dental practices or surgeries
- pharmacies
- hospices
- private ambulance providers.

### 2.6 Refusal to leave the premises

In order to satisfy the second element of the offence, a person causing a nuisance or disturbance to an NHS staff member must refuse to leave the premises when asked to do so by a police constable or an NHS staff member. It is recommended that the instruction to leave the premises be accompanied by a warning that a refusal may result in removal under the powers of the act.

NHS bodies should make every effort to ensure the request to leave has been understood by the person being asked to leave. If the person has comprehended the request for them to leave, their refusal can take different forms: it can be made verbally, by a gesture or simply by a lack of motion to leave the place where they are causing the nuisance or disturbance. Every effort should be made to ascertain that a person has clearly refused to leave the premises when asked to do so.

### 2.7 What is a reasonable excuse for refusing to leave the premises

A reasonable excuse for refusing to leave the premises can be different from a reasonable excuse for committing a nuisance or disturbance. A person may have a reasonable excuse for not leaving if, for example, they are accompanying a child or dependant to the hospital and leaving the premises would leave that child or dependant alone. Similarly, a person may be a
carer for a patient in the hospital and leaving the premises would leave this patient alone or vulnerable. However, in this scenario an individual may still be considered for removal if alternative care arrangements have been put in place.

2.8 Patients and those seeking medical advice, treatment or care

A person who is on NHS premises for the purpose of seeking medical advice, treatment or care cannot commit the offence. This means that patients registered with the hospital to be clinically or medically assessed (including those with a scheduled appointment or those presenting themselves at A&E) or people who have attended the premises seeking medical advice, treatment or care cannot commit the offence.

Under the provisions of the act, a person is not on the NHS premises for the purpose of obtaining medical advice, treatment or care, if they have already received the advice, treatment or care they claim to be seeking. If this is the case, they could commit the offence. A person who is seeking medical advice, treatment or care which they have been refused within the last 8 hours is also capable of committing the offence. For example, see scenario 1, page 16.

The offence may also be committed by an inpatient who has received their medical advice, treatment and care and has been medically discharged from hospital, but refuses to leave the NHS premises when asked to do so and their behaviour when refusing to do so constitutes a nuisance or disturbance.

Consideration should be given to the fact that people with mental health conditions or substance misuse problems sometimes approach care centres with reluctance, often giving the impression that they are not seeking help when in fact they are. In these cases, as indeed in all practical application of the act, a careful assessment of the situation and of the person suspected of causing a nuisance or disturbance will be essential.
3. **Practical steps to determine whether a person has committed the offence and should be removed**

It is recommended that the authorised officer follows a defined procedure for assessing whether a person has committed an offence under Section 119 and whether they can be considered for removal from the premises. This will ensure that safeguards present in the legislation are considered and vulnerable people are not removed from the premises inappropriately. The following are some practical steps that the authorised officer may wish to follow when making their assessment (see also *Annex 1*).

**Step 1: Has the person caused or created a nuisance or disturbance to an NHS staff member on NHS premises?**

When the authorised officer arrives at the incident, they must first consider if the person is creating a nuisance or disturbance as described in section 2 of this guidance. It is recommended that at the first interaction, the authorised officer uses the skills identified in their CRT to attempt to calm the person and understand the reasons for their behaviour.

It is possible that at the time when the authorised officer attends the incident, the person's nuisance or disturbance behaviour has ceased. This does not, however, mean that the person may not have already committed the offence, but it may mean that there is no longer a need to remove them from the premises. The offence also requires the person having caused a nuisance and disturbance to refuse to leave when so instructed. On attending the incident, the authorised officer must speak to the NHS staff member(s) against whom the nuisance or disturbance was caused in order to ascertain what behaviour the person has displayed. It is for the authorised officer to make the judgement whether this description falls within the definition of a nuisance or disturbance to an NHS staff member, as described in section 2.1 of this guidance.

In investigating the alleged nuisance or disturbance, it is essential that the authorised officer determines:

- the type of behaviour that the person has displayed or is displaying
- which member(s) of staff has had the alleged nuisance or disturbance caused to them
- where on the NHS premises the alleged nuisance or disturbance has taken place.

**Step 2: Is the person on the premises to seek medical advice, treatment or care?**

If the person appears to be causing or to have caused a nuisance or disturbance to an NHS staff member on NHS premises, the next step is for the authorised officer to verify that the person causing the nuisance or disturbance is not on the premises for the purpose of obtaining medical advice, treatment or care.

The authorised officer can determine this by asking the relevant questions of the person and if it is established that they are on the premises to seek medical advice, treatment or care, then they cannot commit an offence. While the need for medical advice, treatment or care may be obvious in some situations (such as a bleeding wound), in others it may be less clear. For example, a head injury or a diabetic hypoglycaemic attack can result in behaviour that resembles drunkenness. Therefore the authorised officer could speak to medical, administrative and other
relevant staff in the hospital to verify the above. If steps to verify that the person is on the premises for this purpose prove unsuccessful, an appropriate medical practitioner should be consulted in the first instance and the person’s medical need assessed accordingly. It would be a good idea here for the authorised officer to hold the contact details of all appropriate clinical staff.

In verifying if the person is, in fact, on the premises to seek medical advice, treatment or care, the authorised officer should take into account Sections 119(3)(a)-(b) of the Act, as explained in section 2.8 of this document. A person is not on the premises for the purpose of seeking medical advice, treatment or care once they have already received it. To verify this, the authorised officer, should ask medical staff whether they have seen or assessed the person for the advice, treatment or care they claim to be seeking and whether the episode is complete, this will be the case, for example, where all the necessary tests, assessments and results are in, and any treatment and medication has been given.

A person is also not on the premises for the purpose of seeking medical advice, treatment or care if they have been refused the advice, treatment or care during the last 8 hours. The authorised officer should verify with an appropriate medical practitioner that the person has indeed been refused medical advice, treatment or care and when it was refused. They should also ensure that the treatment claimed to be sought is the same as the advice, treatment or care which was earlier refused.

The following scenario presents an example:

**Scenario 1**

Person A has arrived at the Minor Injuries Unit of the local hospital. He approaches the receptionist and asks to be seen, stating that he has pain in his knee. Person A is triaged and is seen by a doctor within 30 minutes of arriving. The doctor examines Person A and decides that he does not need any specific treatment at the hospital. The doctor advises Person A to go home and rest, taking Paracetamol if he is in pain. Person A leaves the hospital.

After an hour Person A returns to the Minor Injuries Unit of the same hospital. He states that he is still in pain with the same knee problem and demands to be seen again. Person A walks into the consultation area to find the doctor who saw him earlier. He finds the doctor and begins shouting at them, demanding to be seen. The doctor feels nervous about Person A’s aggressive behaviour and asks a colleague to call security officers. The security officers arrive and find Person A continuing to cause a disturbance and believe he should be removed from the premises. A security officer calls the authorised officer.

The authorised officer attends the incident and finds Person A shouting at the doctor. She asks Person A to calm his behaviour but he refuses. She asks Person A to leave, and again he refuses. The authorised officer makes her assessment of whether Person A has committed the offence and verifies with the doctor that he has been medically assessed and has been given treatment advice previously. The authorised officer decides to remove Person A from the premises.
Step 3: Does the person have a reasonable excuse for their behaviour?

Sufficient warning should be given to the person, explaining that they have to act reasonably and with respect and due regard for others, that they may be committing an offence and that they may be removed from the premises if they do not calm or cease their behaviour.

When the authorised officer has determined that a nuisance or disturbance has been caused to an NHS staff member, he or she must engage the person causing the nuisance or disturbance in order to determine if the person has a reasonable excuse for causing the nuisance or disturbance. Enquiries can be made of the NHS staff member to whom the nuisance or disturbance has been caused, but the authorised officer should interact with the person themselves or anyone accompanying them and make their own judgement. The authorised officer should tell the person that their behaviour is unacceptable and enquire as to why they are displaying this behaviour. If the person in the opinion of the authorised officer, has a reasonable excuse for their behaviour, then the person may not have committed an offence.

In some cases, the authorised officer’s attempts to find out from the person whether they may have a reasonable excuse may be unsuccessful. This could include situations in which the person’s behaviour is the result of a mental impairment or learning disability. For example, a person with a mental impairment may not acknowledge their condition and may respond to any enquiries in a seemingly normal manner, yet their behaviour would not appear to be normal. It is important that the authorised officer uses their mental health awareness training (part of the recommended training for authorised officers) to assess whether the person has a reasonable excuse for their behaviour. If the authorised officer suspects the person has a mental impairment, they should contact a mental health practitioner (or learning disability practitioner) immediately and not consider the person to have committed the offence, or consider them for removal from the premises. The mere existence of a mental health condition or learning disability is not in itself a ‘reasonable excuse’. The condition must have caused the behaviour.

The scenario below outlines a situation in which a person would have a reasonable excuse for their behaviour, and shows how the authorised officer could handle the situation.
Scenario 2

Person B has Asperger Syndrome. His friend has a minor injury and Person B has accompanied them to the local hospital's Accident & Emergency (A&E) department for treatment. Person B is already distressed when he arrives, as he is worried about his friend. People with an autism spectrum disorder can lack social skills and Person B is very direct in his conversation with the receptionist, coming across a little aggressive in his questioning of when his friend will be seen.

The A&E receptionist explains to Person B that his friend may have to wait for up to an hour to be seen. Person B is also very sensitive to the bright fluorescent lighting in the waiting room and this contributes to his anxiety. He waits for exactly 60 minutes and then interrupts a conversation at reception to ask what is happening as his friend has still not been seen. The receptionist asks Person B to sit down and wait, but does not give him any further instructions or information about what will happen next. Person B becomes increasingly agitated and begins shouting. Staff and patients feel threatened by his behaviour and as he is not a patient, the A&E receptionist believes Person B should be removed from the premises. The receptionist calls the authorised officer to decide if removal is appropriate.

The authorised officer arrives and obtains details from the A&E receptionist. Person B's behaviour has continued and the A&E receptionist is keen for him to be removed. However, the authorised officer believes that Person B's behaviour was caused by his condition. The authorised officer decides not to remove Person B using these powers and considers his trust's local procedures to deal with Person B's behaviour.

Step 4: Has the person been asked to leave the premises?

If Section 119(1)(a) has been satisfied and the authorised officer reasonably suspects a person of causing a nuisance or disturbance to an NHS staff member, without them being on the premises to seek medical advice, treatment and care and without reasonable excuse, the authorised officer should verify that the person has been asked to leave the premises by an NHS staff member or a police constable. If not, they should themselves ask the person to leave the premises. If the person accepts the request to leave the premises, then they cannot commit an offence under Section 119 and the powers of removal are not available.

It is strongly recommended that the NHS staff member making the request for the individual to leave has undertaken CRT, and uses it in an attempt to calm the person's behaviour. In particular, the CRT approach to calming, defusing and de-escalating conflict works particularly well in this scenario, see Annex 3.

If this is unsuccessful, the NHS staff member should request that the person leave and confirm whether the person has accepted or refused this request. It is important that the NHS staff member making the request does not risk their own safety in addressing the person’s nuisance or disturbance behaviour.

Steps should then be taken by the authorised officer to ensure the person being asked to leave understood this request, with consideration given to the person’s ability to understand a verbal request. If the authorised officer does not believe the person has understood the request to leave, they should not proceed with assessing whether the person is suspected of committing an offence and the person should not be removed from the premises.
Step 5: Does the person have a reasonable excuse for refusing to leave the premises?

If a person has refused to leave the premises when asked to do so by an NHS staff member, the authorised officer must take steps to determine if the person has a reasonable excuse for refusing to leave. They should enquire as to why the person is refusing to leave and, if clear reasons as in the examples in section 2.7 are given, then the person should not be considered as committing the offence. It is important to note that the authorised officer must use their own judgement as to what is a reasonable excuse in the circumstances of each particular case.

The assessment of why a person is refusing to leave provides a further opportunity to safeguard against removal of vulnerable people. If the response as to why the person is refusing to leave is incoherent or inexplicable, then the authorised officer should refer to their mental health awareness training to ascertain if it is a mental impairment that may be causing them to refuse to leave. If this is suspected, the authorised officer should contact an appropriate mental health or medical practitioner immediately.

The scenario below presents a situation in which a person may have a reasonable excuse for refusing to leave the premises.

**Scenario 3**

Person C has Alzheimer’s disease. She has been taken to hospital by her carer after complaining of stomach pains. The carer is worried about Person C and becomes increasingly frustrated by the length of time they have to wait to be seen, particularly as Person C suffers from Alzheimer’s. The carer loses her temper with the receptionist and verbally abuses him. The receptionist calls the authorised officer.

The authorised officer arrives and finds Person C’s carer continuing to cause a disturbance. The authorised officer uses his conflict resolution training and asks the carer to calm her behaviour, but this is unsuccessful and the carer continues to cause a disturbance. The authorised officer then asks the carer to leave the premises but she refuses this request, explaining that leaving Person C alone may cause them distress. The authorised officer believes the carer has a reasonable excuse for refusing to leave the premises and decides not to use these powers to deal with their behaviour. The authorised officer decides to continue using his conflict resolution training to calm the carer’s behaviour and considers his local trust policy to decide what to do next. This may include verifying the possible effects on Person C should the carer be removed.
4. **Section 120: The power of removal**

4.1 **Reasonable suspicion and the power of removal**

If a constable reasonably suspects that a person is committing or has committed an offence under Section 119, the constable may remove the person from the NHS premises using the power of removal in section 120(1). A ‘constable’ should be taken to mean a Police Officer or a Special Constable but does not extend to Police Community Support Officers (PCSOs).

PCSOs can however use their own powers to demand the name and address of someone suspected of committing an offence under this act.

If an authorised officer reasonably suspects that a person is committing or has committed an offence under Section 119, they may remove the person from the NHS premises concerned or authorise an appropriate NHS staff member to do so. Authorised officers are defined as staff who have been authorised by the relevant NHS body to exercise the power conferred by Section 120. These persons should have received appropriate training including CJIA training, CRT and possibly personal safety training. More information on the roles and responsibilities of authorised officers is provided in section 5 of this guidance.

In practice, the authorised officer may not be present at the time the nuisance or disturbance is caused and may have to be contacted by NHS staff to attend the incident. The authorised officer will therefore have to verify what has taken place by asking NHS staff and other witnesses present during the incident and, if applicable, by reviewing CCTV, before he or she can reasonably suspect a person of having committed an offence under Section 119.

If an NHS staff member believes a person is causing a nuisance or disturbance to them and that the person should be removed from the premises, the NHS staff member should contact the authorised officer immediately to assess whether the person can reasonably be suspected of committing the offence and could be considered for removal.

4.2 **Safe removal of a person suspected of committing the offence**

Before considering using the power of removal, an assessment of the potential risks that may derive to the person from leaving the premises should be made. Having undertaken that risk assessment and followed steps 1-5, the authorised officer may conclude that they reasonably suspect that the person has committed an offence under section 119 of the Act and that it is necessary to remove the person from the premises, using reasonable force if all other methods of non-physical intervention (see below) have failed.

Before attempting removal, it is recommended that the person to be removed is advised that reasonable force may be lawfully used, but **that the person is not under arrest at this point**.

When deciding to remove a person from the premises, the authorised officer should consider their own safety, the safety of NHS staff authorised by them to remove the person, and the safety of the person being removed, of other patients and visitors around them.

As part of the risk assessment process, if it is considered that removing the individual will place the individual at risk of harm to themselves (e.g. being placed in a deserted bus shelter late at night), or else place others involved in their removal at risk of harm (e.g. by using a taxi driver contracted by the hospital) then this should be avoided.

It is recommended that in the outset, authorised officers and appropriate NHS staff members use non-physical methods to remove a person from the premises in line with their CRT.

---

3 Definition provided by the Police Federation for England and Wales.
4.3 **What is ‘reasonable force’?**

Reasonable force should only be used as a last resort if non-physical methods prove unsuccessful in removing the person from the premises. There is no legal definition of what is ‘reasonable’ when considering using force to remove a person, and this will depend on the circumstances of the particular case. However the degree of force used should be **necessary, proportionate and justifiable in the circumstances**. If the authorised officer decides that reasonable force is necessary to remove a person, they should ensure the degree of force used by the authorised NHS staff (see section 5.2) is appropriate and absolutely no more than necessary, and that it is in line with the physical intervention training of the authorised NHS staff carrying out the removal. Using reasonable force should take into account the safety of all those involved in the incident. For example, if the person to be removed has a medical condition (but they are not on the NHS premises to receive advice, treatment or care for this condition), then removing them using force may not be appropriate as this may cause them harm.

If the person being removed becomes physically injured by the methods used to remove them, appropriate medical advice should be sought immediately. In this circumstance, the authorising officer should record the incident, including obtaining written statements from those involved, and these records should form part of a post-incident review.

4.4 **When can a person not be removed?**

A person reasonably suspected of causing a nuisance or disturbance to an NHS staff member cannot be removed by an authorised officer or appropriate NHS staff member if the authorised officer has reason to believe that the person requires medical advice, treatment or care or that the removal of the person would endanger their physical or mental health. In such situations, appropriate care pathways will need to be established with medical practitioners possessing relevant expertise.

When on NHS premises, if an individual causes nuisance or disturbance and they are not there for the purposes of seeking medical advice, treatment or care, and there is concern around their mental health, clinical advice should be sought from a doctor or mental health practitioner.

This is intended to protect vulnerable people whose removal may put them at risk and it ensures that persons who have not sought treatment but nevertheless are in need of clinical or medical care will not be removed from the premises. The scenario below provides an example.
Scenario 4

Person D is 15 years old and is committing a nuisance in the maternity building of the local hospital. She is displaying clear signs of intoxication and has been arguing with a friend in the entrance to the building for some time. This is bothering staff who are outside having some fresh air. A midwife walks past and is anxious that Person D’s behaviour is upsetting staff and patients. The midwife is affected by the behaviour and feels obliged to attempt to calm it, but for her own safety she calls the authorised officer.

The authorised officer attends and finds Person D arguing with the midwife. Person D’s friend has since left. The authorised officer assesses the situation and reasonably suspects that Person D has committed an offence and should be considered for removal from the hospital premises. It is after 11.30pm on a cold December night and Person D does not appear to have a jacket. The authorised officer asks Person D if she has a means of getting home but she is too young to drive and uses public transport, which has stopped running for the evening. The address she gives as her home is ten miles from the hospital. The authorised officer continues to try and calm Person D’s behaviour using non-physical methods. The authorised officer believes removing Person D might endanger her physical health, due to the distance she would have to walk, so decides not to remove her from the premises. The authorised officer offers to call her parents to let them know that they need to come and collect her.

In considering whether removing a person may endanger their physical or mental health, separate consideration should be given to the homeless. Although the fact that a person is homeless does not automatically exempt them from removal, such persons may be at heightened risk if they are removed from the premises, and particular consideration should be given to their welfare. Under guidelines issued jointly by the Department for Communities and Local Government and the Department of Health, NHS bodies should consider this vulnerable group in their hospital discharge and admission protocol and establish effective links with the local authority’s housing department and social services, and with the voluntary sector agencies that work with the homeless. NHS bodies using powers of removal should consider the vulnerability of the homeless in line with this protocol. For further details, see www.homelessuk.org.

If the authorised officer can satisfy themselves that the person does not require medical advice, treatment or care, and that the removal of the person would not endanger his physical or mental health, they may proceed with the removal. In order to ascertain this, the authorised officer should seek the appropriate medical advice.

---

4 Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation (December 2006)
5. **The authorisation of NHS staff**

5.1 **The authorisation of authorised officers**

The procedure for the authorising of authorised officers is not laid out in the act, but it is recommended that authorisation of officers is made in writing by a person at board level in the NHS body, such as the NHS body’s Security Management Director. They should have assurance as part of this process that the authorised officers and appropriate NHS staff are suitably trained and competent to carry out their roles.

The role of the authorised officer is an important one, carrying significant responsibility. It is recommended, therefore, that the authorised officer is someone in a managerial position in the NHS body who has decision making responsibility attached to their current job description. Decision making responsibility can cover decisions relating to a person’s health or decisions relating to the operations or running of the NHS body in which they work. The authorised officer may for example be a clinician, an NHS manager, or any senior staff member that is deemed suitable by the NHS body.

The NHS body should ensure that there is sufficient provision of authorised officers, taking into account the size of the hospital and the need for 24-hour cover. NHS bodies should ensure authorised officers attend a relevant training programme (details of this are contained in section 5.3 of this guidance).

NHS staff in NHS bodies should be aware of who their authorised officers are and how to contact them. NHS bodies should ensure that a list of authorised officers is made available to staff along with the times at which they can be contacted.

5.2 **The selection of appropriate NHS staff**

Authorised officers will need to satisfy themselves that the NHS staff they authorise to carry out the removal of a person under Section 120(2)(b) of the Act are suitably trained in line with the requirements set out in section 5.3. If possible, it is recommended that authorised officers draw on the services of security officers in NHS hospitals and authorise these members of staff to assist in removing persons from the premises when incidents occur.

Where NHS bodies do not make provisions for full-time security officers, consideration should be given to identifying an appropriate alternative, for example hospital porters. In any case it should be people whose job role regularly includes the use of conflict resolution and physical intervention skills.

It is recommended that clinical departments, including A&E, are given an up to date list of authorised officers and appropriate NHS staff as a matter or course.

5.3 **Training requirements**

**Authorised officers**

It is recommended that authorised officers undertake training covering the following areas:

(a) Sections 119-120 of the Criminal Justice and Immigration Act 2008, see Annex 2
(b) How to assess whether a person has committed an offence
(c) How to safely remove a person from NHS premises
Guidance on provisions to deal with nuisance or disturbance behaviour on NHS premises in England

(d) Health and safety (including risk assessments)
(e) Diversity awareness
(f) Mental health awareness (including learning disabilities and autism), see Annex 5
(g) CRT, see Annex 4
(h) PSTS - Providing Safer and Therapeutic Services (CRT in a mental health and learning disabilities context)
(i) Physical intervention techniques
(j) How to authorise appropriate NHS staff members to assist with removal.

Appropriate NHS staff members

It is recommended that NHS staff authorised to remove a person from NHS premises undertake training in the following areas:

(a) An overview of Sections 119-120 of the Criminal Justice and Immigration Act 2008, see Annex 3
(b) How to safely remove a person from the premises
(c) Health and safety (including risk assessments)
(d) CRT, see Annex 4
(e) Physical intervention techniques
(f) Diversity awareness
(g) Mental health awareness (including learning disabilities and autism), see Annex 5.

It is important that NHS bodies making provision to use the power of removal ensure that authorised officers and appropriate NHS staff undertake refresher training as appropriate.

NHS Protect has introduced a set of learning outcomes for CRT to provide staff with the skills to recognise and defuse potentially violent situations before they become more serious. Our minimum standards for delivery of CRT can be found in the CRT guidance document on the NHS Protect website:


The guidance covers class size, delivery time and other aspects. This recommends a minimum of five hours of face to face learning plus breaks. We consider this the minimum optimum time in which to deliver this course.

It is strongly recommended that authorised officers and appropriate NHS staff members are trained to this CRT standard, to ensure they use the powers under CJIA safely.

Mental health awareness

Guidelines published in 2005 by the National Institute for Health and Clinical Excellence (NICE) suggest that appropriate staff groups in hospital A&E departments should receive training in the

---

6 Violence: the short term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments, NICE CG 25 (February 2005)
recognition of acute mental illness and awareness of organic differential diagnoses. It is recommended that NHS bodies follow this guidance. The provision of CRT specifically designed for use in mental health and learning disability settings is also considered important for staff in A&E departments. The national syllabus on Promoting Safer and Therapeutic Services is designed specifically for staff dealing with potentially violent situations to ensure that they can be prevented and managed in a safe and therapeutic manner. See http://www.nhsbsa.nhs.uk/3355.aspx

The 2005 NICE guidelines also recommend that hospital A&E departments ensure they have access to an identified consultant psychiatrist for liaison with providers of local mental health services and appropriate psychiatric assessment. This mental health professional should be able to respond within 1 hour of alert from the A&E department at all times. The guidelines also suggest that there should be at least one registered mental health nurse working with every hospital A&E department. It is highly recommended that NHS bodies implement these recommendations before seeking to make use of the powers under CJIA. See NICE, CGH25 The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments, available at http://www.nice.org.uk/CG25

As the mental health of the person is a consideration for the authorised officer in the assessment process (as it could constitute a reasonable excuse), it is strongly recommended that all staff involved in the use of these provisions attend mental health awareness training. This module will highlight important areas for consideration in the context of this legislation.

6. Public awareness of the offence and the powers of removal

6.1 Publicity

NHS bodies should ensure the public are aware of the offence of causing a nuisance or disturbance to an NHS staff member on NHS premises and of the power that NHS staff have to remove people suspected of committing this offence. This may be done through patient information leaflets as well as on trust websites. Appropriate signage can act as a deterrent as well as a communication tool for explaining the powers to members of the public. Signage should be displayed in a number of areas in NHS hospitals as the offence can be committed anywhere on the premises. The local police and Crown Prosecution Service as well as local primary care and ambulance trusts should also be informed when a trust decides to implement these powers.

NHS Protect has produced a communications toolkit for NHS bodies wishing to use the power of removal.

6.2 Complaints

Members of the public should follow the NHS body’s main complaints procedure if they would like to make a complaint.

7. Record keeping and monitoring

7.1 Why are records required?

It is important that NHS bodies using the power of removal make a record of its use. This is to ensure transparency if NHS bodies are questioned on their use of the powers. Maintaining adequate records will enable NHS bodies to justify their use of the powers and such records, which include identity and contact details of the offender, may be required as evidence in any prosecution of offenders. These records may also be required as evidence against persistent troublemakers, for example in seeking an Antisocial Behaviour Order or injunction in the civil courts.
If NHS bodies wish to pursue prosecutions under Section 119(2) of the Act, they will need to make a record of their use of the Section 120 powers, including collection of identity details of offenders. It will be important for any prosecution that the authorised officer who used the powers makes a detailed record of the situation, and the steps taken, as soon as possible once the situation is resolved. Records of earlier incidents may also be useful in assessing the seriousness of a new incident and may help to gather evidence needed for a prosecution.

7.2 Statutory requirements on record keeping

All NHS records are public records under the terms of First Schedule, Section 3(1)-(2) of the Public Records Act 1958. The Secretary of State for Health and all NHS organisations have a duty under the Public Records Act to make arrangements for the safekeeping and eventual disposal of all types of records. The Department of Health has published the document ‘Records Management: NHS Code of Practice’7, outlining statutory duties that NHS organisations must follow. This includes the format in which records can be kept and retention and disposal periods for different types of record. It is recommended that NHS bodies follow this guidance when deciding how to collect and store records of their use of these powers.

Records should be held in an appropriate manner in line with the NHS Code of Practice on Records Management and the Data Protection Act 1998. NHS bodies may have a duty to release records under the Freedom of Information Act 2000 and/or the Data Protection Act 1998. Information recorded by the NHS body on incidents where the power of removal has been used will be subject to requests under both pieces of legislation.

7.3 Who should keep records?

The NHS body

NHS bodies should keep records of their authorised officers, detailing the following:

- the name of the person authorising the authorised officer
- the name of the authorised officer
- the authorised officer’s job title and role in the NHS body
- the date of authorisation and details of when the powers commence or end
- the authorised officer’s availability to respond to incidents, including working hours (where possible)
- a short summary of why this staff member has been selected as an authorised officer
- the training that the authorised officer has received, the organisation(s) who provided the training and the date this was undertaken.

It is recommended that NHS bodies, through their Local Security Management Specialist, monitor the use of the power of removal and collect data on:

- frequency of the use of the power of removal
- frequency of prosecution (if available)
- incidents where the power of removal was not used (for example where removal was considered to be a risk to the person’s physical or mental health)

• ethnicity and disability data of persons removed
• complaints arising from the use of the power of removal.

NHS bodies should use the above information for audit purposes and to assess whether the power of removal is being used appropriately.

**The authorised officer**

As the person who assesses whether a person is suspected of committing an offence and authorises their removal from the premises, the authorised officer has a responsibility to keep a record of incidents as they take place. Recommended information that should be recorded by the authorised officer includes:

• the name and contact details of the person committing the offence (if obtainable) and/or a good physical description (tip: start with the person’s features and end on their clothing; a good description can secure a conviction)
• the circumstances and description of the incident
• the date and time of the incident
• the location of the incident
• the sex, ethnicity and disability status of the person removed using the power of removal
• the name and role of the NHS staff member who has had the nuisance or disturbance caused to them
• the name and role of the NHS staff member who asked the person causing a nuisance or disturbance to leave the premises
• the assessment process followed to ensure the person committing the offence did not have a reasonable excuse for their behaviour, nor for refusing to leave the premises
• the assessment process followed to ensure the person committing the offence was not on the premises to seek medical advice, treatment or care
• the assessment process followed to remove an offender from the premises, including how many NHS staff members were authorised to remove the offender, who these NHS staff members were and where the person was removed to
• justification for any departure from following this guidance

NHS bodies may wish to record the above information in line with their incident reporting policy/procedure.

**The Local Security Management Specialist**

The role of the Local Security Management Specialist includes investigating incidents where the power of removal has been used in a fair, objective and professional manner and, if necessary, assisting in the prosecution of offenders.

**7.4 Monitoring**

In considering why people cause a nuisance or disturbance, NHS bodies have a responsibility for taking account of the physical environment in which they provide NHS services and how this may affect the behaviour of those attending the premises. For example, lengthy waiting times, infrequent information provided to patients and visitors, misunderstandings in communication and poor-quality waiting facilities may create frustration and contribute to the creation of nuisance or disturbance behaviour. These issues will not, on their own, constitute a reasonable
excuse for a person committing a nuisance or disturbance on NHS premises. The authorised officer should take all relevant circumstances into account when determining whether a reasonable excuse for a person causing a nuisance or disturbance is applicable.
8. **Other statutory duties and responsibilities**

8.1 **Equality and human rights considerations**

It is important that NHS bodies have due regard to existing equality and human rights legislation when using the power of removal.

8.2 **Health and safety**

The Health and Safety at Work etc Act 1974 and the Management of Health and Safety and Work Regulations 1999 place a responsibility on NHS bodies to consider appropriate health and safety arrangements for their staff, patients and visitors. Health and safety is paramount for both NHS staff and those being removed when the power of removal is being exercised. This guidance should be followed in conjunction with existing health and safety policies and procedures.

8.3 **Trespass**

Before these powers were introduced, the law relating to trespass under common law was difficult to apply to NHS hospital premises when dealing with nuisance or disturbance behaviour. For example, the A&E department of a hospital is open 24 hours a day, 365 days a year and is by nature a facility that is open to the public (and to which the public have a right of access) for the purpose of healthcare information, advice, treatment or care when needed and for accompanying or visiting persons there.

It is unclear at what point, if at all, a person who has entered upon NHS premises for legitimate purposes would become a trespasser by reason of their behaviour and at what point, if at all, that person could be asked to leave the premises and be removed by the use of reasonable force if they refuse to do so. A decision to remove a person from NHS hospital premises on the basis that they are trespassing, without it being clear in all situations what would constitute trespass and at what point a trespass would occur and a person should be asked to leave, would be a difficult decision to make; furthermore, removal in these cases would leave NHS staff open to civil claims and possible prosecution for criminal offences such as assault if it was deemed that excessive force was used to remove the trespasser.

Secondly, common law trespass upon NHS premises would not constitute a criminal offence. The CJIA measures provide a defined framework under which to remove a person from NHS premises, and the potential to criminally prosecute for committing the new offence.

8.4 **Breach of the peace**

Breach of the peace is a common law concept applying to actions which cause harm, actual or prospective, against another person or their property or to actions which are likely to cause such harm. However, it is difficult to state in general terms what actions constitute a breach of the peace.

A breach of the peace is not a criminal offence, however special powers exist for the purpose of stopping or preventing anyone from committing a breach the peace. The use of the broad powers available against someone committing a breach of the peace is potentially problematic. The police, and indeed all citizens, are able to arrest and detain anyone who is committing, or who they have reasonable cause to believe is about to commit, a breach of the peace. However, if the arrest is not lawful the individual making the arrest could be liable for false
imprisonment. For example, detaining someone for the breach must be reasonable in the circumstances and based on an objective cause. In addition, any arrest made after the breach has finished is unlawful.

Due to the wide powers afforded to those who intend to stop or prevent a breach, any use of them is closely examined by the courts to ensure that there has been no undue interference with respect for an individual’s human rights.
Annex 1 – An aide-mémoire for low level incidents of nuisance and disturbance behaviour

Step 1
- Has the person caused:
  - nuisance
  - disturbance
  - to any NHS staff member (includes contractors and volunteers)
  - on NHS premises
- Record and describe behaviour.

Step 2
- Confirm person is not seeking medical ‘A.C.T.’
  - Advice
  - Care
  - Treatment
- Record what enquiries made.

Step 3
- Reasonable excuse for their behaviour?
  - Yes *(if yes - no offence)
  - No
- Record reason given by them and any confirmation action taken.

Step 4
- Has the person been asked to leave?
  - Yes
  - No (if no then ask)
- Record who asked them to leave and when.

Step 5
- Reasonable excuse for refusing to leave?
  - Yes *(if yes - no offence)
  - No
- Record reason and any confirmation checks.

Safety information
- If the situation escalates into violence and aggression, call for assistance.
- Do not continue use of powers.
- Use your conflict resolution training, watch for warning and danger signs and keep a reactionary gap (safe distance).
- Contact details:
  - Police: 999
  - Security: /LSMS: [complete as appropriate]
Annex 2 – Authorised Officer training: Key learning outcomes

**CJIA S119 (a)**
- Give examples of what would constitute a reasonable excuse for causing nuisance or disturbance
- Be able to give examples of what would be classed as nuisance or disturbance behaviour
- Identify what would be ‘NHS premises’ for the purposes of the Act
- Identify what would be an NHS staff member for the purposes of the Act.

**CJIA S119 (b)**
- Give examples of cases in which a person may not understand the request to leave the premises
- Identify what would be a reasonable excuse for refusing to leave the premises
- Understand who can ask a person to leave NHS premises.

**CJIA S119 (c)**
- Identify when a person can commit an offence under S119 (c)
- Identify the cases in which a person may commit the offence but should not be considered for removal.

**S120 Power of Removal**
- Identify when the power of removal under S120 CJIA 2008 exists
- Understand the advantages and disadvantages of Common Law powers
- Understand what would be ‘reasonable force’
- Identify categories of people who cannot and should not be removed
- Identify action to be taken if persons are injured while being removed
- Apply a framework of procedures for assessment/removal when dealing with persons who are committing or have committed a nuisance or disturbance to an NHS member of staff on NHS premises.

**Attitude and behaviour, and dynamic risk assessment**
- Understand the meaning of stereotyping
- Describe how prejudice and values can affect attitude and behaviour
- Understand impact factors when dealing with a situation
- Be able to demonstrate an understanding of dynamic risk assessment
- Explain the procedure to adopt if the situation escalates
- Describe what should be done after the incident is closed.
Skill development exercises and knowledge check

- Demonstrate a good level of knowledge and understanding of the legislation and powers under S119 and S120 CJIA 2008
- Demonstrate the ability to apply the legislation appropriately in different circumstances.
Annex 3 – Appropriate NHS staff member training: Key learning outcomes

- Identify the offence under S119 CJIA 2008
- Give examples of what would constitute a reasonable excuse for causing nuisance or disturbance
- Identify what would be ‘NHS premises’ for the purposes of the Act
- Identify what would be an NHS staff member for the purposes of the Act
- Identify when the power of removal under S120 CJIA 2008 exists
- Understand that there is a framework of procedures for assessment/removal when dealing with persons who are committing or who have committed a nuisance or disturbance to a member of staff on NHS premises
- Understand what would be ‘reasonable force’
- Identify categories of persons who cannot and should not be removed
- Identify action to be taken if persons are injured while being removed
- Understand the meaning of stereotyping and how values can affect attitude and behaviour
- Describe how prejudices and values can affect attitude and behaviour
- Understand how impact factors can affect how we deal with a situation
- Be able to demonstrate an understanding of dynamic risk assessment
- Identify what risk factors three are in relation to themselves and others when removing a person from NHS premises under S120 CJIA 2008.
Annex 4 – Conflict Resolution Training (CRT): Key learning outcomes

NHS Protect's recommended key learning outcomes

- Describe common causes of conflict
- Describe the two forms of communication
- Give examples of how communication can break down
- Explain three examples of communication models that can assist in conflict resolution*
- Describe patterns of behaviour you may encounter during different interactions
- Give examples of the different warning and danger signs
- Give examples of impact factors
- Describe the use of distance when dealing with conflict
- Explain the use of ‘reasonable force’ as it applies to conflict resolution
- Describe different methods for dealing with possible conflict situations.

*The CRT 5-step appeal fits in particularly well with the CJIA model – see section 3 of this guidance.

Please note – This communication model is designed to de-escalate conflict. It forms just one part of conflict resolution. It can therefore only be used effectively following attendance of a CRT course which meets all of the recommended learning outcomes.
Annex 5 – Mental health awareness training: Key learning outcomes

- Exploring descriptions, images and beliefs held about mental illness
- Empowerment
- Exploring how it feels to be out of one’s depth and the positive steps that can be taken to gain control of the situation
- World Health Organisation: International Classification of Diseases 10 (WHO ICD)
- A study of the ‘mental and behavioural disorders’ listed in Chapter V of the WHO ICD 10, as an example of the Medical Model of mental health
- Technicolor psychology timeline
- The history and cultural relativity of psychology and mental health
- Imagine you have a diagnosis
- Exploring the effect on one’s life after receiving a mental illness diagnosis
- Signs and symptoms
- Identifying the signs and symptoms of a range of mental health diagnoses
- Treatment
- Relating recommended treatments to a range of mental health diagnoses
- Side effects of medication
- The side effects of psychiatric medication
- Medication and side effects
- Matching side effects to a range of medications
- Nuisance and disturbance behaviour
- Linking nuisance and disturbance behaviour to a range of mental health diagnoses
- Real life stories
- Looking at mental health through the eyes of people suffering from mental distress
- Wellbeing A-Z
- Creation of our own A-Z of wellbeing.
Annex 6 – CJIA (2008) decision-making flowchart

Step 1. Has the person caused or created a nuisance or disturbance directly or indirectly to an NHS staff member on NHS premises?

- Yes
- No

Step 2. Is the person on the premises to seek medical advice, treatment or care?

- Yes
- No

Step 3. Does the person have a reasonable excuse for their behaviour?

- Yes
- No

Step 4. Has the person refused to leave the premises when asked to do so?

- Yes
- No

Step 5. Does the person have a reasonable excuse for refusing to leave the premises?

- Yes
- No

Offence has been committed.