Feedback form for consultation
Authorised Professional Practice (APP)– Mental health
(11 November – 1st January 2016)

Please complete electronically using MS Word and return by **1st January 2016**

Notes on Use: Add any comment or suggested change in the appropriate box – note the box will increase in size to hold several lines of text if necessary. Please note this is a draft document and during electronic transmission, formatting anomalies may occur. This will be addressed prior to final publication. In view of this, comment or suggested change should be restricted to areas that will have policy, procedural or other specific content impact.

Whilst reviewing this draft Practitioners should consider:

- Is the length and content appropriate?
- Is it easy to understand?
- Is there any information missing or should anything be removed?
- Is there any unnecessary repetition?

We are particularly interested in responses to the specific questions provided at the start of each template.

The template is intended to help you to structure your comments. You may provide as much, or as little, feedback as you wish. There is no requirement to complete every section. Please provide your answer in the comment box under the relevant section/sub-section.

When finished please, email completed document to: mental.health.project@college.pnn.police.uk

If you have any questions regarding the completion of this form, please e-mail contactus@college.pnn.police.uk

Reviewer's Name:	*Chris Bath*
Position Held:	*Chief Executive*
Organisation:	*National Appropriate Adult Network*
Completion date:	*18/12/2015*

1. Introduction and strategic considerations

The purpose of the Introduction and strategic considerations page of APP is to provide an overview of the national and international legal context and principles that govern the police response to Mental illness and vulnerability in England and Wales. The primary audience for this page is strategic leaders and champions for MH within forces.

It is our intention that this page will equip new mental health strategic and tactical police leaders with

- an understanding of their responsibilities;
- the requirement for robust and relevant MHA 1983 Code of Practice protocols;
- a structure for proactive management of multi-agency agreements and working practices;
- enough information to support these MH champions to challenge partner agencies and their own forces to improve their response to MH issues.

This page currently provides guidance on the following topics:

- Definitions
- Multi-agency arrangements and MHA protocols
- Information sharing (in the context of MH response)
- Training

Question 1

Focusing on the definitions provided for :

1) Patient

2) Mental ill health

3) Mentally vulnerable

4) Learning disabilities and difficulties, and neuro-disabilities

- Are there any other key definitions that you would consider useful here?

Question 2

Looking at Multi-agency working and information sharing (5-5.1):

- Is there enough information here to support and improve multi-agency agreements and the development of effective protocols?

If not, what is missing?

- Are you able to provide any case study examples that may support this section of the guidance?

This can be anonymised if necessary and might focus on an example of a time that medical information has been shared appropriately (as proportionate and necessary) and this has resulted in a positive outcome for the service user.

Looking at the ‘Media and Communication strategy’ paragraph (6.3)

- Are you able to provide any good practice examples/case studies here that may help us demonstrate how the release of information to the media and public (as relates to any MH incident/|AWOL patient/other response) can be handled in a sensitive and appropriate way?

Comment or suggested change:

Considering the comprehensiveness of the material that has been put together, it would be helpful to broaden the title in recognition of the range of vulnerability covered (going beyond mental health). It is important to reinforce that while there may well be co-morbidity of mental health, intellectual disabilities, specific learning difficulties and autistic spectrum disorders, they are distinct from each other.

1 International and national legal frameworks

Possible addition of the Autism Act?

1.1 Mental health law

2 Equality

Could this section mention *age*? More specifically, the fact that mental ill health and other mental vulnerabilities affect children as well as adults. For example, research indicates a very high rate of neurodevelopmental disorders in children in the criminal justice system. From the perspective of appropriate adults, it can sometimes feel as if considerations about mental vulnerability may be more focused when dealing with adults (as children automatically require an AA). Some conditions are more prevalent in children, while others cannot be diagnosed until certain ages have been reached.

2.1 Disability discrimination

2.2 Disability Equality Duty

2.3 Equal access to justice

It might be helpful to add more here on suspects, as the requirement for equal access to justice applies to them also. The section on strategic considerations links back here and (for example) the availability of appropriate adults for mentally vulnerable adults would be a relevant strategic consideration in relation to equal access for suspects. AAs could be seen to be a 'reasonable adjustment' under the Equality Act 2010.

3 Definitions and terminology

Mentally vulnerable

In our experience it is helpful to have clarification on “may not understand the significance of what is said, questions or their replies”. Often this is taken to apply only to whether understands the meanings, not whether they appreciate the importance. To ignore the latter part places people with some mental vulnerabilities at risk.

Evidence suggests that custody officer often defer (not simply refer) to forensic physicians and cutody nurses in determing whether a person is ‘mentally vulnerable’ under the Codes. In order to reinforce that this is not a medical decision, it may be worthwhile repeating the content from the Mental ill health definition (If an officer or member of police staff has any suspicion, or is told in good faith, that a person of any age may be mentally disordered or otherwise mentally vulnerable, they should treat the person as such in the absence of clear evidence to dispel that suspicion.)

Learning disabilities or difficulties and neuro-disabilities

Would it be possible to separate out learning disability (intellectual disability) from specific learning difficulties, perhaps with an additional heading covering the other neurodevelopmental disorders / neuro-disabilities?

Autistic Spectrum Disorders

Addition of definition, including mention of Asperger’s Syndrome.

4 Strategic oversight and management

Key national reports

We propose consideration of *There to Help* (2015) as a potential addition to this list. This report was commissioned by the Home Secretary and focuses on “ensuring provision of appropriate adults for mentally vulnerable adults detained or interviewed by police”. - http://appropriateadult.org.uk/images/pdf/2015_theretohelp_complete.pdf

In common with several of the key national reports already listed, this report suggests an additional ‘primary theme’ that police officers should be aware of the PACE Code requirements regarding the need to secure an appropriate adult. We would propose this as an additional bullet pointed theme.

There is a further theme to consider – that of consistent and accurate recording of mental ill health, mental vulnerabilities and the actions taken as a result. For example, in There to Help, data provided by police from custody management systems suggested only 3% of adult detentions included some mention of the need for an appropriate adult. Some reported they could not tell the difference between three AA calls outs for one detention and three call outs covering three separate detentions. Quality data recording is a pre-requisite to good management information and well-informed commissioning (including by partners upon whom the police rely). This is a key strategic matter.

4.1 Responses by the most appropriate agency

5 Multi-agency working

Would a list of types of relevant agencies be helpful for practitioners? Appropriate adult schemes would be relevant if so.

5.1 Information sharing

5.1.1 ‘Need to know’ information

5.2 Legal roles and responsibilities

5.3 Mental Health Act 1983 codes of practice protocols

5.4 Command and control of police incident response resources

5.5 Requests for police assistance from healthcare partners

6 Training

Does this training package also cover other forms of mental vulnerability, beyond mental health and learning disability? If so, this could be added. If not, perhaps this is part of plans to expand resources and will be available in future? Are there recommended sources in the meantime?

2. Mental vulnerability, capacity and illness

Main topic areas covered under this page are:

1) Decision making

2) Communication skills/techniques

3) Assessing threat and risk and developing a working strategy

4) Signs of victimisation, hate crime and exploitation

5) Mental capacity

Operational police decisions should be guided by all available information and intelligence. Access to relevant medical record information that is held by NHS partners (MH response teams/units/GPs/Community nurses) has been recognised as a key benefit of ‘Street triage’ response models.

Question 1

- What works where you are? Do you have any examples of the efficient and effective mechanisms for improving communication between partners that may be useful as a case study here?

Question 2

This APP has been developed on the basis that it is not the role of the police service to clinically diagnose illness, rather the APP is designed to support the service to recognise behaviours and indicators of concern so that appropriate medical support can be sought. No detailed information pertaining to specific illnesses and symptoms has been included within this guidance. However, the College is aware that some police forces have chosen to provide specific training for certain conditions.

- Do you agree with our approach? If not or if you have any requests for additional guidance please indicate what areas you believe are necessary and why.
- If your Police force or organisation currently uses any existing guidance or training materials for the identification of vulnerability (or specific conditions such as Autism) could you please list them so that we may consider whether they should be included within the guidance or development of associated training?
- Do you consider the list of 'indicators of general concern' to be a useful tool for practitioners?

Question 3

Understanding and using the mental capacity act to protect vulnerable people is covered within the final section of the Mental vulnerability, capacity and illness page.

- Do you consider this to be an appropriate place for this information? Logically would you expect to find it here or within an alternative area of APP?

- Are there any gaps in the information presented within this section, if so please tell us what additional information you would expect to be covered here?
- Do you have any useful reference documents/training materials in your force or organisation that has may support officers when they need to assess capacity and/or deal with life-threatening situations?

Comment or suggested change

1 Decision making

1.1 Gather information and intelligence

1.1.1 Sources of information

1.1.2 The individual as an information source

1.1.3 Information from parents, carers, family and associates

1.1.4 Police information systems

Would it be appropriate/possible for police custody management information systems to be included here?

1.1.5 Other agencies

1.1.6 Medical records

1.1.7 Contact information

2 Communication

2.1 Attitude, patience and empathy

2.1.1 De-escalation

2.1.2 Providing reassurance

2.1.3 Terminology and avoiding offence

2.1.4 Autism

2.1.5 Language

3 Assess threat and risk, and develop a working strategy

3.1 Behaviour

3.2 Signs of mental ill health or learning disabilities

3.2.1 Indicators of general concern

3.2.2 Risk indicators

3.2.3 The consequences of missing mental Ill health or learning disabilities

Suggest adding to second bullet point “or vulnerable suspect/defendant”.

In addition to miscarriages of justice, a failure to identify mental vulnerabilities which leads to a consequential failure to make reasonable adjustments for a suspect, could cause a case to be thrown out of court.

3.3 Medical emergency

3.4 Alcohol and drug intoxication

3.5 Psychiatric crisis

4 Signs of victimization, disability hate crime and exploitation

4.1 Exploitation

5 Mental capacity

5.1 The principles

5.2 Mental Capacity Act 2005

5.3 Police role applying the Mental Capacity Act 2005

5.4 When is police intervention appropriate?

5.1 Restraint and use of force

5.1.1 Section 4b – removal

5.2 Assessing capacity

5.2.1 Questions to ask

5.3 Suicidal intent and mental capacity

3. Mental health – detention

The Mental Health - detention page of APP will provide a basis for the Legal knowledge that is appropriate for Operational response officers when considering relevant powers and options for dealing with mentally vulnerable people.

It covers legal provisions for:

1) admission

2) detention

3) restraint

4) searching

5) assessment

6) conveyance

Question 1

Looking down the list of legal provisions described within the Mental health – Detention page, are there any police response scenarios (that occur relatively frequently) that you think have not been explained within the legal context.

- Do you consider there to be adequate detail?
- What additional guidance would you consider useful?
- Does your force or organisation use any reference documents/tools/aides memoire to support practitioners/officers with accessing this knowledge, or to support their decision making? If so could this be shared with us?

Question 2

- What level/rank of officer and which Police staff do you think should have a working knowledge of these legal provisions?
- To what degree should this knowledge be a requirement for: patrol response officers/Sergeants/ Inspectors/ MH Specialist resources /control room or enquiry office staff?

Question 3

- What would you consider to be the most effective way of training this legal knowledge? And how often would you need to revisit and refresh this knowledge?
- Should this knowledge be assessed?

Comment or suggested change

Protections for mentally vulnerable people who are suspects under PACE understandably dealt with elsewhere than this section. Would it be relevant to make this a little clearer by: -

a) Amending the title slightly (e.g. Detention under mental health laws) and/or

b) Making an explicit statement/link at the top of the page regarding vulnerable suspects detained under PACE (e.g. for information relating the detention of mentally vulnerable people under PACE see….)?

1 Mental Health Act 1983 hospital admission provisions

1.1 Section 2 – Admittance to hospital for assessment

1.2 Section 3 – Admission for treatment

1.3 Section 4 – Emergency admission to hospital when only one doctor is available

1.4 Section 6 – Delegated power to detain and convey

2 Powers to enter and detain

2.1 Section 18 of the Mental Health Act 1983 – power to re-detain an AWOL patient

2.2 Section 17 of the Police and Criminal Evidence Act 1984 – saving life or limb

2.3 Section 135(1) – Warrant to enter and remove to a place of safety

2.4 Section 135(2) – Warrant to enter and remove an absent patient

2.5 Section 136 – Urgent detention in a public place

2.5.1 Explanation of detention (avoid the use of ‘arrest’ terminology)

2.5.2 Children and the use of Section 136 of the Mental Health Act 1983

2.5.3 Calculating the period of detention

2.6 Attending a health-based place of safety as a result of section 136 detention

2.7 Alcohol and drug intoxication

2.8 Lack of space or hospital beds

3 Mental health applications from police custody

3.1 Legal framework

3.2 Options when there is no legal authority to hold a vulnerable detainee that requires further support

4 Restraint

4.1 Police powers to intervene in a hospital or medical facility

4.1.1 Administering medicines

4.1.2 Hospital patients presenting healthcare management problems

4.1.3 Restraint in a hospital setting

5 Assessment

5.1 Agreement for assessment

5.2 The outcome of the assessment

6 Transporting people for assessment and supervision

6.1 Transfer between places of safety

6.2 Requests from external agencies

4.3 Sibling abuse

4. Missing and AWOL patients

Topics covered within the Missing and AWOL Patients page include:

- Powers and the role of the police
- Multi-agency protocols
- Appropriate responses to a range of different scenarios
- Safe and well checks
- Holding Powers
- Other MHA provisions

Question 1

- Do you consider this page to be a logical home for this guidance? Or would you expect to find this MH Patient specific guidance within APP on Missing persons?

Question 2

The most appropriate operational response to a report of an AWOL MH Patient will necessarily vary according to local force arrangements and protocols between healthcare services, hospitals, MH Trust facilities, and the police. As such, this guidance focuses on interpretation of the law and the role of the police service.

- Despite this limitation, do you consider this to be a potentially valuable resource?

Question 3

- Are you able to offer any case studies from your force that illustrate an effective or model response to an AWOL Patient case/incident report?

Comment or suggested change

1 Definition of ‘absent without leave’

2 When will the police get involved?

2.1 Powers to re-detain an AWOL patient

2.2 Re-detention of absconded patients

3 Multi-agency protocols on missing or AWOL patients

3.1 Police involvement in transporting AWOL patients

3.1.1 AWOL patient protocol

3.1.2 Voluntary patients

3.2 Patients who fail to return after a period of leave from medical facilities

3.2.1 Powers and responsibilities

4 Safe and well checks

4.1 When a patient is found at their home address

5 Holding powers

5.1 Cross-border absconding

6 Other legal provisions under the Mental Health Act 1983

6.1 Section 42

5. Crime and criminal justice

This page of APP is focused on supporting the police service to take appropriate and legal decisions to tackle offending behaviour by and against people who are mentally vulnerable.

Areas covered include:

- Prosecution decisions
- Concept of capacity
- Powers and protection orders available via criminal courts
- Liaison and Diversion services
- Inpatient offending

Question 1

What (if any) additional guidance topics would you consider relevant and useful within this area of APP?

Question 2

- Does your force or organisation currently have and use any guidance material that supports the function of Liaison and Diversion teams? Could this be shared?

Comment or suggested change

While an approach which recognises vulnerable people as both victims and potential perpetrators of crime (sometimes simultaneously) is welcome, this section could perhaps be organised slightly differently.

Reading through it; it starts by talking about victims, then a number of suspect related matters (over-representation in prison, prosecution policy, liaison and diversion), before returning to victims in the last section (though this last section itself ends with a sub-heading on vulnerable suspects.

Perhaps the section could be reorganised to talk about either suspects or victims first, with a connecting statement giving explicit recognition that such a distinction does not apply in the real world.

Links out to provisions for vulnerable suspects would be helpful right at the start of this section, since many users may land on this section looking for this information.

1 Mental health and the criminal justice system

The APP currently states, “Referral to healthcare and support services should be considered whenever mental vulnerability is identified”. It is perhaps worth reinforcing that some support is mandatory once vulnerability is identified (e.g. appropriate adults).

2 Preventing and investigating crime and tackling offending behaviour

2.1 Is there enough evidence to support a criminal prosecution?

2.2 Is there a threshold?

2.3 Mental capacity concerns

2.4 When prosecution is appropriate

2.5 Offences within psychiatric inpatient units

3 Liaison and diversion services

4 Victims of crime on the basis of disability

4.1 Special provisions for vulnerable victims and witnesses

4.2 Vulnerable suspects

General comments about Mental Health APP

Diversity Impact Assessment – Is there any content in the draft document which you consider would have a negative impact on any diverse group?	
Section No.	**Comment**