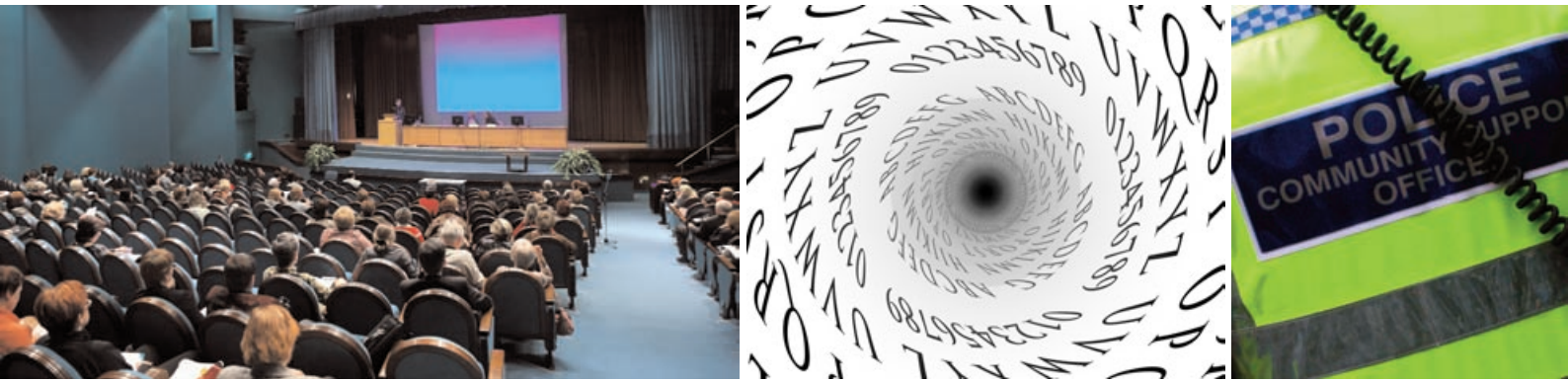


Briefing Note on Establishing Multi-Agency Protocols for Responding to Mental Ill Health and Learning Disabilities



May 2010

PURPOSE

This briefing note can be used by police officers and staff when developing joint protocols with partner agencies to govern the response to people with mental ill health or learning disabilities. Multi-agency protocols help to ensure effective referrals and improved service delivery; they also contribute to the appropriate and efficient use of police resources and that of other agencies.

SCOPE

Multi-agency protocols between the police and other agencies may need to cover some or all of the following circumstances:

- Those that arise in a criminal justice capacity – where the person with mental ill health or learning disability is a victim of crime, a witness to crime or suspected of or known to have committed a crime;
- Those that arise in a healthcare capacity, where the police may be
 - acting in support of healthcare agencies dealing with someone experiencing a mental health crisis (for example, by using police powers)
 - supporting a person experiencing mental ill health until healthcare professionals are involved
 - responding to families and carers of people with mental ill health or learning disabilities who have concerns about them
 - responding to members of the public seeking a service from the police in relation to suspected mental ill health or learning disabilities on the part of an individual.

CRITERIA FOR MULTI-AGENCY PROTOCOLS

The following criteria will help police forces to achieve clarity and agreement on protocols governing responses to people with mental ill health or learning disabilities. They can be used to either review current protocols or to create entirely new ones.

Establishing Effective Partnerships

- Purpose – A clear, explicit and shared purpose, with agreed objectives;
- Benefits – Identification of likely benefits to come from the partnership (including opportunities offered);
- Roles and responsibilities – Defined roles and responsibilities for each agency involved;
- Personnel – Articulation of the personnel requirements for the partnership (and whether they are posts or particular people);
- Expectations – An awareness of each other's perspectives and expectations (eg, a primary concern to keep victims safe, hold offenders accountable, minimise harm, or maintain a person's right to dignity, freedom and privacy);
- Risk management – Agreement on processes to identify, assess and manage risks (including, if appropriate, the actual tools to be used);
- Constraints – Awareness of the constraints (legal and otherwise) and barriers that the respective member agencies operate under;
- Governance – Agreement on governance arrangements (eg, leadership, terms of reference, issues relating to accountability and oversight, issues relating to policies, standards, performance management and ownership, and arrangements for monitoring and reviewing progress);
- Resourcing – Agreed resourcing (eg, people, financial, equipment, training and facilities);
- Targets – Agreed target times (eg, relating to mental health assessments and availability of transportation) which are realistic and appropriate and are adhered to;
- Information sharing – Agreement on information sharing practices, including requests to access records, take notes from or copy records, and for original documents; procedures to record all requests for information and action taken; and procedures for the retention and disposal of information;
- Administration – Agreement on administrative aspects, eg, who will chair meetings, set agendas, decide frequency and length of meetings, take minutes, keep records, follow up action points;
- Data collection – Agreement on what data is collected, who collects it, and in what format and on what system it is collected;
- Data monitoring and dissemination – Agreement on how data will be monitored and made available (eg, on a local, regional or national basis);
- Data access – Agreement on how the partnership will ensure access to a wide range of relevant data (to avoid an overreliance on police-generated information);
- Contacts – Named contacts and contact details for each agency for operational purposes, for example, a system of single points of contact (SPOCs);
- Terminology – Mechanisms for each agency to explain their unique language, terminology and acronyms;
- Observers and volunteers – Agreement on the presence of observers and use of volunteers;
- Practical concerns – Agreement on mechanisms for member agencies to raise matters of practical concern (eg, about the use or linking of IT systems and day- to-day supervision);

- Dissension – Agreement on mechanisms for member agencies to deal with dissension (eg, conflict emerging because of agencies ‘doing their own thing’, failing to consider alternative views, disagreeing over whose risk procedures should be used or whose responsibility something is, or failing to take agreed action);
- Attendance – Agreement on regular attendance at meetings and at what level of seniority, and what to do if representatives fail to attend;
- Interdependencies – Identification of any interdependencies with other partnerships, systems, processes or projects;
- Contingency planning – Arrangements for dealing with unforeseen events;
- Implementation of the protocol – Arrangements for communicating and supporting the implementation of the protocol or Service Level Agreement (eg, through training and monitoring);
- Review of protocol – Arrangements for reviewing the operation of the protocol or SLA, and capturing and reviewing lessons learned.

SPECIFIC CONSIDERATIONS

Matters specifically relating to a multi-agency response to people with mental ill health or learning disabilities should be addressed in protocols. These could include:

- The operation of section 136 of the MHA 1983 (see next section);
- The operation of section 135 of the MHA 1983;
- Transportation issues including the use of ambulances, presence of police in ambulances, presence of medical staff in police vehicles, and requirements for both ambulances and police vehicles and for specially adapted ambulances;
- Application of the Mental Capacity Act (MCA) 2005, including the legal obligations of those who initiate the action;
- Agreed response between the police, ambulance services and emergency departments in cases where officers have restrained an individual;
- Responses to people who are absent without leave from hospital or the place they are required to reside, including investigation and preventive strategies;
- Responses to requests for the police to assist in the management of patients in mental health establishments, and the role of respective agencies in managing incidents;
- Information sharing required to prevent harm or the risk of harm;
- Arrangements for access to appropriate health and social care services for people with mental ill health or learning disabilities, including outreach services while in police custody;
- Dealing with emergencies such as admission to A&E departments for people with mental ill health and the transfer of responsibility;
- Arrangements for responding to substance use issues in mental health settings;
- Support structures for victims and witnesses with mental ill health or learning disabilities;
- Arrangements to ensure that sufficient numbers of doctors and other health professionals are approved under section 12 of the MHA, to increase availability outside working hours;

- Responses to offending and allegations of offending in a healthcare or social care setting involving suspects and/or victims with mental ill health or learning disabilities;
- Arrangements for responding to anti-social behaviour by people with mental ill health or learning disabilities;
- Support to Approved Mental Health Professionals (AMHPs) to allow them to conduct mental health assessments;
- How to access Appropriate Adults;
- Contact details for interpreters and specialists in communication;
- Other relevant issues (for example, the use of sniffer dogs in health facilities).

MULTI-AGENCY PROTOCOLS ON SECTION 136

Both the MHA Codes of Practice state that jointly agreed local protocols and policies should be in place covering all aspects of the use of section 136 of the MHA (paragraph 10.16 onwards, and paragraph 7.11 onwards, of the Code for England and for Wales respectively).

General Responsibilities

The local protocol should define responsibilities for:

- Commissioning and providing secure places of safety in healthcare settings;
- Identifying and agreeing the most appropriate place of safety in individual cases;
- Providing prompt assessment (with agreement on timings) and, where appropriate, admission to hospital for further assessment or treatment;
- Securing the attendance of police officers, as necessary, for the patient's health or safety, or for the protection of others;
- The safe, timely and appropriate conveyance of the person to and between places of safety, by the Ambulance Service as the first choice;
- Deciding whether it is appropriate to transfer people from the place of safety to which they have been taken, to another place of safety;
- Dealing with people who are also under the effects of alcohol or drugs (eg, at a non-police facility where individuals can be safely detained and assessed with police officers present if necessary);
- Dealing with people who are either behaving violently or have behaved violently;
- Arranging access to a hospital emergency care department for assessment where necessary;
- Ensuring the availability of appropriately trained health staff so that police officers can be released as soon as possible after arriving at a place of safety (subject to a joint risk assessment);
- Record-keeping and monitoring in accordance with any nationally agreed monitoring form and audit of practice against policy;
- The release, transport and follow-up of people assessed under sections 135 or 136 of the MHA who are not then admitted to hospital or immediately accommodated elsewhere, for example, specifying which agencies are responsible for transportation and/or costs (for example, for taxis) in different circumstances.

The Police Station as a Place of Safety

When a police station is used as a place of safety (in exceptional circumstances only), local protocols should cover the following:

- The time period within which the police are to request an appropriate professional to attend the police station;
- The time period within which the appropriate professional is expected to attend the police station (for example, within three hours of being contacted by the police);
- What will happen if an appropriate professional is not available within the specified time;
- The time period within which an individual is to receive an initial assessment under the MHA (for example, within three hours of the individual arriving at the police station) – and where this has not occurred, recording the reasons why (eg, the individual was under the influence of drugs or alcohol);
- Access to qualified mental health staff who can stay with individuals while they are detained;
- Making arrangements to transfer the person to an alternative and appropriate place of safety within locally agreed timescales;
- The development and provision of information leaflets about section 136 and the individual's rights – accessible in relevant languages and formats;
- Making arrangements for those who need assistance with transport to return home after being assessed and discharged from the place of safety (including where the National Assistance Act 1948 may apply);
- How situations should be managed if, on arrival of the individual at the police custody suite, the custody officer determines (according to paragraph 9.5 and Annex H of PACE Code C) that the patient should be transferred to hospital for 'appropriate clinical attention'. Where an ambulance has brought the person to the police station, it may still be available. If it is not, then an ambulance should be called.

Where a timeframe is given in the examples above, this is based on the standards in ***Royal College of Psychiatrists (2008) Standards on Use of Section 136 of the Mental Health Act 1983*** and ***Royal College of Psychiatrists (forthcoming) Standards on Use of Section 136 of the Mental Health Act 1983 in Wales***. Both documents will be helpful to the process of agreeing local protocols.

PRIMARY REFERENCE

This is ***ACPO (2010) Guidance on Responding to People with Mental Ill Health or Learning Disabilities***, which is available from force leads on mental health.

For further information, please contact:
Specialist Operations Centre
Wyboston Lakes, Great North Road
Wyboston, Bedford MK44 3AL

Telephone 0845 000 5463
Email: soc@npia.pnn.police.uk Website: www.npia.police.uk