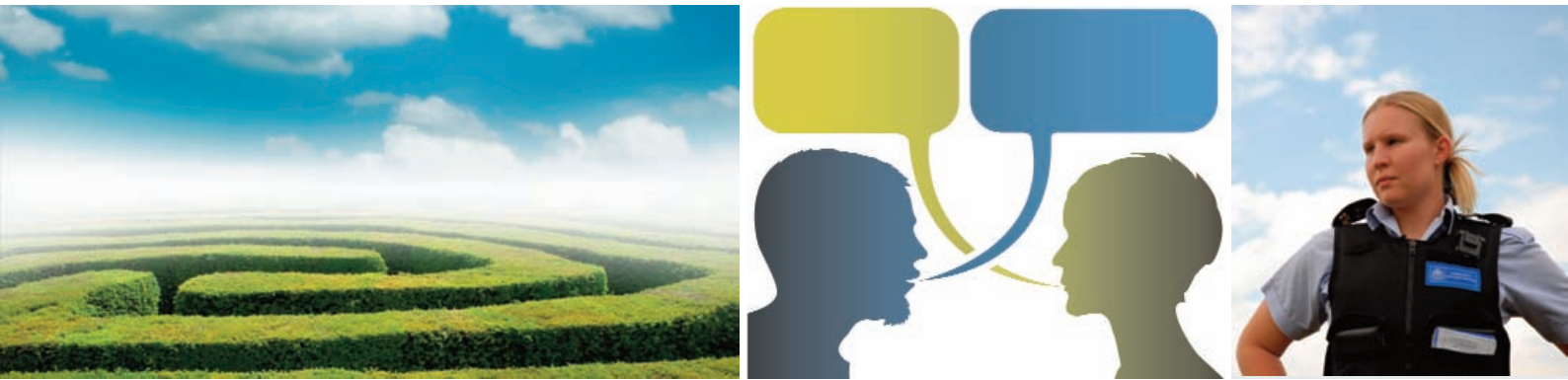


Briefing Note on Recognising Mental Ill Health And Learning Disabilities



May 2010

PURPOSE

This briefing note is to assist police officers and staff when in contact with people who may be experiencing mental ill health or who have learning disabilities. This includes when you are responding to calls from members of the public about behaviour of concern, exercising police powers under the Mental Health Act 1983, identifying vulnerable victims and witnesses or you have concerns about a suspect in custody.

The most important issue is that you are able to recognise signs of potential vulnerability arising from the person's condition so that you can provide the most appropriate response – whether this requires a criminal justice response, a social or healthcare response or a combined response. This will help de-escalate situations, especially when minor offending behaviour is involved, and avoid criminalising behaviour that is directly related to an individual's condition.

INDICATORS OF CONCERN

The nature and effects of mental ill health or learning disabilities vary considerably. If you fail to recognise the indicators of these, or do not take appropriate action, the consequences can be serious, including the death of a person in police custody, the failure of a prosecution involving a vulnerable victim, or the wrongful conviction of a vulnerable suspect who has not been given access to legal protection.

You are not expected to diagnose specific mental ill health or learning disabilities, but you do need to be able to identify indicators of concern. In some cases the signs may be obvious (eg, the person is talking about seeing things or hearing voices which others cannot see or hear); in other cases the signs are much less obvious (eg, if someone is clinically depressed or has autism). The following can be warning signs of an individual experiencing mental ill health or may indicate that they have a learning disability.

Indicators of Concern for the Safety of the Individual or Others

- Putting themselves in danger (eg, walking into the path of moving traffic or on railway lines).
- Engaging in threatening behaviour towards others for no obvious reason.
- Threatening or engaging in self-harm.

- Attempting or threatening suicide (eg, expressing ideas, intentions or plans relating to suicide).
- Being unresponsive to others.
- Hyperventilating (over-breathing).
- Showing physical signs of severe malnourishment and self-neglect.
- A tendency to trip, fall over or bump into things;
- Showing a high level of volatility and instability;
- Asking for help because they believe their mental health is deteriorating.

Indicators of General Concern

- Irrational conversation or behaviour.
- Talking about seeing things or hearing voices which others cannot see or hear.
- Removing clothing for no apparent reason.
- Confusion and disorientation.
- Paranoid beliefs or delusions.
- Self-neglect.
- Hopelessness.
- Impulsiveness.
- Inappropriate and/or bizarre behaviour.
- Obsessional thoughts or compulsive behaviour.
- Talking continuously, or slowly and ponderously.
- Repeating him or herself.
- Inappropriate responses to questioning.
- Apparent suggestibility.
- Eagerness to please.
- Poor understanding of simple questions.
- Confused response to questions.
- Speech difficulties (eg, poor enunciation, slurring words or difficulty with pronunciation).
- Difficulty with reading and/or writing.
- Unclear concepts of times and places.
- Problems remembering personal details or events.
- Poor ability to cope with interruptions.
- Poor handwriting that is difficult for others to read.
- Difficulty with filling out forms.
- Inability to take down correct information or to follow instructions correctly.
- Any suggestion or indication that a person is in touch with mental health services (eg, has psychiatric medication or an appointment card on them).

RECORDING INFORMATION

Whenever you believe someone you are in contact with is experiencing mental ill health or has a learning disability, it is important that you record the reasons for this belief. This information may be crucial to ensuring that the police and other agencies (including the CPS and health and social care agencies) provide the most appropriate response to the individual's needs.

You should describe particular behaviour and explain your concerns as fully as possible. Distinguish clearly between what is fact and what is your opinion. The most important source of information will be the person themselves, although, depending on their circumstances, there may be others who can help, including carers, relatives, friends, family and other health professionals. Some individuals carry crisis cards which provide useful information about their circumstances and needs. The list below will help you to consider the questions you should ask in particular situations, and the kind of information that you need to be seeking and recording.

Information to Consider Establishing When Dealing With Someone who may be Experiencing Mental Ill Health or Have Learning Disabilities

- Physical condition of the individual (eg, any need for immediate care due to urgent medical needs such as severe malnourishment).
- Any physical disability.
- Nature and degree of any learning disability or difficulty.
- Nature and degree of any mental ill health.
- Contact with partner agencies in the past and currently (eg, whether the person has lived in a hospital or residential home, received support to live independently, attended a special school, received support from social services).
- Any history of victimisation.
- Any special measures needed (in the case of a victim or witness).
- Any history of offending (eg, violence or damage to property).
- Whether the person struggles to understand what is happening or what others are telling them.
- Any particular needs identified by the individual or others (eg, medical treatment).
- Risk of harm to others (including named individuals if appropriate).
- Risk of harm to self, including suicide (eg, any immediate need for care to prevent physical harm).
- Any vulnerability identified (eg, age).
- Any medication or treatment including compliance with treatment (eg, if not taking medication or keeping medical appointments).
- Whether the person has a carer and the level of dependence that the individual appears to have on that person(s).
- [In the case of a suspect in custody] Whether an appropriate adult was requested, the outcomes of decisions relating to fitness to be detained or interviewed and the relevance of the mental ill health or learning disability to the alleged offence.

OTHER ISSUES TO BE AWARE OF

In addition to being able to recognise the signs that someone may be experiencing mental ill health or have a learning disability, you should be aware of the following issues.

- **Difficulty in approaching the police** – people with mental ill health or learning disabilities might find it difficult to approach the police for help because they:
 - do not know how to complain;
 - are afraid they will not be believed or will be perceived as a nuisance;
 - have difficulty in communicating;
 - have low self-esteem;
 - are unaware of their rights;
 - are afraid of having to cope with a stressful situation (eg, being in a police station).

In cases of abuse, the difficulty in approaching the police may be because they are dependent on the person who is abusing them.

- **Reluctance to disclose** – due to perceived stigma, personal embarrassment or previous negative experiences, some individuals may be reluctant to self-identify their mental ill health or learning disabilities and will make efforts to ensure that these remain undetected, by actively concealing them. This may be because they are afraid or self-conscious, or do not wish to be ‘labelled’ in a particular way and treated differently from others.
- **Hidden or obscured impairment** – signs of impairment can often be obscured by expressions of distress, anxiety, aggression or anger, by the effects of drugs or alcohol, or by co-existing psychiatric, social or behavioural problems.
- **Need for appropriate communication** – not everyone communicates using speech, for example, some use British Sign Language, Makaton (a unique language programme using signs and symbols), communication boards and pictures to convey messages and support text. You may need to seek advice if you are not familiar with the individual’s preferred method of communication, particularly for people with a known or suspected learning disability, as communication difficulties are a defining feature of those conditions.
- **Cultural differences** – some behaviour may be a common occurrence in one culture but appear odd in another (for example, in some religions a prayer must be spoken out loud, but this can give the impression of someone talking to themselves). You must take care not to make assumptions about a person’s cultural background, language and beliefs. Instead, you should ask service users directly but sensitively about their cultural and religious needs and how these should be met.
- **Lack of awareness** – some people may be unaware that they actually have mental ill health or a learning disability. For this reason, where you suspect that the person is displaying signs indicating that extra support is required you should use sensitivity and discretion in all your interactions with them.
- **Scope of vulnerability** – this can be large, incorporating continuums along social, emotional, behavioural and cognitive dimensions. Given that many types of mental ill health are not permanent, an individual’s position on those continuums will vary according to their condition on a particular occasion. Where a person is known to you, do not assume their behaviour or symptoms will be the same as on previous occasions.
- **Comprehension and understanding** – you should not assume that if people are unable to communicate or are in distress and having difficulty communicating, that they cannot

understand what you are saying or that they do not mind their personal details being discussed. In addition, you need to be aware that people's ability to understand information and make decisions may fluctuate. For example, the difficulties exhibited by an individual during a period of mental ill health may be entirely absent when in good mental health.

- **Others reasons for a person's behaviour** – some circumstances may appear to indicate that a person has mental ill health or learning disabilities but could actually be the result of:
 - physical illness (eg, diabetes, epilepsy, urinary tract infection, encephalitis or sickle cell disease);
 - physical injury (eg, head injury);
 - physical disability (eg, deafness or the effects of a stroke);
 - drug or alcohol misuse;
 - frustration due to not being listened to.

Sometimes more than one of these factors will be relevant.

- **Involving those close to the person** – people who know the person with mental ill health or learning disabilities (for example, parents, carers, family and friends) are often key to understanding and responding to that individual's needs. You should involve them wherever possible.
- **Multiple needs** – mental ill health or learning disabilities can easily be overlooked when an individual has a more immediately recognisable need such as drug misuse. Always consider whether the person's behaviour indicates they may have more needs than those that are obvious.

Good practice

The person in question is a key source of information; he or she is likely to be able to provide most of the information needed from their own point of view.

'Do you have any difficulties that I may not be aware of?' is the question the National Autistic Society has proposed police officers should ask during initial contact with a person in the course of their duties if the officer 'has any suspicion, or is told in good faith, that a person of any age may be mentally disordered or mentally vulnerable' (see PACE 1984, Code C (1) (1.4)).

Some people may have a card on them with personal details as well as information such as the name of somebody who helps them or knows them well who could be contacted. It may also give the name of any medication the person takes.

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