The Police Mental Health Screening Questionnaire (PolQuest)

Training

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Outline for the Session

- PolQuest (20 min)
- Group Work (30 min)
- Break (10 min)
- Who are the teams involved (20 min)
- Service user story (10 min)
- Q & A session (20 min)
Write down the top 10 questions you currently ask, or things you currently look for when deciding if a detainee needs a referral to a mental health practitioner whilst in custody.

Discuss what the group already knows about PolQuest and gather an understanding of the groups preconceptions.
PolQuest was developed in 2013 as part of a research project funded by the National Institute for Health Research, Research for Patient Benefit Programme. The aim was to improve current practices in the early identification of people with mental health problems in police custody. It is directly related to the recommendations set out in the 2009 report by Lord Bradley which identified police custody as the least developed part of the offender pathway for the identification of mental ill health and links with partner agencies.

The research team sought the input of police custody sergeants, mental health professionals and service users across six sites in England to develop a screening tool (PolQuest) and accompanying referral pathway for use by custody sergeants in police custody.
The project was overseen by a team of research professionals in partnership with managerial staff from local organisations.
The research project began by conducting semi-structured interviews to

- review current practice
- identify gaps
- understand what participants would like in a custody screening referral tool

Following on from this the research team completed a series of consultations using to

- review existing screening tools which fit participant criteria
- achieve consensus on scoring
- create a simple referral pathway

The last stage of the project included multi-agency group sessions with the objectives of

- encouraging service development and institutional change
- bringing together leads from all relevant services
- creating the implementation and training package that accompanies PolQuest and its referral pathway
Why screen for mental ill health?

- Prisoners present with greater mental health needs than the general population
- Early identification can mean early referral into care and treatment
- Better access to treatment may result in less crime and fewer victims increasing public safety
- Screening identifies risk factors which can help keep detainees safe in custody

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The majority of the questions are in Yes/No format, however, officers are also free to use their individual judgements based on experience, observations or existing police intelligence.
Who should complete PolQuest?

• The police custody sergeant and the detainee during the custody booking-in process

• All adults detained in police custody

Adults are defined as individuals over the age of 18.
Screening

• What does the screen do?
  – Identifies triggers which assist in determining the need for a full mental health assessment
  – Provides guidance for non-mental health trained professionals
  – Informs a risk assessment

• What does the screen NOT do?
  – Collect detailed information
  – Directly identify risk
  – Diagnose
  – Screen for Learning Disability
  – Trigger a request for an appropriate adult

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How to start?

- Begin your questioning with a pre-amble.

- The pre-amble should mention
  - the new focus on improving identification of mental health issues in custody
  - that the questions are related to current mental health
  - that the screen is ultimately for the detainees benefit

Pre-amble example. Eg “we are currently focusing on improving the identification of mental health issues in custody, I am now going to ask you some questions related to your current mental health”

Officers are encouraged to integrate the pre-amble into their natural speech and risk assessment flow.
Sensitivity

• Don’t be put off by the wording of the questions. You may read them as written or convert them into your natural rhythm as long as the context has not changed

• If using a translator they should translate word for word unless further clarification is requested

• Some questions may seem personal. Many detainees will be used to completing mental health screens and have been asked these types of questions before

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Sensitivity

- Being straightforward is often the best way to achieve a truthful answer but this may be a new experience for some and a certain degree of sensitivity is required.

- Officers should assure individuals that the screen will not be shared for the purposes of assisting with a criminal prosecution.

- Any disclosure of mental health issues during the screen should not adversely affect bail decisions.

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Ask the group whether there are any other fears/concerns about sensitivity that have not been mentioned or require further exploration. Discuss possible considerations/solutions.
What Ifs

• What if the detainee is incoherent/incapable of answering the screen?
  – If they cannot answer the standard custody risk assessment then they cannot answer PolQuest. The same procedures should apply.

• What if the detainee refuses to answer PolQuest?
  – Use your professional experience
Current and Historical Issues

• Questions 1 – 4

• Designed to focus on current issues and immediate risk

• There is no need to dwell on historical issues
It is true that for all routine referrals detainees may get to see someone in custody, or they may not. A detainees direct request to see a mental health professional should not change this.
Risk of Self-Harm

- Questions 5 – 6
- Designed to focus on current self-harming behaviour
- Only current risks of self-harming behaviour triggers a referral

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Depression/
Risk of Suicide

• Questions 7 – 10

• Designed to uncover feelings of depression or risk of suicide

• Only question 10 results in an urgent referral

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Serious mental illness

• Question 11 – 13

• Designed to uncover signs of possible serious mental illness
  • Psychosis
  • Delusions
  • Hallucinations
  • Hearing voices
  • Paranoia

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The screen includes questions intended to trigger an urgent or routine referral.
Scoring

Urgent Referral

- High Risk
- Current symptoms/signs of psychosis, depression, self harm, suicide
- Highly distressed

Eg. ‘Have you recently found yourself wishing you were dead and away from it all?’

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Scoring

Routine Referral

- Low Risk
- Historical issues
- Known to/currently engaged with services

Eg: ‘Are you currently in contact with mental health services?’

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Why would a routine referral not be seen by a mental health professional whilst in custody?

- A routine referral will generally be considered safe in custody from a mental health perspective unless there is a change throughout the period of custody.

- No effect on the PACE clock, therefore, on occasion, a routine referral may be ready for release or transfer prior to being seen.
Procedure

• Transfers
  – the officer should flag the need for a mental health referral to the courts or prison

• Released
  – the officer can provide a notice to self-refer to mental health services in the community
  – See appendix 2 of the Manual for pro forma
No Referral

- Less than 3 overall
- No current mental health issues
- No concerns
General Concerns

• If you have general concerns about a detainee, perhaps regarding their behaviour or the circumstances of the offence you may still refer them to a mental health practitioner.

• Please write your reasons in the comments section and be as detailed as possible.
PACE Implications

• Appropriate Adults
  – The screen does not trigger a request for an appropriate adult
  – The screen does not make assumptions on capacity
  – Use existing procedures for determining the need for an appropriate adult

• Timescales
  – Urgent referrals will aim to be seen within 1 – 2 hours
  – Routine referrals may be released with a proforma therefore there is no need to extend a detainees time in custody

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Review office hours and out of office hours pathways found in the manual.
Case Study 1 – Large Group Work

You are on duty at 9am in Sandford Custody suite when Jemma Watson, an 18 year old female is brought to the custody desk having been arrested on suspicion of possession of cocaine. She does not appear to be under the influence of drink or drugs. She has a previous PNC record with no known previous mental health issues. You are aware that a new mental health screening tool is being introduced and consider whether it needs completing.

Q1 – Do you complete PolQuest with Jemma?

You look at the screening tool and notice that some of the questions in the risk assessment and screening tool are similar.

Q2 – Can you skip questions in PolQuest that appear to be duplicates to the standard risk assessment?

You complete the standard risk assessment and move onto the screening tool.

Q3 – What may you want to tell Jemma prior to asking the screening tool questions?
You begin to ask the screening tool questions and several questions include the word ‘recently’. Jemma asks you what you mean by ‘recently’.

Q4 – How should you respond?

You have now completed the screening tool. Jemma scores 1 red graded question and 2 amber graded questions.

Q5 – What type of referral would be required based upon her answers?
Small Group Work

- Case Study 2 – Emily Jones
- Case Study 3 – James Smith
- Case Study 4 – Bob Taylor
Discuss where the appropriate contact details for partner agencies can be found and agree on how often they will be updated.
Discuss arrangements for information sharing – where will completed PolQuests be kept? How will they be passed onto the appropriate agency in practice. What are your local arrangements for relying the results of a referral back to the police?
Summary

• Does PolQuest address the Top 10 questions/observations listed at the beginning of the session?

• What have we learned about PolQuest?
  – To be completed by every adult detainee
  – Seeks to screen for current potential mental ill health
  – Triggers a referral to a mental health team
  – Does not automatically trigger the need for an appropriate adult
  – Routine referrals do not need to be kept in custody
  – You can still use your judgement and expertise

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Q & A
Thank you