Manual for the Police Mental Health Screening Questionnaire (PolQuest) and Referral Pathway

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The **Offender Health Research Network** was established in 2004 to develop a multi-disciplinary, multi-agency network focused on offender health care innovation, evaluation and knowledge dissemination.

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Glossary of Terms

CJS	Criminal Justice System
CJMHL&D	Criminal Justice Mental Health Liaison and Diversion Team
DH	Department of Health
PACE	Police and Criminal Evidence Act
PolQuest	Police Mental Health Screening Questionnaire

Contents

1 Knowledge

1.1 Purpose of this Manual

This manual has been designed for use with the Police Mental Health Screening Questionnaire (PolQuest). It is intended to provide guidance and support in the training and everyday use of PolQuest and its corresponding referral pathway. It will be useful to police custody inspectors, police custody sergeants, and healthcare professionals who address the needs of individuals with mental health problems in police custody. To guide the reader this manual has been divided into two parts, Knowledge and Practice.

1.2 Background

It is widely accepted that one in four people in the community will struggle with mental ill health at some point in their lives (Goldberg and Huxley, 1992). Rates of mental illness are even higher than the general population among individuals in contact with the criminal justice system (Bradley, 2009; Fazel and Danesh, 2002; Singleton et al., 1998; Shaw et al., 1999). The police are often the first point of call for people with mental ill health in crisis (Bather et al., 2008). These individuals may have complex health and social care needs, high rates of unemployment, substance misuse, self harm and risk of suicide, combined with difficulties in accessing appropriate community services (Pratt, et.al. 2006; Social Exclusion Unit, 2002; Department of Health, 2011). Research shows that the police are generally able to accurately identify most cases of severe mental illness but struggle to identify those with common mental health problems (Robertson et al., 1996; McKinnon and Grubin 2010).

In 1990, a Home Office Circular reminded justice agencies that mentally disordered offenders could, where appropriate, be diverted into health and social care services, rather than be processed through the criminal justice system. Since then, diversion at point of arrest has been a key government priority. In 2009, Lord Bradley's *review of people with mental health problems or learning disabilities in the criminal justice system* identified the police stage of the offender pathway as the least developed with regards to links with health and social services, emphasising the need for improved identification of mental ill health early in the criminal justice process (Bradley, 2009). Early identification can be crucial for the immediate management of serious mental health problems which are often compounded by the custodial environment (Baksheev et al., 2011; Gibbs, 1987). It can expedite crisis intervention (Konrad et al., 2007); reduce levels of disruptive behaviour in custody (Ditton, 1999); provide valuable information for further psychological assessment (Baksheev et al., 2011); pick up people with psychiatric problems who are not sent to court or prison; and engage marginalised populations with community health and/or social services (Conklin et al., 2000). Additionally, the

information collected at police custody can inform and improve the continuity of care for detainees who are subsequently transferred to court or prison (Baksheev et al., 2011). Criminal justice mental health liaison and diversion services (CJMHL&D) operating in police custody can provide essential early identification and assist the mentally ill in overcoming some of the barriers to accessing treatment (Schnieder, 2010) by referring them to appropriate community services. The Department of Health and the Ministry of Justice have made it a priority to roll out liaison and diversion services nationally for mentally ill offenders by 2014 (Department of Health, 2011; Ministry of Justice, 2010).

1.2.1 Development of PolQuest

The Police Mental Health Screening Questionnaire (PolQuest) is a collaboration between the Offender Health Research Network at the University of Manchester, Lancashire Care NHS Foundation Trust and Lancashire Constabulary and included the input of police, mental health professionals and service users in its development. It is a short screening questionnaire consisting of 14 questions relating to current and historical mental ill health. The clinically based questions have been taken from the Prison Screening Questionnaire (PriSnQuest) developed to screen for possible serious mental illness in a criminal justice setting (Shaw et al., 2003), augmented by elements of the risk assessment tool currently administered to all detainees. PolQuest is designed to identify both urgent and routine needs and is accompanied by a full referral pathway.

Why has this tool been developed?

Criminal justice mental health liaison and diversion services are currently largely reliant on referrals made by police officers for mental health assessments to be undertaken in police custody. However, officers receive little mental health training and are required to make decisions on a detainee's mental wellbeing based on very little available information. A standardised tool allowing police personnel to more accurately identify who should be referred to a mental health professional should increase the number of people considered for diversion away from the criminal justice system (CJS) and into health and/or social services, thus contributing to improved health and social outcomes. PolQuest contributes to new knowledge, fosters inter-agency communication and joint working practices, thus reducing the chances of individuals "falling through the gap" between judicial and healthcare agencies.

1.3 Screening for Mental Ill Health

The purpose of screening is to detect issues or risk factors for mental ill health at an early stage, where intervention can be most effective. Early identification of mental health problems can have significant benefits, not only for the individual, but for police officers and the public as well. It is a chance to address potential issues before they escalate, prevent death or harm in custody and possibly reduce re-offending, which ultimately increases public safety.

> ***A screening tool is not a risk assessment***
>
> A risk assessment involves the collection of detailed information about an individual with the purpose of identifying potentially harmful behaviours, for example suicide, self-harm or violence.
> Screening provides structured guidance as to what steps should be taken, especially for those who are not specifically trained in mental healthcare.
>
> A mental health screen can inform a risk assessment and identify triggers which may require further investigation in a full mental health assessment. It does not require the user to have extensive training or previous mental health knowledge in order to be completed.

The Police Mental Health Screening Questionnaire (PolQuest) can be used to determine whether a detailed clinical assessment by a qualified mental health practitioner is appropriate. The questions are designed to;

- Identify the possible presence of mental ill health;
- Identify individuals who are in need of a detailed mental health assessment;
- Separate current from historical issues; and
- Identify individuals who are not currently in need of a detailed mental health assessment.

1.3.1 Sensitive Issues

When asking detainees about sensitive issues such as depression, suicide and/or self-harm a direct approach is favoured. The questions provided in PolQuest are derived from commonly used, validated, health screens and therefore detainees will probably have experience of answering these types of questions. The questions are not dissimilar to those that should already be asked when completing the current custody risk assessment.

Screening for mental ill health is for the benefit of detainees and should not be shared with agencies other than healthcare. Officers should assure individuals that the answers

to the screen will not be shared for the purposes of assisting with a criminal prosecution and that any disclosure of mental health issues during the screen should not adversely affect bail decisions.

1.3.2 What does the Screen not do?

The screen is not a mental health assessment. It cannot diagnose mental health problems and is not to be used to justify whether a detainee does or does not have mental ill health at the time of arrest.

The screen does not inform the decision as to whether to request an appropriate adult.

The screen does not identify learning disabilities or substance misuse.

> ***What if someone has a suspected learning disability?***
>
> The screen does not detect learning disability. However, PolQuest should still be administered with every detainee who has the capacity to complete it, regardless of whether a learning disability is suspected. It is possible for someone to present with a learning disability AND a mental health issue which would qualify them for a referral to a mental health professional.

1.3.3 Consent

The Police Mental Health Screening Questionnaire (PolQuest) will be integrated into the standard police custody risk assessment and therefore subject to police rules and regulations. Detainees do not need to provide explicit consent in order to complete PolQuest, however they may decline to answer any of the questions. If research regarding the implementation of PolQuest is being undertaken, specific consent will be required in order to share the results of the screen with the research team.

1.4 Professional Teams Involved and their Roles

This is not an exhaustive list of duties, just those relating to custody

Team	What they do	What they don't do	When should they be called?
Police Custody Officer	• Administer PolQuest with the detainee • Respond to any specific risks eg: reducing opportunities for self harm; calling appropriate healthcare professionals; increasing levels of observation • Make referrals to the CJMHL&D team	• Provide healthcare	• The detainee will be in the care of the custody officer throughout the duration of detainment
Criminal Justice Mental Health Liaison and Diversion Team (CJMHL&D)	• Undertake mental health assessments during hours of operation • Refer, signpost and direct to services • Act as appropriate adults when capacity allows	• Diagnose • Provide physical health treatment • Drug and alcohol as a primary problem • Undertake fitness to detain / interview prior to identifying a mental health problem	• When a detainee scores positive on PolQuest • When a mental health problem is suspected
Custody Nurse	• Provide physical health treatment • Assess and treat drug and alcohol withdrawal • Assess fitness to detain/interview • Undertake initial mental health assessments	• Undertake mental health assessments • Act as appropriate adults	• When a physical health problem is suspected or a fitness to detain/interview is needed • When a mental health problem is suspected in the absence of the CJMHL&D team

Team	What they do	What they don't do	When should they be called?
Custody Forensic Medical Examiners (FME)	• Undertake mental health assessments • Provide physical health treatment • Assess and treat drug and alcohol withdrawal • Request Mental Health Act assessments		• By a custody nurse when a detainee is in need of a full mental health assessment outside regular working hours of the CJMHL&D team
Crisis Resolution and Home Treatment Team	• Arrange for admission to hospital or home treatment • Work with CJMHL&D and FMEs to arrange admission to hospital	• Replace CJMHL&D out of hours • Conduct an initial mental health assessment	• When an arresting officer requires information about an individual in suspected mental health crisis • By the CJMHL&D or Forensic Medical Examiners
Local Social Services Authorities	• Provide Appropriate Adult services for service users known to Adult Mental Health and Personal Social Care • Have responsibility for the provision of Approved Mental Health Professionals (AMHPS) • Provide/coordinate Mental Health Act assessments via locality rotas and the emergency duty team	• Provide appropriate adult services for service users unknown to Adult Mental Health and Personal Social Care (may differ by locality) • Provide Appropriate Adult Services for under 18s but will assist in coordinating with Child Action Northwest if necessary	• When an appropriate adult is needed for an adult who is known to health or social care services • When a Mental Health Act assessment is required as identified by the FME or CJMHL&D team
Child Action Northwest	• Provide appropriate adult services for youth and children • Provide appropriate adult services for adults regardless of whether they are open to services	• Provide healthcare services	• When a youth or child is in custody

2 Practice

2.1 The Police Mental Health Screening Questionnaire

The Police Mental Health Screening Questionnaire(PolQuest) is a mental health screening tool (see page 13) which includes the 14 questions and training indicators covering;

- Current mental ill health (Question 1);
- Previous mental ill health/ current engagement with services (Questions 2-4);
- Medication (Question 4);
- Self-harm (Questions 5-6);
- Depression / Risk of suicide (Questions 7-10);
- Serious mental ill health (Questions 11-13).

Question 14 allows the officer completing the tool to indicate and explain if they have any additional comments or concerns. For example: detainees may answer NO to all questions or not respond at all, but the officer may still have concerns about their behaviour or the circumstances of the offence.

A full page version of PolQuest can be found in Appendix 1. Please note that PolQuest must be printed in colour.

2.1.1 Who should complete PolQuest?

PolQuest will be integrated into the police custody risk assessment process and therefore is to be completed by the police custody sergeant with every adult detainee (over 18) during the standard booking in process.

Routinely, it will take less than five minutes to complete.

All staff working in police custody should be made aware of PolQuest, understand its purpose and in what way it may affect their role.

Prior to beginning the screen, the police custody sergeant administering PolQuest should explain the procedure with a short, direct pre-amble covering the following points:

- The purpose of the screen (early identification of mental ill health);
- The objectives of the screen (screen for any potential mental health needs whilst in custody and any need for a referral for a full mental health assessment); and
- Highlight for detainees that the screen is ultimately for their benefit.

The Police Mental Health Screening Questionnaire (PolQuest)

		Yes	No
1	Are you currently suffering from any mental health problems?		
2	Have you previously seen a mental health professional?		
3	Are you currently seeing or due to see a mental health professional?		
4	Are you taking or supposed to be taking any medication for a mental health related problem?		
4.1	If yes to any of the above, Would you like a referral to a mental health professional?		
5	Have you ever self harmed?		
5.1	If yes to 5, Have you self harmed recently?		
6	Do you currently feel the need to self harm?		
7	Have you been taking longer over the things you do because of how you feel?		
8	Have you recently been able to enjoy your normal every day activities?		
9	Have you recently felt that life isn't worth living?		
10	Have you recently found yourself wishing you were dead and away from it all?		
11	Have you recently felt that your thoughts have been directly interfered with, or controlled by another, in a way that people would find hard to believe?		
12	Have there recently been times when you felt that people were plotting to cause you harm?		
13	Have you recently heard voices when there was no one around to account for this?		
14	General Concerns		
	If yes to 14, please explain your concerns below;		

Additional comments/ concerns

- History of mental health issues
- Known to/not known to services

- Risk of self harm

- Depression
- Low mood
- Low emotional control
- Low self-esteem
- Focusing on past events

- Depression
- Low mood
- Risk of suicide
- Risk of self harm

- Psychosis
- Delusions
- Hallucinations
- Hearing voices
- Agitation
- Incoherent
- Lack of capacity/awareness
- Paranoia
- Quiet/non-responsive
- High level of distress
- Strange/bizarre/erratic behaviour

What does the term 'recently' mean and how do I communicate this to the detainee?

The term recently does not refer to a specific time frame, it refers to whatever timeframe is of relevance to the detainee. Do not give a date or make an assumption. If a detainee asks 'what do you mean by recently' put the question back onto them. Let them decide. Further details will be examined in a full mental health assessment if required.

2.2 Scoring Explained

The screen includes questions intended to trigger an Urgent or Routine referral.

1 or more RED = automatic URGENT REFERRAL

1 or more AMBER = automatic ROUTINE REFERRAL

Any combination of 3 or more = automatic ROUTINE REFERRAL

Less than 3 or No concerns = NO REFERRAL

URGENT	Urgent referrals are likely to be HIGH RISK individuals presenting with CURRENT mental ill health signs or symptoms. This may include current self harming, suicidal thoughts or plans, hearing voices or significant low mood. These individuals may not be safe in custody without additional measures and will require a referral to a mental health professional whilst in custody.
ROUTINE	Routine referrals are likely to be LOW RISK individuals presenting with HISTORICAL mental ill health signs or symptoms, or current symptoms presenting low risks. They are likely to be known to, or currently engaged with, mental health services.
NO REFERRAL	No referral is necessary for detainees who do not score positive on PolQuest. A refusal to answer the questions by the detainee should only result in no referral if the officer in charge has no additional concerns for the detainees mental health.

What is the difference between urgent and routine?

Urgency is based on safety and risk considerations as opposed to the PACE clock.

Urgent referrals will be seen first and quickly, as they may indicate acute concerns with maintaining a detainee's safety in custody. Urgency reflects high risk circumstances where the person may be a risk to themselves or others or is potentially suffering from a current episode of mental ill health.

Routine referrals will generally be considered safe in custody and will, in most cases, be fine to proceed through the standard custody process. Custody officers must still use standard safety monitoring procedures based on the total risk assessment.

If significant behavioural changes are identified through observation which contradict a routine score on PolQuest, these concerns are sufficient for requesting an urgent referral. Officers and not required to re-administer the screen.

2.2.1 Additional comments/concerns

Space is provided for officers to record any comments or concerns of relevance. This may include behavioural observations, notes on medication, or suspicions of general ill health. This may also include information on police systems which indicates a previous serious incidence of mental ill health. Officers are encouraged to be explicit in expressing any concerns but should in all circumstances make an effort to avoid using insensitive language.

What if someone is incoherent/incapable of answering the screen?

If a detainee is incoherent/incapable of answering the standard risk assessment, then the mental health screening questionnaire cannot be administered. PolQuest should then be administered along with the standard risk assessment when the detainee is coherent.

What if someone refuses to answer the screen?

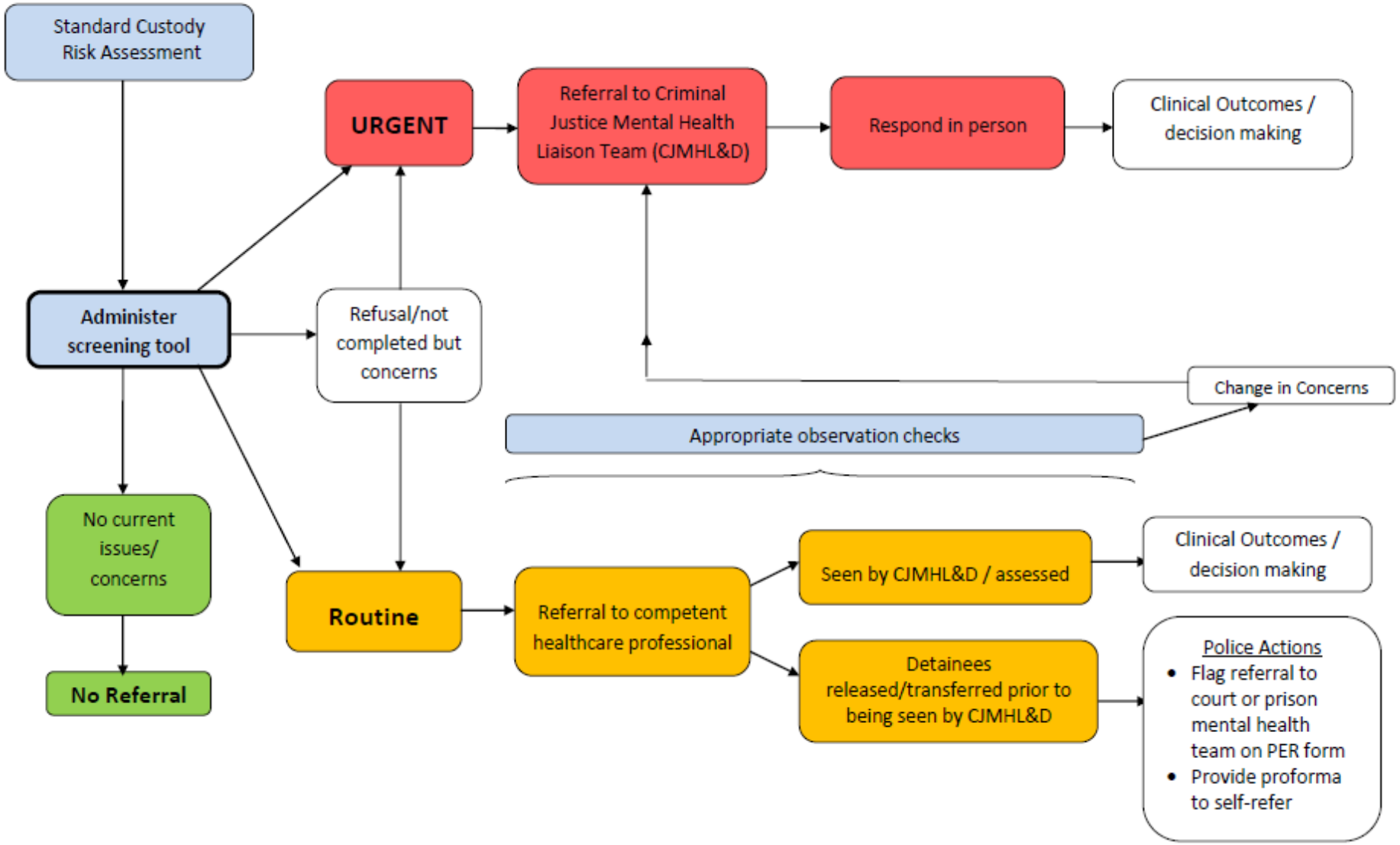
Answering the screen is voluntary. Refusal to respond should be noted in the comments section and the screen will remain incomplete. If the officer suspects mental ill health as a result of behavioural or verbal cues, then the officer may make a referral on that basis alone. The reasons for this type of referral should be explicitly explained in the comments section.

2.3 The Pathways

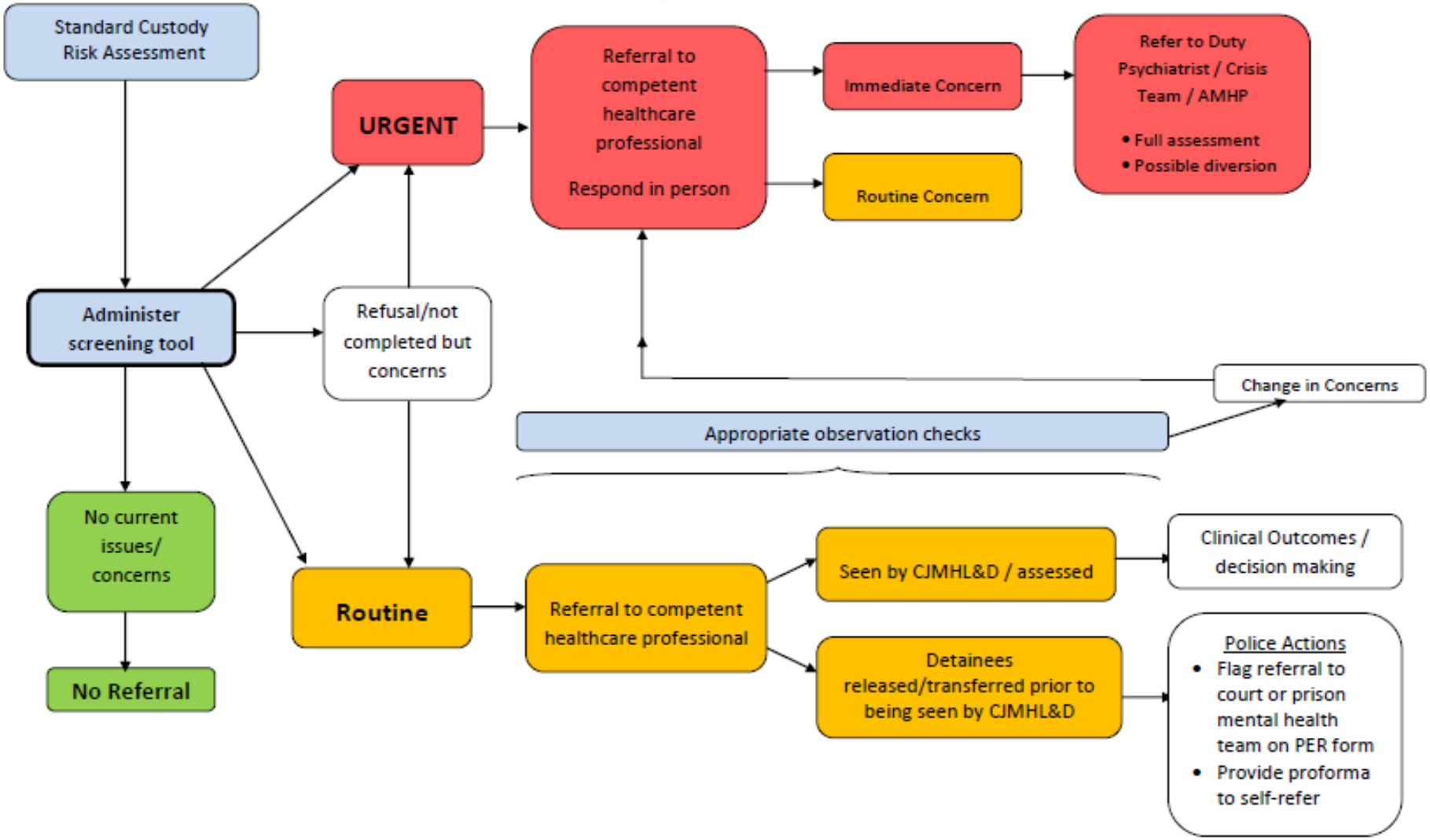
Once completed, the original version of the tool will be kept with the custody record and a copy provided to the healthcare practitioner.

A simple pathway can be followed for making a referral to a healthcare practitioner. There are two referral pathways: one for office hours (referring to the working hours of the criminal justice mental health liaison and diversion team) and one for out of hours (when the criminal justice mental health liaison and diversion team are not available).

Office Hours Referral Pathway



Out of Office Hours Referral Pathway
(evenings and weekends)



2.3.1 Referral Process

During the working hours of the criminal justice mental health liaison and diversion team, they will be the first point of call for an officer requesting a mental health assessment. Office hours are to be locally agreed, however daily dedicated access to specialist mental health teams is expected.

Outside of office hours urgent referrals may be made to a competent healthcare professional, as locally agreed by the police. The process for completing a mental health assessment may take longer after hours subject to the availability of specially trained professionals.

Routine referrals made outside of office hours where the detainee remains in custody, will be picked up by the criminal justice mental health teams when their working hours resume.

Routine referrals will be seen in most cases, however, there may be occasions when a person for who a routine referral has been made will leave custody before being assessed.

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

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.

Every effort will be made by the criminal justice mental health liaison and diversion team to see a routine referral whilst they are in custody. However, since it has no effect on the PACE clock, on occasion a routine referral may be ready for release or transfer prior to being seen.

For transfers, the officer should flag the need for a mental health referral to the receive courts or prison.

If the detainee is being released home, the officer can provide them with a notice to self-refer to mental health services (Appendix 2).

If a detainee has a mental health problem, why are they not being detained under the Mental Health Act?

The process of being detained (sometimes referred to as being "sectioned") and admitted to hospital under the Mental Health Act is a legal process. It usually involves two doctors and an Approved Mental Health Professional who each give a written recommendation that this is necessary for somebody's health and/or safety and/or the protection of others and there is no alternative.

These criteria will not be met for the majority of detainees with suspected or identified mental ill health in custody, and most will have their mental health needs met without having to be detained in hospital.

2.4 The Police and Criminal Evidence Act (PACE)

Code C of the Police and Criminal Evidence Act 1984 refers to the detention, treatment and questioning of persons by police officers.

2.4.1 Appropriate Adults

PACE code C, paragraph 4.1, deals with the need for an appropriate adult. Note 1G states that *"When a custody officer has any doubt about the mental state or capacity of a detainee, that detainee should be treated as mentally vulnerable and an appropriate adult called"*.

The results of PolQuest do not directly trigger the need for an appropriate adult and makes no assumptions about a detainee's capacity. This remains up to the police custody sergeant's discretion under existing practices.

The introduction of PolQuest may increase requests for appropriate adults after assessment by a healthcare professional, as it more explicitly identifies potential concerns for a detainee's mental vulnerability. Local arrangements for accessing appropriate adults should be followed and partner agencies may need to consider making changes to address any increase in demand.

2.4.2 Timescales

PACE section 9 (b) states that a custody officer must make sure a detainee receives appropriate clinical attention as soon as reasonability practical if the person appears to be suffering from a mental disorder. Current operating protocols for the working hours of criminal justice mental health teams aim for them to arrive within 1 – 2 hours after an urgent referral has been made and 4 – 8 hours after a routine referral has been made.

How does the screen affect the PACE clock?

The screen does not diagnose mental ill health. It makes no assumptions of a detainee's capacity and is meant to assist in providing access to treatment and ensure the safety of a detainee as they move through the criminal justice system or back into the community. It does not negate criminal responsibility and cannot be used in this capacity alone.

Urgent referrals will always been seen first, therefore should not impact on PACE requirements and time constraints. Standard PACE procedures for dealing with and urgent risks should be implemented.

A routine referral does not become urgent for the sole reason that the PACE clock is coming to an end.

Routine referrals should not impact on the PACE process directly, although the officer in charge may decide that an appropriate adult or fitness to detain/interview request is needed. If a routine referral is made, the PACE clock does not stop and the process continues as usual, with the addition of a referral to the criminal justice mental health liaison and diversion team.

2.5 Translation

It should be established whether the detainee's first language is English. If necessary, make use of local arrangements for translation services. Be aware that some PolQuest questions may not directly translate in some languages. In as many cases as possible, translators should be instructed to translate PolQuest word for word. However, it is important for officers to understand the information each question is intending to capture so they can communicate this to the translator if required.

2.6 Training and Supervision

Training should be provided for all agencies involved in police custody prior to the implementation of The Police Mental Health Screening Questionnaire (PolQuest).
Training should include a presentation on how to complete PolQuest, including group work scenarios and practical applications. It should be accompanied by presentations from partner agencies regarding their roles and responsibilities, as well as including a service user's perspective. A training package has been developed to accompany this manual which may be modified for local arrangements.

In the long term, it is recommended that training for PolQuest be integrated into local arrangements for training new police custody sergeants and clinical custody staff. This may include face-to-face classroom training, e-learning or cascade training as appropriate.

Refresher training should be offered as needed.

Governance of PolQuest should be established with regular monitoring practices in place for at least 6 months after initial implementation of PolQuest to ensure fidelity to the new way of working, as well as to identify and address local barriers to implementation. Agencies are advised that service re-configurations are likely to be required and should monitor areas where demand for services increase or decrease.

2.7 Developing Local Pathways

Successful implementation of PolQuest as a mental health screening tool requires it to be embedded within local pathways, with access to specialist mental health teams capable of administering timely mental health assessments to detainees in police custody. This will require commitment to and, in some cases, commissioning support from, partner agencies.

The implementation of PolQuest should ensure timely screening and targeted referrals for all adults with mental ill health in police custody.

Agencies are encouraged to share information that will assist in keeping a detainee safe whilst in custody; facilitate access to services whilst in the community; and/or ensure that relevant healthcare information is not lost during their journey through the criminal justice system. This may include developing new or amending existing, multi-agency information sharing protocols.

Ongoing professional and organisational development is important and agencies are encouraged to communicate their roles and responsibilities relating to PolQuest, monitor gaps in service need and develop strategies to address local barriers to implementation.

2.8 Local Arrangements

(Insert any local arrangements here)

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4 Appendices

4.1 The Police Mental Health Screening Questionnaire (PolQuest)

		Yes	No
1	Are you currently suffering from any mental health problems?		
2	Have you previously seen a mental health professional?		
3	Are you currently seeing or due to see a mental health professional?		
4	Are you taking or supposed to be taking any medication for a mental health related problem?		
4.1	If yes to any of the above, Would you like a referral to a mental health professional?		
5	Have you ever self harmed?		
5.1	If yes to 5, Have you self harmed recently?		
6	Do you currently feel the need to self harm?		
7	Have you been taking longer over the things you do because of how you feel?		
8	Have you recently been able to enjoy your normal every day activities?		
9	Have you recently felt that life isn't worth living?		
10	Have you recently found yourself wishing you were dead and away from it all?		
11	Have you recently felt that your thoughts have been directly interfered with, or controlled by another, in a way that people would find hard to believe?		
12	Have there recently been times when you felt that people were plotting to cause you harm?		
13	Have you recently heard voices when there was no one around to account for this?		
14	General Concerns		
	If yes to 14, please explain your concerns below;		

Additional comments/ concerns

4.2 Self-Referral On Release Proforma

Lancashire Care NHS
NHS Foundation Trust

Whilst in custody it has been identified that you may find it useful to see services regarding your mental health. As no imminent risk was identified, this was not further assessed, but you may find it useful to speak to a professional.

You can access mental health services by making an appointment to see your GP who can then refer you onwards to services if this is necessary.

Should your need become urgent, please contact your GP or attend A&E.

You may also find the following numbers helpful:

NHS Direct: 0845 4647

NHS 111: 111 (free from landlines and mobile phones)

Mental Health Helpline: 0500 639000

Mon-Fri: 7pm – 11pm

Sat-Sun: 12midday-12 midnight

Samaritans: 08457 909090

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