This is one of a series of papers setting out the desired standards (i.e. the necessary skills and arrangements), which should be present when working with mentally disordered offenders. The ‘standards’ will apply to different points of intervention in the criminal justice process where there is an interface between the criminal justice system and that of health and social care).

The aim of this series is to identify the skills, resources, strategic and operational arrangements necessary to achieve effective and appropriate outcomes for mentally disordered offenders and those agencies working with them.

It is not the purpose of the papers to explore how these skills and arrangements should be developed or established. Rather, its purpose is to state what should be in place and [the standards] can be used by agencies and areas as a checklist against which their services and the skills of their practitioners can be measured.

Each standard will:

- describe the relevant ‘point of intervention’ and the possible outcomes;
- identify the key practitioners, agencies and organisations;
- identify the desired and relevant skills required by practitioners to achieve an effective outcome;
- identify the necessary resources;
- identify the appropriate strategic arrangements;
- identify the appropriate policies and operational protocols.

For the purpose of this series, a mentally disordered offender is defined as:

“Those who come into contact with the criminal justice system because they have committed, or are suspected of committing, a criminal offence and: who may be acutely or chronically mentally ill; those with neurosis, behavioural and/or personality disorders; those with learning difficulties; some who, as a function of alcohol and/or substance misuse, have a mental health problem; and, any who are suspected of falling into one or other of these groups. It also includes those in whom a degree of mental disturbance is recognised, even though that may not be severe enough to bring it within the criteria laid down by the Mental Health Act 1983, and those offenders who, even though they do not fall easily within this definition – for example, some sex offenders and some abnormally aggressive offenders – may benefit from psychological treatments.”

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1 Further ‘standards’ will include those that apply to: the police station; the court; the prison; and, the community.
INITIAL POINT OF CONTACT WITH THE POLICE

The police are very often the agency that has initial contact with mentally disordered offenders when they respond to an incident. This may be as a result of a call from neighbours, family, friends, carers, and members of the public or from staff from other agencies and in a variety of settings. It may also be as a result of their own observation of an incident or a person’s behaviour.

This point of intervention is sometimes referred to as the ‘Point of Arrest’. However, this is something of a misnomer as the option for the police to effect an arrest is just one of a number of possible outcomes.

The police have powers both to arrest and to search a person under the relevant sections of the Police and Criminal Evidence Act 1984. The police also have specific powers under Section 136 of the Mental Health Act 1983 to remove from a public place to a ‘place of safety’, a person who appears to be suffering from a mental disorder and is in immediate need of care or control.

There are additional powers under Section 135 of the Mental Health Act 1983 for the police or other authorized person to gain access to premises by force where a warrant has been granted by a magistrate. This is to allow an assessment to take place where the person may have disengaged from services but they are not in a public place to allow the use of s136.

A person is moved to a ‘place of safety’ in order for him or her to be examined by a Registered Medical Practitioner (RMP) – best practice would suggest that the RMP be approved under s12 of the Mental Health Act 1983 - and assessed by an Approved Social Worker. The Code of Practice for the Mental Health Act suggests that the ‘place of safety’ should be a hospital rather than a police station.

AIMS

To ensure public and personal safety including the safety of the individual, the police officer(s) involved, and any staff who may be present.

To achieve the most effective and appropriate outcome and the least restrictive option.

WHO IS INVOLVED

When the police respond to an incident they are the key professionals who will be involved, although others who might be on the scene (for example hostel workers, day centre staff) or those who are contactable by the officer (for example carer, family, health and social care practitioners) might also play a significant part.

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2 Section 26
3 Section 32
4 Any place which the public have access to.
5 Mental disorder is defined under the Act as mental illness, severe mental impairment or mental impairment (learning disability), psychopathic disordered (personality disorder). A person may not be dealt with under the Act as suffering from a mental disorder purely for reason of promiscuity, other immoral conduct, sexual deviancy, or dependence on alcohol or drugs.
POSSIBLE OUTCOMES

The police officer(s) take No Further Action

- police officer(s) decide that no offence has been committed or no-one is prepared to make a complaint;

and

- police officer(s) have no concerns about the person’s mental health.

The police officer issues an informal caution

- the police officer is satisfied an offence is committed but it is not in the public interest to arrest;

and

- the police officer has no concerns about the person’s mental health.

The police officer(s) does not arrest for an alleged offence or detain under Section 136 of the Mental Health Act 1983 but returns the person home or to their carer.

- police officer(s) decides it is not in the public interest to arrest for an offence;

and

- police officer(s) believe that the person’s mental health needs do not warrant detention under s136 and can be better catered for by the carer.

The police officer(s) would need knowledge of the individual or be able to obtain information from a carer or services e.g. Community Mental Health Team (CMHT). The police should inform the CMHT or the Crisis Team of the incident and their response to it.

The police officer(s) detains the person under Section 136 of the Mental Health Act 1983 and takes them to a ‘place of safety’ for the purpose of assessment by a Registered Medical Practitioner (RMP) and an Approved Social Worker (ASW). this power is for up to 72 hours.

- the person would need to be in a ‘public place’;

and

- the police officer would need to be satisfied that the person is suffering from a mental disorder and be in “immediate need of care and treatment”.

If the person was not in a ‘public place’ a warrant may need to be obtained under Section 135 (1) or (2) of the Mental Health Act 1983 from a magistrate and the police.

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6 Best practice suggests that the RMP should be approved under s12 of the Mental Health Act 1983.
would be required to execute the warrant. The assessment by a doctor and Approved Social Worker may take place at the location or the person may be removed to an appropriate ‘place of safety’ as designated by any local protocol.

The police officer arrests the individual

- the police officer is satisfied that an offence has been committed and that an arrest is in the public interest.

WHAT IS NEEDED

Individual Skills

For police officers this would include:

- basic mental health awareness, in order to ascertain whether a person is suffering from a mental disorder
- de-escalation skills including practical and ethical issues surrounding the use of restraint techniques
- Equality and diversity training/understanding the needs of women and people from black and ethnic minorities as a higher proportion of people from BME groups are likely to be detained under this section.
- risk assessment skills
- knowledge of local services and how to access them e.g. community mental health teams, drug/alcohol teams, crisis teams etc.
- awareness of their powers of arrest
- awareness of their powers under the Mental Health Act 1983

For other staff involved (e.g. hostel staff, day centre staff, health and social care practitioners) this would include:

- knowledge of local policing arrangements including community police officers and how to contact the relevant section;
- a working knowledge of the criminal justice process;
- a working knowledge of the mental health and social care system;
- a working knowledge of the Mental Health Act 1983;
- a knowledge of local services and how to access them

For the person’s carer this would include:

- name and contact details of the person’s care co-ordinator under effective care co-ordination or the Care Programme Approach;
- name and contact details of the person’s Responsible Medical Officer (if relevant);
- name and contact details of the person’s General Practitioner

Resources

- Crisis House
- 24 hour Crisis Service including Crisis and Home Treatment Team(s)
- a range of ‘places of safety’ to allow for the most appropriate option to meet the need of the individual detained under Section 136 of the Mental Health Act 1983
- a Directory of Services
- information on how to access services
- the use of ‘Crisis Cards’ to help identify nominated friend or carer
- a ‘decision-tree’ card for police officers detailing their possible responses at such incidents

Strategic Arrangements

- single point of entry into the health and social care system
- a Mentally Disordered Offenders Group to oversee current arrangements and develop new initiatives to meet the needs of mentally disordered offenders and those agencies working with them
- a Section 136 of the Mental Health Act 1983 Monitoring Group to oversee the arrangements for the use of s136 including identifying trends and gaps in services and to review operational policies and protocols

Policies and protocols

- Section 136 of the Mental Health Act 1983 – a joint agreement between the police, health, and social services. This should define: the designated ‘place of safety’ (if there is more than one designated place it should also define the criteria used to ascertain which place of safety is used in which circumstances); police responsibilities if the ‘place of safety’ is not the police station; the process of assessment including target response times by all relevant practitioners; the possible outcomes; and, arrangements for returning a person to the community if admission is not the desired outcome. The policy should also include how the use of this section is to be monitored.
- Sharing of Information – a joint agreement between all relevant agencies
- Recording and Monitoring – to understand the numbers of mentally disordered offenders and/or people detained under Section 136 of the Mental Health Act 1983; to identify pressures both on services and on points of
intervention within the criminal justice system; to identify trends and gaps in services; and, to assist in reviews operational policies and protocols

- Conveying – a joint agreement between the police, social services, and the ambulance trust on transport arrangements, risk assessment, and personnel involved. This would include criteria on when the police are involved with such arrangements

- Admission to hospital – a joint agreement between health, primary care, and social services

For further copies of this paper please contact Nacro’s Mental Health Unit on 020 7840 6718 or email mentalhealth@nacro.org.uk

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