Progress on recommendations from the Joint MPA/NHS Scrutiny on Mental Health and Policing – April 2008.

This appendix contains detailed information about progress within each recommendation.

Recommendation 1. Multi-agency partners ensure training and awareness programmes highlight the need to eliminate discrimination and stigma to all communities and that all programmes are subject to full equality impact assessments.

1. The training DVD mentioned in last year's update has now been fully rolled out across the MPS.

2. In May 2007, the MPS published a completely revised Standard Operating Procedure (SOP). This contained an appendix describing the experiences of service users and factual information to dispel and challenge some of the myths that give rise to stigma and discrimination. This SOP has been widely circulated and published including the MPS intranet, conferences and through Borough Mental Health Liaison Officers.

3. All MPS SOPs and training programmes are subject to equality impact assessments. Equality impact assessments were conducted on the revised SOP and on a pending revision to incorporate an agreement with the London Ambulance Service (LAS) to transport mentally ill detainees.

4. The National Policing Improvement Agency at a cost of £250,000 is designing a national training e-learning package to be available for all police officers in the UK. This will become available in 2009. Its focus will be the reduction of stigma and discrimination towards the mentally ill community.

5. Recruit training in policing mental health has been reviewed by the Disability Independent Advisory Group, which provided immediate feedback to instructors. Both recruit and probationary constable training programmes have been revised to reflect increased sensitivity around stigma and discrimination.

6. The MPS has worked with SHIFT – a Department of Health initiative designed to reduce stigma to the mentally ill when reporting cases in the media. Forsters Consultancy has delivered various inputs to police press officers and wider police audiences. A handbook with guidelines for press reporting has been produced and a number of journalism students are receiving an input into their training.

Recommendation 2. Partners work with Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) users groups in order to establish best practice in service delivery to these service users.

7. The MPS mental health project team has developed and circulated both MPS and national guidance for police officers about the Mental Capacity Act 2005. This guidance was informed by a consultation workshop with the Afiya Trust and Ethnic Minority Mental Health Network

8. Revisions have been made to the Mental Health SOP to include a joint agreement between the LAS and the MPS. This was informed following consultation with the Care Services Improvement Partnership Delivering Race Equality Programme and by consultation with PACE - London's leading charity promoting the mental health and emotional well being of the lesbian, gay, bisexual and transgender community.

9. In 2008 further consultations with PACE are planned in order to guide the police response to the revised codes of practice under the Mental Health Act 1983 effective from October 2008.

10. Work is planned in 2008 to partner with the Focused Implementation Site for faith groups in Brent, the Black Men Moving Forward Project, part of the Equalities National Council and the Head of Languages in Hounslow to formulate the MPS response to the Mental Health Act revisions and the accompanying codes of practice.

Recommendation 3. The MPS develops an awareness programme aimed at de-stigmatising mental illness and dispelling the myths of the links between certain types of mental illness and violence. This should be championed by the MPS leadership.

11. Recruit and ongoing probationer training programmes have been updated to include training on de-stigmatisation and dispelling myths. This is more fully described under Recommendation 1 above.

12. In May 2007, the MPS published a completely revised SOP. This contained an appendix describing the experiences of service users and factual information to dispel and challenge some of the myths that give rise to stigma and discrimination. This SOP has been widely circulated and published including the MPS intranet, conferences and through Borough Mental Health Liaison Officers.

13. The National Policing Improvement Agency at a cost of £250,000 is designing a national training e-learning package to be available for all police officers in the UK. This will become available in 2009. Its focus will be the reduction of stigma and discrimination towards the mentally ill community.

Recommendation 4. The MPS and the NHS to agree and apply a joint media strategy that will minimise the extent to which the press report on the mental health status of people accused of serious violent crimes including murder. Such a strategy should also aim to minimise the negative reporting on mental illness and

the occurrence of violent crimes and murder.

14. In the third quarter of 2007, the MPS SOP for press and media was updated to ensure a more sensitive and informed approach towards reporting incidents where a mentally ill person is involved.

15. The MPS has worked with SHIFT – a Department of Health initiative designed to reduce stigma to the mentally ill when reporting cases in the media. Forsters Consultancy has delivered various inputs to police press officers and wider police audiences. A handbook with guidelines for press reporting has been produced and a number of journalism students are receiving an input into their training.

16. The mental health project team provided feedback about the MPS Serious Violent Crime Strategy published in 2007. This produced a modified strategy removing the connection between mental health and violence.

17. The Implementation Board has agreed that this is complete.

Recommendation 5. A pan-London alliance is established whose remit includes providing strategic leadership to the activities of partner organisations and aims to achieve ownership of shared objectives and outcomes. This could also provide a vehicle to drive forward the recommendations in this report.

18. There are two pan-London meeting structures in place. The NHS/MPS Implementation Board and the London Mental Health Partnership Board.

Recommendation 6. Leaders of police, health and social services and local government, in London should convene annually as a matter of course to discuss the health challenges facing London, including mental health. This could provide direction and leadership to the pan-London alliance recommended above.

19. The Commissioner has met with the Chief Executive of the Strategic Health authority and a further meeting is planned.

20. It was suggested at the last Implementation Board that there is need to include a wider group from both the NHS and the MPS, with a view to generating improved ownership and partnership.

Recommendation 7. Partners maintain the links developed through this joint review with key stakeholders (such as the reference group who provided on-going support and guidance to this project board). This could include deliberate engagement to provide a mechanism for monitoring implementation of the recommendations in this review.

21. There are now two mechanisms for monitoring the progress of the 33 recommendations, the Mental Health Partnership Board and the Implementation Group.

22. Other more informal links now exist as an indirect consequence of the review itself and the work arising out of it. Centrally, the MPS Mental Health Project Team have links or work in partnership with a number of hospitals, the London Development Centre, the Royal College of Psychiatrists, the LAS, the Home Office and the Department of Health's Mental Health Act Implementation Group.

23. At a more local level, Borough Commanders meet regularly with Directors of Social Services and Chief Executives of their local health trust.

Recommendation 8. In the short term:

24. Current s136 agreements in each borough are reviewed to ensure they address the following:
    - Identifying a place of safety that meets the requirements of the code of practice and the pan-London protocol, and is operationally conducive to local working arrangements (this may require a culture change from some organisations)
    - Addresses how s136 detainees who also appear to be intoxicated should be dealt with
    - Identifies designated health facilities best able to meet the immediate needs, including those which concern issues of diversity, of people who are extremely agitated and in need of restraint for their or other people's safety
    - Outlines handover procedures so that all necessary/relevant information is passed on to clinical staff
    - Auditing processes are developed to ensure the implementation of s136 is evaluated and lessons learnt on an ongoing basis (as per the Code of Practice).

25. All boroughs have a designated place of safety that removes the need to use a police station in the vast majority of cases. There is a good level of compliance with the pan-London protocol work will be continued throughout 2008-2009 to bring the pan-London and local protocols up to the new standards set in the revised Mental Health Act.

26. A comprehensive auditing mechanism was designed and introduced in 2007, which has successfully audited compliance at all boroughs within London in relation to Section 136 processes, and various other procedures. In particular, this revealed that most boroughs had systems in place to deal with intoxicated detainees and that handover procedure work well.

27. Bullet points 1,2 and 4 have been addressed. In regard to bullet point 3, this function was previously assigned to the LDC in recommendation 9 of the report commissioned by the Mental Health Partnership Board "Review of Section 136 Mental Health Act Report and Recommendations – September 2006"

Recommendation 9. Agencies work together to develop

appropriate s136 accommodation across London. This should include making joint bids for capital money such as the funds recently announced by the Department of Health (October 05). In our view, the ideal would be an assessment centre that can address all needs of people experiencing crisis including:

- **Mental health assessment**
- **Restraint and violence including the capacity to resuscitate**
- **Medical triage**
- **Capacity to address the needs of people whose crisis could be caused by either mental illness or substance (including alcohol) misuse.**

28. Regrettably, no real progress has been made in this area. This is an issue for Health to take forward and there are other issues with funding. Apart from taking an advisory role, this is not an area the MPS can progress. Last year's update mentioned that a paper had been submitted to the LDC containing recommendations and that these were passed to the strategic health authority.

29. Following recommendation 10 below, an agreed minimum ideal standard for building and operating section 136 accommodation now exists. Although the finished document will not be available until April 2008, one of the latest drafts has been supplied to the lead for Mental Health in London together with the location of every designated place of safety for receiving section 136 detainees in London. The partnership board have been asked to take a fresh look at this.

Recommendation 10. The MPS and NHS work with government departments to develop good practice on identifying the ideal place of safety.

30. This has been a particularly successful piece of work. A comprehensive guide setting out the standards that should be followed when building and operating a place of safety for receiving and dealing with people detained under section 136 has been in print in draft form since earlier this year. The final version for publication is likely to be ready in April 2008. Whilst it is an excellent document, the final measure of its success will be the willingness not just to build but also to staff and operate such suites.

Recommendation 11. Formalise the adoption of the revised Section 135 of the Mental Health Act protocol and develop joint arrangements for monitoring the implementation of agreed arrangements.

31. The MPS SOP published in May 2007 tasked borough commanders across London to put in place a protocol for Assessments on Private premises (including Section 135 assessments) that met the requirements of the London Development Centre minimum standard.

32. An audit conducted during the 3rd quarter of 2007 showed that around 75% of boroughs had a protocol in place. Around 30% of boroughs had protocols that were fully compliant with the London Development

Centre (LDC) standard. The remainder showed a mixture of compliance levels. Work is ongoing to update and bring the remainder to a good level of compliance.

33. In October 2008, the Mental Health Act revised codes of practice will require all protocols to be updated in line with some additional requirements. This work will be developed under a separate work strand as part of the MPS implementation of the codes and revised legislation.

34. In summary, the LDC standard is well publicised, the majority of boroughs have protocols in place, several of which are fully compliant, work is in progress to raise the standard of the remainder and further work will take place under the new Mental Health Act revisions.

Recommendation 12. Ensure a timely evaluation of the revised protocol (the emphasis should be in following up the recommendation of the multi-agency review).

35. In June 2005, a multi-agency review was conducted of assessments on private premises. This contained 18 short-term recommendations and 4 long term ones. The short-term recommendations requiring action from the MPS have been met (B6, B7 and B8). The ones applying to other agencies have been met in some cases, but several have not been delivered.

36. The remaining gaps can only be filled if other partners take ownership of work assigned to them.

37. Of the four long term recommendations, the first was not implemented because the needs across each borough were very different and it was not cost-effective, the second and third have been implemented and the fourth is linked to short term recommendation D17 assigned to the LDC.

Recommendation 13. The MPS ensures that mental health is given a high priority within the requirement of 24 hours training per year that Forensic Medical Examiners (FMEs) are required to undertake.

38. Education about policing mental health is a continuing input as part of the ongoing FME training programme. The most recent input about this subject was in December 2007.

39. For this reason, the Implementation Board has accepted this recommendation is now complete.

Recommendation 14. In order to reduce the amount of time detainees spend in custody, agreements are established with mental health services to ensure that Approved Social Worker (ASW) attendance will be timely.

40. An audit of Borough Mental Health Liaison Officers at the conference in October 2007 and the comments in last year's MPA update report on this subject have not revealed any evidence that this is a problem. Accordingly, the Implementation Board agreed that this is complete.

Recommendation 15. That agencies work together to improve the availability of Appropriate Adults.

41. A scoping exercise was conducted in 2007 with Borough Mental Health Liaison Officers and that did not reveal any evidence of problems in relation to appropriate adults. Further and more detailed research by the Strategic Research Unit involving examining individual crime reports and custody records for mentally ill detainees detained at police stations revealed similar findings.

Recommendation 16. If someone with mental health support needs commits an offence, it should be followed up through the criminal justice system. At the same time, it is important their mental health needs should be assessed and addressed appropriately, which may involve diversion to the mental health system.

42. In May 2007, the revised SOP clearly laid out that where a criminal offence is committed by someone with mental illness, this should result in a case disposal decision in all but the most trivial of cases. In practice, this translates to all offences other than very minor offending under Section 5 the Public Order Act.

43. Part of the reasons why mentally ill people who commit offences are not consistently put through the criminal justice system arises from Home Office Circular 66/90. The Mental Health Project Team have worked with the Home Office in looking at how this can be revised to reflect the theme of recommendation 16. The team have also provided input into an ongoing review by Lord Bradley about how offenders with mental health needs can best be dealt with and a document "Improving Health, Supporting Justice", aimed at bringing various health and criminal justice agencies together.

44. The MPS are scoping what challenges exist in relation to investigating offences committed by mentally ill offenders in order to ensure that gaps and areas requiring performance improvement are addressed.

Recommendation 17. As part of their approach to reducing violence on mental health wards, Trusts should adopt the approach taken by Southwark police and the Maudsley in developing a prosecution policy and educating staff about how to deal with the police should the need arise.

45. In 2007, a staff survey was carried out at the Maudsley Hospital. This revealed less than a quarter would report an assault to the police, over a third believed their management simply expected them to tolerate assaults and only a fifth were satisfied with the police response. Approximately half of staff said they did not contact police because it

would not be taken seriously. This suggests that the model proposed by this recommendation is less than ideal practice.

46. The memorandum of understanding between the Association of Chief Police Officers and the National Health Service has been publicized widely to Borough Mental Health Liaison Officers and on the MPS intranet. This has a section that provides clear guidance to police officers dealing with allegations of offences against mentally ill patients.

47. The revised MPS SOP published in May 2007 encourages a positive prosecution policy.

48. The MPS Mental Health Project Team have worked closely with the lead from the NHS Security Management Service to encourage officers to work with their local security specialists.

Recommendation 18. The MPS further raise the profile of the role of the borough MHLO within the organisation.

49. Every MPS borough has a BMHLO. Twice yearly conferences are held to support these officers. New BMHLOs receive additional support and every BMHLO was engaged in working with the Mental Health Project Team last year to conduct an audit. Where the audit revealed gaps, the BMHLO was further tasked through the borough commander to work on developing and improving their systems and practices. The Mental Health Project Team provides a help line and e-mail support system for BMHLOs, for example in the last 12 months around 100 pieces of written advice by e-mail have been supplied. The Implementation Board has agreed this is now complete.

Recommendation 19. A key function of the MHLO should be to proactively develop relationships with local user groups and voluntary organisations. Performance management mechanisms will need to be developed to monitor this.

50. An audit undertaken in November 2007 revealed that a high majority of BMHLOs met on a regular basis with service users and were involved in training with local partner agencies. Virtually all BMHLOs also held accessible and up to date lists of all their key partner contacts, revealing good links between them and local groups/services.

Recommendation 20. The MPS puts in to place a comprehensive training programme aimed at ensuring that all officers have an appropriate level of awareness of mental health and illness to enable them to deliver more effective services to people with mental health support needs. This should be developed with, and involve a diverse range of service users and where possible partner agencies.

51. The training programmes for recruit constables and officers on probation have been updated to reflect this recommendation. The Disability Independent Advisory Group have inspected and reviewed the recruit training programme.

52. Training has been introduced at the MPS Crime Academy for witnesses and service users and funding for national training will allow the National Policing Improvement Agency to develop training in this area. The revised SOP contains comprehensive tactical coverage about how to police incidents involving mental illness and the MPS intranet is kept up to date with the latest information, legislation and guidance.

53. The eight area training managers within the MPS are being invited to identify any aspect of training that has implications for policing mental health and to submit it to the project team to ensure it is up to date and relevant. This will ensure it reflects the changes brought about by the Mental Capacity Act 2005, the soon to be introduced transportation arrangements with the LAS and the forthcoming changes in the revised Mental Health Act codes of practice.

54. The guidelines for call centre staff are being updated in line with the changes highlighted in the above paragraphs.

Recommendation 21. Local partnerships develop joint training opportunities such as scenario based workshops, particularly where practitioners are engaged in delivering services together.

55. During the last 12 months, the project team has worked with four London hospitals to deliver joint training on 11 occasions and has trained the Forensic Medical Examiners.

56. The large majority of BMHLOs work with local partner agencies to deliver training.

57. External agencies and partners are involved in each BMHLO conference held every six months.

Recommendation 22. Partner agencies develop training programmes aimed at ensuring staff are aware of the role of police. Likewise, the MPS should ensure that its officers understand the roles and responsibilities of partner agencies.

58. The presence of partner organisations at regular BMHLO conferences has promoted a greater understanding of each other's roles and functions. Every borough now has protocols between the police and partners outlining the responsibilities of each to help ensure mutual understanding of roles and responsibilities. These will all be revised and updated in line with the new Mental Health Act codes of practice to be introduced from October 2008.

59. The recent borough audit confirmed that BMHLOs had been pro-active in educating hospital staff about the role of police.

Recommendation 23. All training programmes are subject to an equality impact assessment to ensure that they identify and

address the needs of service users from different communities in London and that they avoid perpetuating the stigma attached to mental illness.

60. All MPS training programmes are now equality impact assessed (EIA). The revised SOP, the police guidance about the Mental Capacity Act 2005 and the operational instructions to police officers about the forthcoming agreement between the MPS and LAS for transportation of mentally ill detainees have all been subject to a full EIA. This recommendation has been agreed as complete by the Implementation Board.

Recommendation 24. The MPS, NHS and other partners continue to explore the benefits of good practice models identified (such as the American models (see main text for detail)), with a particular focus on the context in which they are delivered and how this could be applicable to improving the quality of service delivery in London.

61. We have examined this model and found it is impractical for implementation here in London due to reasons of cost. It would involve two full days training for every Metcall operator and the provision of dedicated teams of officers drawn from away from frontline policing with considerable initial and ongoing training. Alternative areas of good practice being explored are as follows:

62. The role of the dedicated mental health information officer at Camden who acts as a link between health services, other agencies and police to share information about risk, particularly in relation to the more dangerous offenders from more secure hospitals and prisons.

63. The partnership between Revolving Doors charity and Islington Police where Safer Neighbourhood Team officers are referring mentally ill people and other vulnerable groups to two dedicated link workers.

64. ACPO working group for disability and mental health
Special Interest Group bulletin board via the MPS intranet
BMHLO conferences
National Mental Health Communication Gateway (Genesis site)
The MPS Intranet site for policing mental health

Recommendation 25. There should be a clear policy statement from a pan-London alliance that confidentiality will be respected, information will only be shared when it is either in the best interests of the individual or there is a concern for public protection and information will only be used for the purpose for which is being shared. We recommend that there will be regular data cleansing in recognition that people's mental health status can change and improve. Systems and processes will need to be developed in order to achieve this.

65. All these requirements are now standard practice as part of the MPS SOP for sharing information between police and partners. This

process was already at an advanced stage of development when these recommendations were made.

Recommendation 26. There is a need to clarify the legal framework, for example using case studies, making it easier for practitioners to understand the circumstances within which information should be shared.

66. A simple algorithm has been produced by the London Development Centre for guiding practitioners. The MPS SOP for sharing information is now well embedded within processes and is supported by comprehensive instructions on the MPS intranet site.

67. The audit revealed that the majority of boroughs now have an information sharing protocol in place with health and other partners to support policing mental health and work is in progress to ensure the remainder are covered by a similar agreement.

Recommendation 27. Where possible (and we recognise that this isn't always possible), the individuals should be told that information is being sought from/shared with other agencies. The reasons for this should also be explained.

68. From a policing point of view, this is often very impractical to operate. The 2 most frequent occasions when health and social care agencies need to share information with police is when a person is absent without leave from a psychiatric hospital or when they require police support to complete a mental health assessment on private premises. Informing the person that their details are to be shared with police, will in both these cases frustrate any action to retake or to assess them, since it effectively puts them on alert that agencies will shortly be visiting their premises.

Recommendation 28. The development and promotion of the use of crisis cards

69. The development of crisis cards is not a responsibility that can reasonably be expected to sit with the MPS. From a promotional angle, the project team has worked with Medic Alert to raise awareness amongst police officers and staff about the value of crisis cards in reducing risk to service users and officers. This has included presentations at BMHLO conferences, amended training notes and lesson plans and information on the MPS intranet.

70. In the report commissioned by the Mental Health Partnership Board "Review of Section 136 Mental Health Act Report and Recommendations – September 2006" the task of developing crisis cards was assigned to the LDC.

Recommendation 29. All agencies hold accurate lists of key staff in partner agencies, along with their roles and responsibilities and that arrangements are established for ensuring that they are kept up to date.

71. The recent audit revealed that BMHLOs maintained these lists and knew who their key partner contacts were. The ongoing BMHLO development programme facilitated through the six monthly conferences ensures that borough staff are reminded of the importance of maintaining links with certain partners. The Implementation Board have agreed this may be shown as completed.

Recommendation 30. Locally based networking is facilitated though Safer Neighbourhood teams and CMHTs aimed at ensuring appropriate responses to individuals who appear to have mental health support needs.

72. The vast majority of SNTs on each borough have links with their community mental health teams (CMHTs). Earlier this year a presentation was delivered by the project team at the MPS wide SNT Supervisors meetings to encourage and highlight the value of linking in with local CMHTs. An example of good practice by way of a referral form was provided.

73. A five-year pilot programme has started this year with Revolving Doors and three Safer Neighbourhood Teams at Islington. This will facilitate referrals by police officers and police staff to two dedicated neighbourhood link workers for vulnerable individuals including the mentally ill who come to police notice. The focus will be to refer into and engage with services and work with the referees on a long-term basis to tackle health and social problems and reduce crime and anti-social behaviour.

Recommendation 31. Borough arrangements are formalised to reflect good practice.

74. The context of this recommendation is within information sharing and partnership links. The existence of information sharing protocol templates at most boroughs now ensures such arrangements are on a formal basis.

75. An information passing process was being piloted at Tower Hamlets at a tactical level to reduce risks caused by people with mental illness who might pose a danger to their communities. From April this year Public Protection Desks will be in place on each borough. Part of their function will involve processing referrals from officers about vulnerable adults or adults that present risks to their community and existing MPS technology will be adapted to facilitate this. This category of people will involve the mentally ill. Whilst this is at an early stage, in the future referral mechanisms will be built to ensure such information is shared. This has been agreed as complete by the Implementation Board.

Recommendation 32. The whole systems approach to reducing violence on wards identified in this review is shared as good practice with Trusts across London.

76. This is an area for health trusts to develop within their own working procedures. In the last MPA update in March 07, NHS representatives were raising this with Chief Executives of mental health trusts.

Recommendation 33. Multi-agency work is taken forward to gain a better understanding of joint risk assessment and that lessons learnt and good practice are shared across London in a coherent and co-ordinated manner.

77. A comprehensive risk assessment and planning tool now exists and is in use across London (Form 435). This ensures that all aspects of risk are considered in relation to mental health assessments on private premises. It is used to ensure that agencies involved have a common approach and understanding and that multi-agency planning takes place. This has been agreed as complete by the Implementation Board.

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