

Policy



Mental Health – Policing Mental Health Policy			
DCP-P-019 (formerly D140)			
Version	1.0	Host Force	Devon & Cornwall Police
Effective Date	04/05/2021	Host Policy Unit	Devon & Cornwall Police
Version Date	04/05/2021	Policy Owner	Superintendent, Mental Health Team
Review Date	04/05/2022	Policy Author	Inspector, Mental Health Team
Associated Procedures	DCP-Opr-017 Mental Health – Policing Mental Health		
Policy Summary			
<p>This policy is intended to ensure that officers and staff provide a clear and consistent service to the people with poor mental health whether they are victims, witnesses, suspects, offenders, patients, NHS service users or members of the public requesting or requiring assistance.</p>			
<p>We welcome any comments or suggestions you wish to share about the content or implementation of this policy. If you would like to make contact to discuss further, please email: ForcePolicyandProcedures@devonandcornwall.pnn.police.uk</p>			

1. Purpose, Standards and Legal Basis

- 1.1 The needs of the individual are paramount and should be one of the main drivers in the decision making of officers and staff. It is, however, recognised that sometimes an individual will not be in a position to identify or communicate their needs and that there will be times when it is necessary, proportionate and appropriate to consider the use of the Mental Health Act 1983 or the criminal justice system in order to deal with a situation and that the safety and needs of the community at large must also be considered.
- 1.2 There will also be occasions where it is lawful, necessary, proportionate and appropriate to consider the use of reasonable force in managing such situations.
- 1.3 The Force recognises that the police play a key role in providing a response to people with mental ill-health, Personality Disorders, learning disabilities or learning difficulties and Neurodiversity such as Autism and ADHD. It is important here to stress that an individual may have learning disabilities and/or Neurodiversity but should not be treated as having or be referred to as having a Mental Health Illness or disorder simply by virtue of that.
- 1.4 DCP has adopted and seeks to comply with the Authorised Professional Practice (APP) on Mental Health which is published by the College of Policing.

1.2 Legislation

- 1.2.1 DCP will follow all relevant legislation and will give special consideration to the following legislation:
 - Mental Health Act 1983, as amended by the Policing and Crime Act 2017
 - Mental Capacity Act 2005
 - The Data Protection Act (2018) and General Data Protection Regulations (GDPR)
 - The Health and Safety at Work Act (1974)
 - Human Rights Act (1998)
 - Freedom of Information Act (2000)
 - Equality Act (2010)
 - Authorised Professional Practice
 - National Decision Model
 - Visions, missions, values
 - Equality and diversity issues including the Public Sector Equality Duty, Code of Ethics and Standards of Professional Behaviour

1.3 Definitions and Standards of Service

- 1.3.1 It is DCP's policy to deal compassionately, fairly and appropriately with people with a mental disorder, learning disability or other neuro-diverse conditions according to their needs.
- 1.3.2 Section 1 of the Mental Health Act 1983 states that:

“Mental disorder is any disorder or disability of the mind.”

This term covers all areas of vulnerability relating to mental illness, learning disability and other cognitive conditions and neuro-diversity. It is again important to stress that a person with a learning disability shall not be considered by reason of that disability to be suffering from mental disorder or requiring treatment in hospital for mental disorder unless that disability is associated with abnormally aggressive or seriously irresponsible conduct. Every person must be treated according to their individual needs identified at the time of an interaction with the police.

1.3.3 The National Police Chiefs’ Council definition of a mental health incident (used for the purposes of crime, incident, and safeguarding recording) is:

“Any police incident where someone’s mental health is at the centre of the incident or where the police must do something additionally or differently because of their vulnerability.”

This could include (but is not limited to) instances when:

- a victim has apparent mental health apparent disabilities / learning difficulties
- a suspect / offender has mental health apparent disabilities / learning difficulties
- a witness has mental health apparent disabilities / learning difficulties
- someone with mental health apparent disabilities / learning difficulties is treated as missing or as a patient.

1.4 Our aim is to ensure that people who present to police whilst experiencing a mental health crisis are supported and managed in the most appropriate way according to their individual needs at that time by the most appropriate service. These needs may be known or perceived.

1.5 The force fully endorses the nine core principles of the National Police Chiefs’ Council National Strategy on Policing and Mental Health, which is at this link: [NPCC Mental Health Strategy](#)

2 Roles and Responsibilities

2.1 DCP Mental Health Team

2.1.1 The DCP Force Mental Health Team is part of the Vulnerability Command and is made up of the Force Mental Health Superintendent, Force Mental Health Lead Inspector and the Mental Health Strategic Coordinator whose contact details can be found at this link: [Contact Us](#) The role of this team is to coordinate force activity to deliver the mental health strategy and business plan in support of the force mission and vision. The wider DCP Mental Health Team is made up of geographically and departmentally based SPOCs. The role of this team is to deliver the activity required by the force business plan and local priorities.

2.1.2 Force governance is achieved through the Force Mental Health Delivery Group chaired by the Superintendent Mental Health and attended by Mental Health SPOCs. Above this sits the Force Mental Health Group chaired by the ACC portfolio holder and attended by Partnership Superintendents and equivalents.

2.2 Partners

2.2.1 There are two mental health trusts and one community interest company providing and coordinating mental health services within the DCP force area: Cornwall Foundation NHS Trust (CFT), Devon Partnership NHS Trust (DPT), and Livewell in Plymouth. Each of these service providers is responsible for their own Practice Guidance Notes / Policies for S135 and S136 that set out the provision of multi-agency services to individuals who are likely to be patients under S135 or S136 of the Mental Health Act.

These protocols should detail:

- Compliance with relevant legislation, national guidance and other sources of standards for the NHS, Local Authority, Police and partner agencies
- The use of dedicated mental health Places of Safety on the majority of occasions
- The use of Emergency Departments only where this is consistent with concerns about urgent healthcare requirements
- The use of police stations, only in exceptional circumstances and where it is medically safe to do so and the person **is over 18. Persons under 18 should not be brought to police stations as places of safety under any circumstances.**
- Seek to facilitate the rapid assessment of persons removed to a place of safety.

2.3 Triage

2.3.1 Triage schemes operate within the force area, currently with Street Triage in police control rooms and NHS First Response providing the triage service. They aim to improve access to mental health services and provide advice to officers and staff. The triage services are part of a long term NHS project to incorporate them into the wider NHS wider 111 service.

2.3.2 Officers are reminded that S136 of the Mental Health Act 1983 now requires officers to consult with medical professionals before invoking S136 where this is practicable (it is recognised and acknowledged that there will be cases where circumstances require immediate action or it is otherwise not practicable.) Officers should consult Triage during operating hours or the out-of-hours services outside of these times.

2.4.3 The most up to date contact details, operating hours and who to contact can be found in Mental Health SharePoint pages here: MH Home

2.4 Liaison and Diversion

2.4.1 Liaison and Diversion are based at all DCP custody centres and will take referrals for all individuals who a suspect in a crime, either following arrest or a voluntary interview. Referrals for those in custody can be facilitated by the custody sergeant. For referrals for those who are not in custody are made by emailing this form to the relevant addresses: Neighbourhood Liaison and Diversion Referral form_. Liaison and Diversion are not a 24

hour service, and in their absence advice can still be sought from the custody Health Care Practitioner.	
3 Policy Information	
3.1	The DCP adopted College of Policing Authorised Professional Practice can be found at this link: COP APP on Mental Health . This APP provides definitive guidance on all relevant aspects of procedure. It should be consulted in conjunction with any locally issued guidance such as this policy document and the DCP Mental Health procedural guidance.
3.2	The DCP Mental Health procedural guidance is at this link. The procedural guidance covers: <ul style="list-style-type: none">• Handing of Incidents with Individuals Presenting with a Mental Disorder• Presenting behaviours• Suspected Acute behavioural Disturbance (ABD)• Section 136 and vulnerability recording• Mental Health Incidents on Private Premises• Search Powers• Custody as a “Place of Safety”• Use of S136 MHA in Custody• Use of the Mental Capacity Act (MCA) 2005• Transport• Handover to the NHS• Offences within In-Patient Psychiatric Mental Health / learning Disability Facilities• Warrants under Section 42 of the Mental Health Act 1983• Prosecution Decisions• Police Assistance at Psychiatric Wards• Community Treatment Orders
4 Monitoring and Review	
4.1	Review and amendments will be coordinated by the Policy Unit. This policy will be formally reviewed at periods as prompted by the Policy Unit, with a review period annually.
4.2	Ongoing learning, legislative changes, and other influencing factors may also necessitate a review / update.
4.3	Continual assessment of this policy will be carried out by the Mental Health Tactical Delivery Group as part of the mental health and suicide prevention Continuous Improvement Process.
4.4	The policy owner has overall responsibility for ensuring the content of the policy is appropriate and up to date.

4.5 The Mental Health Strategic Coordinator has responsibility for monitoring and coordinating relevant partners' protocols.

5 Associated Documents

- [Mission & Values](#)
- [Human Rights Legislation](#)
- [Records Management](#)
- [Freedom of Information Act 2000](#)
- [Government Security Classification](#)
- [General Data Protection Regulations / Data Protection Act 2018](#)
- [National Decision Model](#)
- [Code of Ethics](#)
- [Standards of Professional Behaviour](#)
- [Authorised Professional Practice \(APP\)](#)

6. Document History

Present portfolio holder	ACC Vulnerability & Crime
Present document owner	Superintendent, Mental Health Team
Present owning department	Prevention Department
Below details required for version 1.0 and major amendments only	
Name of board	DCC Business Board
Date approved	22/04/2021
Chief Officer approving	DCC Nye

7. Version History

Version	Date	Reason for Amendments	Amended by
1.0	04/05/2021	Review and input into new templates	Inspector, Mental Health Team