

Multi-Agency Custody Practice Guidance

Mental Health in Custody

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This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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Right Care, Right Person Statement:

Right Care, Right Person (RCRP) (DoH, July 2023) sets out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people.

EDT and the AMHP Service will signpost and respond to contact's taking into consideration the RCRP principles. Meaning, where possible the right person with the rights skills, training and expertise will respond. Staff will use the escalation process in place if they feel this is required. The police have a legal duty to Keep the Kings peace, respond to imminent threat to life and respond where a crime has been committed. All documents will be reviewed and updated in 2025 to include specific details relating to RCRP.

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1. Introduction

- 1.1 This multi-agency Practice Guidance has been written for organisations across the system to support people presenting with mental disorders in Custody in Bedfordshire.
- 1.2 The guidance is applicable to all Bedfordshire Police Officers, Local Authority and ELFT employees and any individual who is employed on a contractual or voluntary basis.
- 1.3 All Police Officers/staff will have regard to the College of Policing Authorised Professional Practice (APP) when discharging their responsibilities. The Custody Officer will ensure the required Equality Impact Assessment (EIA) is carried out and detainee care plans are updated to reflect each stage of this process or outcomes.

2. People presenting with a mental disorder in custody.

- 2.1 Where a detainee in a Bedfordshire custody suite appears to be experiencing a mental health disorder, the Custody Officer must be notified immediately to ensure appropriate support can be provided.
- 2.2 Where a person is deemed to have a mental disorder, an Appropriate Adult may be required. The local Appropriate Adult pathway should be followed by the Custody Officer.
- 2.3 If it is believed the person needs social care support, contact can be made with the relevant organisation (Local Authority or Community Mental Health Team) to progress actions required.
- 2.4 If it is believed that the person needs emotional/ mental health or wellbeing support, contact can be made with the Samaritans. The support offered via the Samaritans is part of the Suicide Prevention Service Pathway (appendix 1 and 2) and via the agreed memorandum of understanding with Bedfordshire and Hertfordshire Police.
- 2.5 If immediate actions are required out of hours contact can be made with the Emergency Duty Team (EDT) on 0300 300 8123.
- 2.6 If there are concerns relating the persons physical health the Custody Officer should liaise with the Health Care Professional (HCP) or Forensic Medical Examiner (FME). If urgent medical treatment is required, an ambulance should be called, or the person should be transferred to the nearest Emergency Department.

3. People requiring a mental health assessment.

During working hours.

- 3.1 During the hours of 08:00–20:00 the detainee will be referred to the Liaison and Diversion Service (L&DS) for triage and assessment of a range of physical health, mental health and social care vulnerabilities. L&DS discuss with the Custody Officer to agree the most appropriate course of action.
- 3.2 Should the L&DS conclude a Mental Health Act Assessment (MHAA) is required they will complete the MHAA referral to the relevant team. In hours referrals will be sent to the daytime AMHP Service and out of hours referrals will be sent to EDT. L&DS will follow up all referrals with a phone call to ensure the receiving team has received the referral and supporting documentation.

- 3.3 The Approved Mental Health Professional (AMHP) will consider the referral and, if progressed, will co-ordinate the assessment in line with the Mental Health Act and supporting Codes of Practice, time will be required to consider the referral and ensure all necessary steps have been undertaken. The AMHP will ensure L&DS are updated regarding the progress of the MHAA, the outcome is recorded on the referral form and uploaded onto RiO.
- 3.4 The Custody Officer will consider advice provided by the HCP or FME, if there are concerns regarding the presentation of the person or if there are delays which may pose a significant risk to the person, then the Custody Officer will consider the use of s136 Mental Health Act (MHA) powers.
- 3.5 Where the person presents with risk of suicide and the criminal justice process continues, the risks are managed in custody by the police. Prior to release, the risks are reviewed and if there are concerns and/or the person is declining an informal admission, the police may consider the use of s136 (i.e., the PACE clock has ended and there is no legal ground to detain the person in custody any longer).

Out of hours.

- 3.6 Out of hours and in the event of L&DS being unavailable, the person will be referred to the Castle Rock Group HCP. If the HCP believes the detainee requires follow up assessment of a non-urgent nature, they will refer them to L&DS via the agreed out of hours pathway and inform the Custody Officer.
- 3.7 Should the HCP believe that a mental state examination is required by an FME, they will communicate this to the Custody Officer.
- 3.8 If a mental state examination is required, the Custody Officer will contact the Castle Rock Group FME and request their attendance.
- 3.9 If the FME is available, they will attend and conduct a mental state examination. If the FME believes the detainee needs a MHAA, they will inform the Custody Officer and make a referral to the EDT, and this will be followed up by a phone call to ensure the service has received the referral.
- 3.10 The Approved Mental Health Professional (AMHP) will consider the referral and, if progressed, will co-ordinate the assessment in line with the MHA and supporting Codes of Practice, time will be required to consider the referral and ensure all necessary steps have been undertaken. The AMHP will ensure the Custody Officer is updated regarding the progress of the MHAA.
- 3.11 The Custody Officer will consider the advice provided by the HCP or FME, if there are concerns regarding the presentation of the person or delays which are posing a significant risk to the person then the Custody Officer will consider the use of s136 MHA powers.

4. Considering S136 in custody.

- 4.1 In line with the local s136 Practice Guidance the custody officer should ensure consultation has been completed prior to deciding to detain a person under s136. The Police can consult with the following in order of priority.
- L&DS practitioner
 - HCP/FME

- The East London Foundation Trust Duty Senior Nurse
 - A registered medical practitioner
 - A registered nurse
 - An Approved Mental Health Professional, or
 - An Occupational Therapist or Paramedic.
- 4.2 If the use of s136 MHA power is necessary, the Custody Officer will liaise with the Force Control Room (FCR) and request the immediate attendance of a Police Constable, who will be briefed by the Custody Officer and requested to exercise their powers under s136 MHA.
- 4.3 The Custody Officer will arrange for an ambulance to be requested for the detainee to be transported to the s136 suite at Jade Ward or another appropriate place of safety if necessary. If there is a delay in the provision of an ambulance, the Custody Officer will consider alternative options for conveyance.
- 4.4 The Custody Officer must maintain responsibility for the following actions:
- Ensure that a joint risk assessment is completed with the ambulance personnel
 - Agree on the most appropriate mode of transport based on that risk assessment - in most cases this should be the ambulance
 - Decide if it is appropriate for the police to travel in the ambulance with the person
 - In the case of police transport being used, ensure that a member of ambulance personnel travels with the person.
- 4.5 The Custody Officer will contact the appropriate place of safety and notify them of the persons detention and estimated arrival time.
- 4.6 The Custody Officer to liaise with the officer in the case to determine whether the detainee will be:
- Released no further action (NFA)
 - Released on Bail
 - Released Under Investigation (RUI)
 - Remain under arrest
- 4.7 The Risk Assessment/PER form must be completed by the Custody Officer.
- 4.8 If released on Bail or RUI - an officer in the case must be identified. The officer in the case will maintain contact with the place of safety to determine outcome of assessment and ensure safeguarding risk management plans are in place.
- 4.9 If the detainee remains under arrest, upon removal to the place of safety, section 41(6) PACE applies, and the PACE clock will stop.
- 4.10 If the detainee remains under arrest, police officers will remain at the place of safety.
- 4.11 The officer in the case must maintain contact with the place of safety and ensure safeguarding risk management plans are in place.
- 4.12 A MHAA will be conducted at the appropriate place of safety.

5. Outcomes of MHAA Referrals

- 5.1 The AMHP considering the MHAA referral will ensure the L&DS (01582 700227 or elft.liaisonanddiversionsservice@nhs.net) or the Custody Officer is updated regarding the outcome of the referral.
- 5.2 On some occasions the AMHP and supporting professionals may conclude prior to a MHAA being completed that an alternative least restrictive option could be progressed. The AMHP will co-ordinate the outcomes of the referral and ensure all involved are updated.
- 5.3 Should there be any dispute regarding the outcome of the referral this can be escalated in line with the multi-agency Escalation Practice Guidance and each organisations internal processes.
- 5.4 Should an MHAA be required, depending on the presenting situation the MHAA will either be conducted within custody or at the designated Place of Safety. For all assessments, the AMHP will ensure they are compliant with the MHA and supporting Code of Practice (CoP).
- 5.5 The outcomes of a MHAA could include.
- No further action or discharge from S136 as there is no mental disorder.
 - Community support arranged (via primary or secondary mental health services or via voluntary sector services, such as the Samaritans (appendix 1 and 2)
 - Informal admission
 - Formal admission under the safeguards of the MHA.
- 5.6 Should the outcome of the MHAA conclude an admission is required for assessment and/or treatment this should be facilitated in a timely manner as the assessing team believe this is necessary to manage immediate presentation and associated risks. The assessing team should liaise with custody to ensure they are involved in the decision making and to ensure all professionals are clear of the considerations which have taken place. Admissions should not be delayed due to Police processes or dispute in relation to the outcome of the MHAA.
- 5.7 14.14 of the MHA CoP identifies when a person needs to be in hospital, informal admission is usually appropriate when a person has the capacity. 14.15 of the MHA CoP adds to this by suggesting this should not be regarded as an absolute rule especially if the person presents with risk to themselves or others due to their mental disorder. The assessing team will ensure consideration of these codes are documented to provide a rationale for decision making.
- 5.8 The assessing team may conclude the person is considered detainable however, an informal admission can be supported. This assessment will be based on a thorough assessment of capacity and associated risks, the likelihood of the person changing their mind (CoP 14:16), the assessing team will have considered all implications for their decision. It is important the assessing team clearly document rationale for decision making and discussions which have taken place.
- 5.9 The admission should be facilitated in a timely manner to ensure the person receives the assessment and treatment in line with the outcome of the MHAA. Any disputes should be managed in line with the Multi-Agency Escalation Practice Guidance.

Actions required by Police following a MHAA.

- 5.10 If following assessment, the person requires an admission the Custody Officer and/or officer in the case will be informed. If the person is at a place of safety the Police Officers will action this via telephone / email.
- 5.11 If the person who requires an admission is still under arrest, officers present will inform the Custody Officer. The Custody Officer will liaise with the officer in the case to determine whether the detainee will be:
- Released no further action (NFA)
 - Released on Bail
 - Released Under Investigation (RUI)
- 5.12 If the person is discharged from the s136 or no further action is required and they are not under arrest, the person will be discharged.
- 5.13 If the person is discharged from the s136 or no further action is required and they are still under arrest, the PACE clock recommences. If the person is at a place of safety the Police Officer will convey the detainee back to custody.
- 5.14 If released NFA, on Bail or RUI but still considered to be vulnerable in terms of emotional or mental wellbeing, but is not an immediate risk, the person can be referred to Samaritans (appendix 1 and 2).
- 5.15 All staff will have regard to the College of Policing Authorised Professional Practice (APP) when discharging their responsibilities. The Custody Officer will ensure detainee care plans are updated to reflect each stage of this process.

6. Violent Offences.

- 6.1 This section of the guidance is aimed at supporting AMHPs.
- 6.2 There may be occasions when a person with a mental disorder is alleged to have committed GBH, attempted murder or murder, or serious sexual assault or other unusual or unpredictable crime. Due to the complexity of these scenarios each case will need to be considered on an individual basis and guidance may alter depending on the presenting situation.
- 6.3 In all cases of violent offences in relation to a person with a mental disorder the Bedfordshire and Luton admission from police custody protocol and MHAA violent offence pathway should be utilised, this can be found in Appendix 3.

7. Related Policies and Practice Guidance.

- College of Policing Authorised Profession Practice.
- Custody Operating Procedure.
- S136 Practice Guidance.
- EDT and AMHP Protocol.
- L&DS Operational Policy.
- Appropriate Adult Practice Guidance.

- Samaritans Memorandum of Understanding with Bedfordshire and Hertfordshire Police.

8. Appendices.

- Appendix 1 - Samaritans Suicide Prevention Pathway Service & Police referral pathway
- Appendix 2 – Samaritans contact numbers
- Appendix 3 - Bedfordshire and Luton admission from police custody protocol and MHAA violent offence pathway