

South Wales Police



Heddlu De Cymru

Working with the Community

Cydweithio Gyda'r Gymuned

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David Melding AM
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Cardiff CF 1AP

Mental Health Services LCO Committee Public Consultation.

I write as Chair of the Association of Chief Police Officers in Wales (WACPO) in response to the above consultation document.

As you may be aware, South Wales Police have led on behalf of WACPO and in partnership with the Welsh Assembly Government's sponsored review. This work has resulted in the development of a proposed mental health prevention model shown at Appendix 'A'. This model is supported by a number of key recommendations which follows twelve months extensive public engagement, service user consultation and partnership participation (see Appendix 'B').

This contribution has a significant weight of research behind it and we believe takes account of what the communities of Wales are seeking in terms of mental health services.

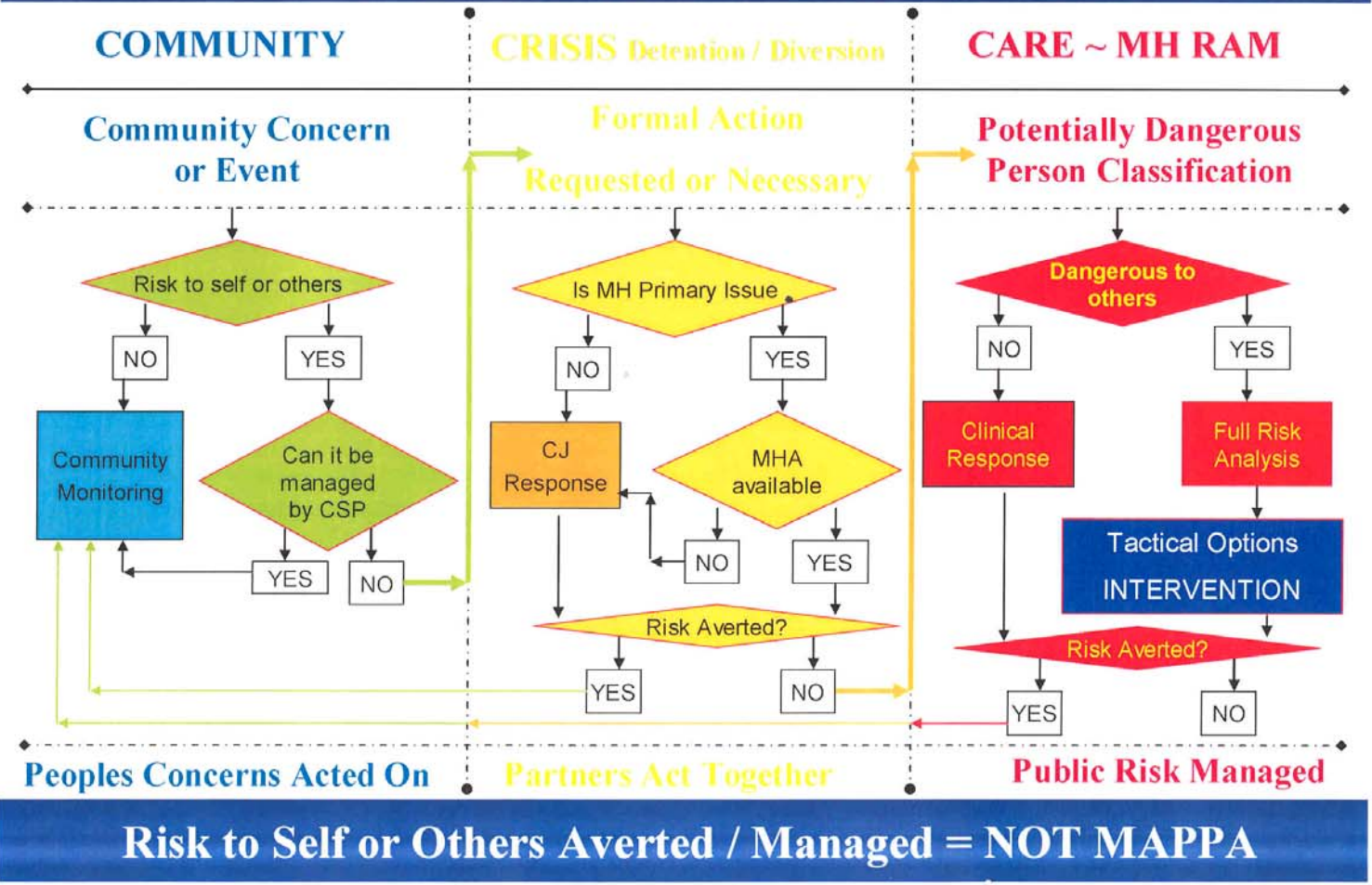
Yours sincerely

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A proposed 3 level Community Mental Health Criminal Justice System Model for Wales



Recommendations in Order of Priority

1. That Health become equally responsible for the management of the risk presented by mental health service users,
 - Given that 40% of MAPPA subjects have a history of mental health problems; is there support to the belief that a preventative health led approach; may have wider, social, criminal justice and WAG financial savings.
 - The intention is that health should have the same level of responsibility / accountability by becoming a responsible authority as are prison, probation and police services in the management of dangerousness.
2. That mental health assessment centres be urgently established to deal with the needs of mental health service users in apparent crisis. Staff at these centres should / would possess the requisite control and restraint, de-escalation and assessment skills.
 - The use of police cells as places of safety should stop as soon as such services can be established by health.
3. That health should lead at Mental Health Risk Assessment Management MH RAM level.
 - The experience in England is of a growing capacity and success in health lead systems that do not swamp existing risk based partnerships such as vulnerable adults, domestic violence and MAPPA. This said it is recognised that the system may result in referrals to each in appropriate circumstances.
4. That Criminal Justice (liaison) Teams are created so as to ensure the mental health needs of people in the criminal justice system are prioritised and addressed at the earliest opportunity.
 - The creation of such teams in health regions will ensure that support is provided to mental health service users at times of crisis which often manifest themselves through persons coming to notice through the criminal justice setting.
 - Mental Health Criminal Justice Teams would not carry a permanent case load but provide a safety net for mental health service users and liaise between the criminal justice agency and CMHT or other supporting service.
 - The priority for the MHCJT is de-escalation and diversion from criminal justice where appropriate and facilitating the criminal justice process where necessary.
5. That all agencies in Wales use for internal purposes the All Wales Multi Agency Information Record, as a way of internally raising concerns about any person for any reason.
 - Use of the All Wales M.A.I.R form would create All Wales data standards; allowing internal prioritisation and central collation within any agency.
 - This would be supported by main partners creating a Central Information Desk that would receive and prioritise all reports (not just mental health) to ensure that information submitted once is shared with all relevant teams in its own network.
 - The creation of Central: Health Information Desk or Central: Local Authority Information Desk will ensure effective internal dissemination to relevant teams.
 - Such Central Information Desks would also facilitate information exchange between approved agencies in line with authorised policy.
 - The message to all public employees needs to be simplified, namely that you will share information with your agencies Central Information Desk. This will remove the cloak of fear created by protocols that sharing is a challenge or will result in disciplinary or legal action.
 - This will also help develop a whole picture of an individual's needs and behaviour better informing decision makers in all agencies. At present forensic (offending history) is the only information available to many decision makers. This for communities represents too little too late.

6. That priority is given to the concept of The Welsh Assembly Government establishing an Information Security Office, which would maintain a list of approved agencies who may share information between themselves and specifies for what purpose.
 - For Example Social Services would have authority for the sharing of information in respect of mental health, child protection, vulnerable adults, domestic abuse with healthcare services and S.115 Crime and Disorder Partnerships. This would prevent the need for agencies having to repeatedly develop protocols and memorandum of understanding and accords.
 - Where public safety is in question the emphasis should be on sharing information.
 - This is in keeping with the most recent guidance (2007 Every Child Matters) says that protocols are not required as duty of care. The Crime and Disorder Act and Human Rights Act both allow for the sharing of information to protect life / public safety.
7. That the Criminal Justice Board lead at the 'Crisis level of the model' and set the performance management for Mentally Disordered Offender Steering groups to implement through MH Criminal Justice (liaison) Teams.
 - To ensure equity in deciding if mental health is the primary issue.
8. That Community Safety Partnerships or Local Service Boards lead at Community Level.
 - The thought is community safety partnerships should lead at this point as although the person may have health needs the solutions to many of the mental health service users needs (as in their submission) sit in the community. I.E housing, leisure activities etc.
9. That processes should be preventative in design. Therefore mental health service users should not automatically be considered as MAPPA subjects. Persons identified as "Potentially Dangerous" may be referred to MAPPA by MH RAM as potentially one of the "Critical Few" and adopted as MAPPA subject.
 - A mental health service user is not necessarily an offender (MAPAA) nor necessarily vulnerable to abuse (POVA).
 - Given that 40% of MAPPA subjects have a history of mental health problems; are there opportunities for step down from MAPPA into MH RAM for some of those critical few.
10. That the need for informed consent is removed from WASPI in cases of PUBLIC SAFETY so that staff are not endangered and approachability / care / treatment relationships not jeopardised.
 - Is WASPI the right tool? Why do we need another protocol when the Crime & Disorder Act and section 17 provides an existing legal framework? Most recent guidance (2007 Every Child Matters) says that protocols are not required as duty of care, crime and disorder act, human rights all allow for the sharing of information to protect life / public safety.
11. That Mental Health Nurse Specialists should be available or based at every designated police station.
 - Here, we are looking for a consensus that mental health service users do not belong in police cells when their only reason for detention is the Mental Health Act.
 - Looking for short term solutions as to how the increased risk of suicide to this group, presented by police detention can be minimised.
 - Where suspected criminality is the reason for detention to minimise detention times by identifying appropriate support services and opportunities for diversion.
12. That within the secure mental health estate there needs to be provision for short term transfer during times of relapse or sudden crisis.
 - Staff working in the health setting may at times be at risk from specific patients.
 - That patient needs to be lawfully transferred to avert that risk in the short term. This could also be a role provided by the mental health assessment centres.
 - The review could identify no powers to transfer patients from hospitals and other places of safety to police stations.

13. That Health applies for access and update facilities to the Police National Computer for the management of Mental Health. Markers and updates.
- A potential role for the Central: Health Information Desk. In brief access can be given to PNC markers so that they can manage risk.
 - One use would be to check on behalf of service providers if a patient poses a risk to staff or other patients. For example a person attends accident and emergency with knife wounds and discloses they are self inflicted after they had earlier stabbed someone else. A PNC check is requested and the last marker shows violence towards NHS staff with weapons. Appropriate measures can then be taken.
 - Conversely they can create markers for mental health service users so that at times of crises they receive rapid support or other agencies are alerted to a public safety risk. For example a person without the knowledge of their family is attending counselling for suicidal tendencies. That person has been planning to commit suicide using a shotgun at a certain disclosed location. Family members report this person missing to the police. A PNC check discloses a suicidal marker and warning signal firearm and location. Appropriate action can be taken to help person whilst maintaining public safety.
14. That an All Wales Appropriate Adult Scheme is established
- Sometimes a mental health service user will commit offences where the mental health condition is not the primary reason for the offending.
 - The creation of such a scheme would decrease the time a mental health service user spends in the criminal justice setting.
 - In the same way as a young person needs someone to ensure they are afforded additional representation many mental health service users reported that it would have been of benefit to them.
15. That Court Diversion Schemes across Wales are developed/strengthened
- In some areas of Wales the provision of diversion schemes is of a higher standard than others. Diversion should be based on de-escalation and potential to prevent future offending and not upon post code availability of services.
 - Where mental health is the primary cause for offending diversion from criminal justice processes should become a sanctioned detection and brought to justice outcome. This would remove the currently perceived perverse disincentive that proceedings are a better result for criminal justice agencies.
16. That specialist prosecutors are established within the Crown prosecution Service
- To deal with criminal cases in cooperation with the mental Health Criminal justice (liaison) teams where prosecution is necessary.
17. That better links are developed between substance misuse providers and police, prisons, hospitals and community resources.
- The fact that for many people with mental health needs whether diagnosed or not drug and or alcohol misuse is a means of self medication
 - Yet drug and or alcohol misuse (even when self medication is suspected) can be excluded from mental health interventions because of their individual complex needs.
18. That effective treatments for those with a diagnosis of personality disorder are developed
- The issue of 'treatability' has long been a contentious issue in that a person with a personality disorder is said not to suffer from mental illness and therefore be excluded from treatment.
 - The links between serious crime offending and violent crime offending and the incidence of personality disorders have been known and accepted for many years.
 - The recent redefining of mental health now provides an opportunity to align psychotherapy and psychiatry services in Wales with the principle of a personal needs demand led service provision.