

Welsh Government and Partners

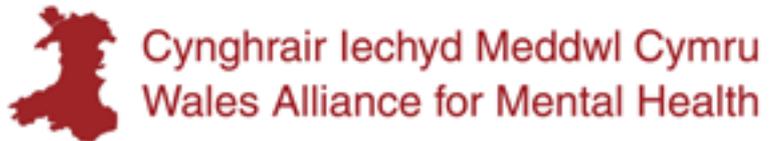
Mental Health Crisis Care Concordat

Improving the care and support for people experiencing or at risk of mental health crisis and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983



Gweithio mewn partneriaeth gyda
Llywodraeth Cymru
Working in partnership with
Welsh Government

Partners to the concordat



DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

SICHAU GWELLIANT TRWY AROLYGU ANNIBYNNOL A GWRTHRYCHOL



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Mental Health Crisis Care Concordat: the joint statement

This Concordat is a shared statement of commitment, endorsed by senior leaders from the organisations most heavily involved in responding to mental health crisis.

The Welsh Government, its partners from the Police, NHS, the Welsh Ambulance Services NHS Trust, Local Authorities and third sector are committed to work together to improve the system of care and support for people in crisis due to a mental health condition and who are likely to be detained under section 135 and 136 of the Mental Health Act 1983.

As partners we agree to work together and to intervene early, if possible, to reduce the likelihood of people presenting a risk of harm to themselves or others because of a mental health condition deteriorating to such a crisis point.

They will be helped to find the most appropriate support needed in whatever situation that need arose and whichever service they turn to. Assistance with personal recovery is paramount. We will work to ensure that any intervention is carried out without recourse to unnecessary or inappropriate placement; for example within police custody.

We agree to work together toward delivering this commitment across Wales.

Partners to the Shared Statement of Commitment

- Welsh Government
- Chief Police Officer Group, Wales
- Welsh Ambulance Service NHS Trust
- Police and Crime Commissioners
- Aneurin Bevan University Health Board
- Abertawe Bro Morgannwg University Health Board
- Betsi Cadwalder University Health Board
- Cwm Taf University Health Board
- Cardiff and Vale University Health Board
- Hywel Dda Local Health Board
- Powys Teaching Health Board
- Royal College of Psychiatrists
- Royal College of Nursing
- Third Sector: Wales Alliance for Mental Health
- Royal British Legion
- Public Health Wales
- College of Policing
- British Transport Police
- Integrated Offender Management- (IOM) Cymru
- Home Office
- Association of Directors of Social Services
- Youth Justice Board-Wales
- Healthcare Inspectorate Wales

Acknowledgements

A record of thanks is extended to everyone who has contributed to the production of the Mental Health Crisis Care Concordat – Wales. Of particular importance is the work of Mind (and other partners) that prepared the Concordat published in England in February 2014. Their work, the structure and content of that document has helped inform the basis of this Welsh Concordat.

The support of Welsh local health boards and Ambulance Trust, the Chief Police Officer group, Police and Crime Commissioners, the Royal Colleges, the Association of Directors of Social Services and the third sector has been valued and welcomed.

Sincere thanks are also extended to the voices of those who have suffered mental health crisis that have helped shape this document and the particular help offered by Hafal in this regard.

Points of Collective Commitment by Partners

- To work to reduce the use of powers of detention under section 135 or 136 of the Mental Health Act 1983 (“the MHA”) generally and to cease to use police custody suites as a place of safety, except in exceptional circumstances such as significant violence; and never for a child/young person under the age of 18.
- To ensure there is access to mental health professional advice at the point of crisis, available 24 hours each and every day.
- Police vehicles will rarely be used to convey people in crisis save for the most violent of individuals and only exceptionally to transport people between NHS facilities.
- NHS Transport or other health vehicles (not necessarily an ambulance) should be commissioned to convey people to hospital who are in mental health crisis.
- The use of any restraint will accord with best practice and be the least restrictive as applied to health settings; and will comply with all appropriate guidelines issued by the NHS and the College of Policing.
- To adhere to the Mental Health Act 1983 Code of Practice for Wales (the Code) guidance in relation to the use of powers of detention under section 135 and 136. Health and local authority partners are to ensure adequate provision of facilities for section 135 and 136 detentions for both adults and young people.
- Partners should agree where assessment of intoxicated individuals can safely take place in health based settings and their needs appropriately met.
- If a young person under 18 is detained under section 135 or 136 and taken to a police station for assessment, a serious untoward incident will be recorded allied with an agreement by partners to undertake an immediate case review to determine whether this could have been avoided in order to learn from that incident.
- MHA monitoring groups within health boards will review every section 135 and 136 detention within police custody to determine its appropriateness.
- Partner agencies will share relevant, need to know information, in the interests of patient and public safety. The collection of data such in relation to section 135 and 136 detentions is reported accurately.
- Partners and the third sector should be supported to widen their ambition in developing ‘new’ places of safety and providing alternatives to in-patient care at all stages e.g. sanctuary houses, drug and alcohol support.
- Monitoring delivery of local action plans in relation to section 135 and 136 as required by this Concordat, will be reviewed by local Mental Health and Criminal Justice Partnership Boards.

1. The Purpose of the Concordat: a statement vision

This Concordat sets out how partners can work together to deliver a quality response when people with acute mental health crisis, need help, have contact with the Police and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983. It is under-pinned by the Welsh Government's absolute commitment to mental health policy, set out within its strategy and supported through its Code of Practice for the Mental Health Act 1983.

Mental ill health can be distressing for anyone who encounters it, including the person in crisis, family and friends and the services which respond.

During 2013-14, across Wales some 16,580 referrals were made to mental health crisis services, of which 1460 related to sections 135 & 136 of the MHA. (Annex 1 provides detail in this regard and data sources).

Whatever the presenting concern – whether suicidal behaviour, wandering and distress by someone with dementia, extreme anxiety, psychotic episodes or behaviour which appears out of control and likely to cause harm to the person or others – a speedy, appropriate and supportive response is crucial.

This Concordat makes specific and repeated reference to section 136 of the MHA, which provides the police with powers in certain circumstances to remove a person to a place of safety and details the obligations placed on relevant partners. (Annex 1 refers).

However, the use of section 136 powers of detention should be the last resort for mental health patients in Wales. Patients and emergency care providers should be able to access services to avoid the need for the use of section 136 powers.

They should receive a response from health and social care partners within nationally agreed, published time scales, which ensure individuals receive the care they need.

Welsh Government's published policy guidance specifically in relation to section 135 and 136 provides the basis of practice expectations.¹

This Concordat is a shared commitment, endorsed by senior leaders from the organisations most heavily involved in responding to mental health crisis in a specific context. It covers what needs to happen when people in mental health crisis, often in a public place require attention from the Police. This Concordat is designed to support policy making; investment in services; in anticipating and preventing crisis; and in making sure effective emergency response systems operate in localities when a serious crisis occurs.

This Concordat is structured around:

- Access to support before crisis point.
- Urgent and emergency access to crisis care, (whilst using the least restrictive options) by both face-to-face and 'hear and treat' services.
- Quality treatment and care when in crisis.
- Recovery from crisis and staying well in the future.

¹ www.gov.wales/topics/health/publications/health/guidance/section/?lang=en

In every locality across Wales, partnerships of health, criminal justice and local authorities already commit to local mental health crisis response by publishing section 135 and 136 action plans. These will be refreshed to set out the required actions that will help deliver the aspirations of this Concordat. Critically they will set out ways in which police officers can reduce the need to use the powers of section 136. They will provide a common purpose and promote the understanding of the roles and responsibilities of each service.

2. Aim and Scope: the case for improvement

This Concordat is a shared statement of commitment which describes what people who experience an acute mental health crisis and who may have contact with the police should expect from public services who respond to their needs.

This Concordat establishes key principles of good practice which services and partners should use to enhance standards and strengthen working arrangements. It includes the voice of service users who have needed these services in the past and were able to share their experiences.

This Concordat requires partners across local health boards to prepare refreshed section 135 and 136 action plans designed to bring together the commitments made by partners to help deliver its objectives.

Local Mental Health and Criminal Justice Partnership Boards are well placed to oversee and monitor progress on the delivery of these action plans. Critically, they can hold partners to account if they do not discharge their responsibilities.²

Best practice, innovation and organisational learning can be shared at a yearly seminar, designed to maintain focus on various issues in relation to mental health including the appropriate and inappropriate use of section 135 and 136. It should bring together academic research, practitioner, service user and carers experiences to help improve outcomes.

What Needs To Happen?

Whilst the Concordat sets out a national agreement of principles, their adoption and application can only be delivered by building on existing local, area wide arrangements.

The ambition is for local health boards, Welsh Ambulance Service NHS Trust (WAST), Police and local authorities allied with other partners to agree a collective statement of intent, issued and regulated through area Mental Health and Criminal Justice Partnership Boards. This should include:

- A local declaration, agreed by key agencies which establishes a continued commitment for partners to work together to improve the experience of people in acute mental health crisis in public areas in their area.
- A published section 135 and 136 action plan setting out improvements to be made over an agreed timescale.
- A clear stated outcome within the plan to end the use of police stations as places of safety apart from exceptional circumstances where for example a risk assessment indicates this is the safest option³; reduce the overall number of section 135 and 136 detentions generally for adults; and to end the use of police stations as places of safety for young people under this element within the Act.

² Local MH&CJ Partnership Boards convene across the coterminous boundaries of police and Local Health Boards

³ The operational context of the British Transport Police and the lethal nature of the railway environment reduce the discretionary position of their officers in relation to the use of S136. BTP supports an ambition to reduce the inappropriate use of S136 but not to reduce its use where it is lawful and necessary.

- A commitment to enhance and refresh mental health sensitivity training of key operational staff to ensure all people experiencing a mental health crisis are treated with understanding, empathy, dignity and respect.
- Evidence of responsive local governance, the development of extra places of safety if required and inclusion of the third sector as a key partner to deliver this provision.

Scope and Context: This Concordat focuses on people who experience acute mental health crisis at home requiring the use of section 135 or in a public place requiring the use of section 136. (Annex 1 provides a definition of crisis set out by the Royal College of Psychiatry). It spans health, social care and the criminal justice system. It is not age specific. Whilst its main focus is on responding to acute need, it does include a clear reference to and also supports prevention, early intervention and promoting recovery.

It builds on existing arrangements and fully endorses current policy and practice guidance, issued through the Welsh Government.

The role of NHS-Wales: Together for Mental Health strategy⁴ places an emphasis on partners adopting preventative measures whilst being responsive to individual crisis. Policy implementation guidance flowing from this strategy has been published in relation to the following areas: mental health criminal justice liaison services; mental health services for prisoners and veterans; children and young people requiring mental health services within the youth justice system.

The Welsh Government's Mental Health Act 1983 Code of Practice for Wales (the Code) sets out duties and requirements on partners specifically in relation to responding to crisis and using powers under the MHA.

This Concordat supports and complements the Code. It asks local health boards and its partners to make sure the emergency response to people in mental health crisis has parity i.e. the same level of care and service, as those with a physical condition.

The Need for Improvement: The evidence which supports the benefit of early intervention when people have a mental health problem is compelling. In its independent inquiry in 2011, Mind found that access to crisis care services varied widely across the UK.⁵ The differences in access to places of safety other than hospital out-of-hours services were stark.

The '*Criminal Use of Police Cells*' 2013 joint thematic inspection report highlighted the issue of people in crisis being detained by police officers in police custody suites often due to health services being unable to respond due to lack of capacity.⁶ Reducing the dependency on the police and their custody suites is a priority and driver within this Concordat.

The Independent Commission on Mental Health and Policing 2013⁷ made recommendations to police forces nationally on how to prevent serious injury and deaths when officers respond to incidents involving people with mental health conditions. As part of its core police business, training and greater emphasis on partnership working was also an important recommendation.

This Concordat aims to address these issues.

⁴ www.wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en

⁵ www.mhpf.org.uk/resources/publications/listening-to-experience-an-independent-inquiry-into-acute-and-crisis-mental-h

⁶ www.justiceinspectorates.gov.uk/hmic/publication/a-criminal-use-of-police-cells/

⁷ www.iapdeathsincustody.independent.gov.uk/news/independent-commission-publish-mental-health-and-policing-report/

3. Local Partners who plan and commission services

Service planners and commissioners will want to ensure that they have effective local safeguarding arrangements in place to prevent or reduce the risk of significant harm to people whose circumstances make them vulnerable.

Across Wales, arrangements designed to respond to mental health crisis and reduce the use of section 135 and 136 are well established.

The key questions that will aid improvement should include:

- Are local partners content with existing operational protocols for those in crisis who come into contact with the police; are they locally responsive and effective?
- Do people know who to ring if they or someone close to them experiences or is approaching a mental health crisis, including if this is for the first time?
- Is the principle of 24/7 – out of hour's service provision and advice in place and working, including the provision of emergency duty teams?
- Are existing health based places of safety sufficient to meet reasonable demand? If not, is there a coherent local plan to enhance provision and one that includes and involves the third sector?
- Is the policy – of not using police custody unless exceptional circumstances prevail as contained within the Code understood?
- Are there care pathways from custody and courts which ensure individuals with co-existing mental health and substance misuse problems can access appropriate services?
- Is the planned local response to children and young people in crisis with a mental health concern in a public place universally understood?
- Are the current information systems used by different services accessible by all who require them?

Addressing these and related questions will enable local commissioners and planners to deliver the ambition within this Concordat. Effective planning and commissioning will ensure that the support offered and services reflect:

- The needs of people of all ages, gender and differing ethnic backgrounds.
- A contribution to planning by all partners.
- The voice of service users, carers and focus groups who represent their views are included in all planning considerations.

At a national level, the Welsh Government and its lead partners are able to inform and help shape local commissioning plans. Given the composition of mental health and criminal justice partnership boards these are ideally placed to monitor progress against local section 135 and 136 action plans.

4. Four core principles and expected outcomes

This section sets out the principles and statutory guidance that all services involved with responding to and dealing with mental health crisis in a public place currently follow. It describes where improvements should be considered by partners.

People seeking urgent help with mental ill health and often their friends, families, carers, partners and work colleagues, will often approach various services and agencies. They are likely to contact: their GP; telephone helplines such as- CALL, Samaritans, NHS Direct Wales or 111 – or approach voluntary groups, faith based organisations, A&E departments, social services, schools, colleges, health boards and the police. These services all need to know how to respond.

These approaches are often characterised with high degree of urgency. The complexity of the crisis is likely to be multi-layered. It is unlikely that any one single response will be enough to resolve what are often enduring difficulties.

An effective emergency response system should reflect a detailed, coordinated set of arrangements between all relevant agencies. The idea of a whole system approach must be a minimum expectation by people who use services, irrespective of race, ethnicity, gender, religion or belief, or sexual orientation. Central to these expectations are four core principles that this Concordat promotes. These are:

- Access to support before crisis point if at all possible.
- Urgent and emergency access to crisis care by both face-to-face and 'hear and treat' services.
- Quality treatment and care when in crisis.
- Recovery and staying well.

When help is needed, people will be treated with respect, compassion and dignity by professionals and the agencies they represent.

Agencies who have statutory responsibility in relation to section 135 and 136 will ensure that a patient experiencing mental health crisis is assessed by a mental health professional as early as possible in accordance with the Royal College of Psychiatrists 3 hour standard (Annex 1 provides further context). In the community ambulance services, for example, have the ability to seek advice from and make referrals to mental health services.

Core Principles:

Access to support before crisis point

Early intervention is universally recognised as the best form of prevention. People with mental health problems or their families, friends or partners are often aware that a crisis is fast approaching and may know how it might be averted. Who to contact is key; in turn, services need to trust the judgement of those with localised expertise and respond accordingly.

Early intervention might include:

- Using information held by the individual, their carer, or GP (for example within a care and treatment plan) as to what to do in a crisis and for it to be proactively shared in the persons best interest.

- Access to single point of contact within specialist mental health team, the third sector, general practice, primary mental health support services; access points should be available to agencies across all sectors.
- Community provision including crisis resolution/home treatment services, access to liaison and diversion services which operate in police station and court precincts who can intervene particularly at the pre-court, pre-sentence stage: a provision supported by Welsh Government policy implementation guidance⁸.
- Using the least restrictive options when crisis occur and recognising the benefit of voluntary consent by an individual to a particular course of action.

Urgent and emergency access to crisis care

People in mental distress should be kept safe and find the support they need from whatever source. As a key requirement, local services need to be available out of hours – 24/7. Partners believe that responses to people in crisis are best undertaken wherever possible locally and close to home. Local plans should aim to ensure that no one is turned away and a least restrictive treatment option, most appropriate to the individuals needs should be applied⁹.

All agencies have a role to play in supporting individuals experiencing mental ill health and specifically can help improve access to help for those contemplating suicide. The Welsh Government's *'Talk to me 2'* is a suicide prevention strategy for Wales and sets out what is expected of partners.¹⁰

Other critical themes include:

A: Equal Access

There are no grounds for excluding people from accessing services on the basis of their race, ethnicity or gender or other protected characteristics. There is evidence from people from BME communities that negative experiences of section 135 and section 136 can lead to reluctance to engage further.¹¹ This Concordat recognises the briefing produced by Mind on commissioning crisis care services for BME services which recommends:

- Consultation and engagement with BME and other specific groups.
- That staff are trained and equipped to deal with cultural sensitivities when providing crisis care.
- Empower those with protected characteristics by providing a range of appropriate information, access to advocacy services and ensure they are able to exercise control over their care.

Public services in Wales must be prepared to meet the needs of people whose first language is Welsh and this is particularly important when people are experiencing a mental health crisis¹².

⁸ WG: Policy Guidance: Criminal Justice Liaison Services

⁹ www.wales.nhs.uk/unscheduledandemergencycare

¹⁰ Talk2me2: suicide prevention plan

¹¹ Mind: Mental health crisis care: commissioning excellence for Black and minority ethnic groups_ a briefing for commissioning groups 2013

¹² www.legislation.gov.uk/mwa/2011/1/contents/enacted

B: Children and Young People

Children and young people (C&YP) – those under 18 years – with mental health problems present with a particular vulnerability. Looked after children, care leavers and those already known to or supervised within the youth justice system must also feel supported and protected at all times and should have access to appropriate mental health crisis care.

Local Health Boards in Wales deliver specialist Child and Adolescent Mental Health Services (CAMHS) for those young people with greatest need and provide guidance in relation to accessing services: services which have attracted further additional investment by the Welsh Government.¹³

Policy Implementation Guidance in relation to C&YP within the youth justice system has been jointly published by the Welsh Government and the YJB-Cymru, which places particular emphasis on early intervention and crisis prevention.¹⁴

For C&YP presenting with acute needs and who require hospital admission, this Concordat will follow the guidance with regard to admissions. Unless the circumstances are wholly exceptional, C&YP should never be detained under section 135 or 136 within a police station. Whenever a child is detained in a police station, exceptionally or otherwise, partners will commit to a review within 7 Days, in accordance with the All Wales Child Protection Procedures, to determine the circumstances and its legality. It must also be reported as a serious untoward incident to the Welsh Government by the LHB.

Local Authorities through their Independent counselling services are well placed to identify early on-set problems. Youth services, in partnership with CAMHS have a role to play in developing crisis strategies for C&YP. This Concordat adds weight to the guidance that relevant safeguarding procedures for specific C&YP should factor in a requirement to intervene early to help prevent mental health concerns escalating.

C. Training to deliver the right response

Frontline staff who are most likely to respond to people in mental health crisis, such as police, A&E and ambulance staff will require further training. Given that many individuals in crisis will present with co-existing drug and alcohol problems, training in how and where to access services is essential. Locally devised plans to address mental health crisis should include a specific requirement for multi-agency training and referral pathways with an emphasis on 'who does what, how and when'. Understanding the role each partner agency plays is the starting point.

The role of the police is vitally important. They have a critical role in not drawing people into the justice system (via the use of police custody) by reducing the use of section 136 in the first instance. This 'reduction' is more likely to be achieved by better training and awareness of police (and community safety) officers in mental health and learning disability; better liaison between officers and mental health practitioners at the point of crisis; and being familiar with suitable alternatives to section 136 at the point of crisis. The police have responsibilities in this regard and guidelines issued by the College of Policing¹⁵ and the new Authorised Professional Practice standard in relation to Mental Health training will be highly relevant, as will be the development of localised training modules designed specifically for officers likely to be 'first on scene'.

¹³ www.gov.wales/newsroom/healthandsocialcare/2015/10182787/?lang=en

¹⁴ www.gov.uk/government/publications/joint-guidance-on-mental-health-in-the-youth-justice-system (this link not working??)

¹⁵ College of Policing- Mental Health Training Guidance

D. The right help at the right time

People in mental health crisis, particularly when in a public place need to receive help promptly. Where police officers are first to respond, people will receive an informed and appropriate response. This also applies to the support offered by health services, the ambulance trust and A&E departments.

Powers under section 136 allow police officers to remove to a place of safety any person who may cause harm to themselves or another, for a formal assessment; if the person appears to be suffering from mental disorder and the person is in immediate need of care and control.

LHBs already commission health-based places of safety that will provide 24/7 access and be resourced to a level designed to meet crisis behaviour that is challenging and complex. Partners to this Concordat will work together to achieve a significant reduction in the use of police custody suites as a place of safety with the aspiration to end its use; help the third sector innovate and develop new places of safety, away from either a police station or hospital.

Training will help police officers recognise risks and vulnerability and importantly, identify the need for mental health care. This training will support the police to decide whether individuals should be detained under section 136, or helped in some other way. Area wide section 136 action plans should make explicit reference to how 'diversion' will be applied in their area thus reducing the overall number detained to the necessary minimum.

Specifically in relation to section 136 episodes, partners to this Concordat will agree to accurately collect data and information to help inform outcomes. The Welsh Government will monitor all data and publish findings in a manner which Welsh Ministers, Chief Constables and wider stakeholders have confidence

Any changes in the numbers of section 136 detentions and particularly an increase will be scrutinised by local partnership boards to ensure powers are only used when they are required to meet the needs of the person in mental health crisis in accordance with the law.

E. Local Plans and Protocols

Local plans, specifically in relation to section 135 and 136 should specify what is necessary to be done to improve the area wide response to those individuals detained under these powers; who is responsible for delivery; and over what time-scale material improvement should be achieved. Outcome targets should state specific local ambition in relation to detentions, use of police custody; response times; and training delivery.

Protocols which specify the operational agreements made between partners who will ensure best practice will be achieved for each episode. They should ensure that:

- Individuals are taken to health based places of safety as the norm/routine. The use of police custody as a place of safety will accord strictly with the Code's guidance- adopting the 'exceptional circumstances' principle.
- They include a statement of where C&YP in need of a place of safety should normally be detained and for how long. In the wholly exceptional cases and unlikely event police stations are used, cells do not always need to be employed.
- NHS and clinical staff, including those from the ambulance trust should take responsibility for the person as soon as it is practical and safe.
- Data and clinical information is shared (see section G).

- There are arrangements in place to review crisis responses which have been problematic: reviews should include senior leaders from partner organisations and be managed at speed.
- They include a published agreement between the police and the ambulance service on anticipated response times and safe transportation in relation to section 136 cases and conveyance between a place of safety and the next venue. If an ambulance or other appropriate health vehicle is unlikely to be available for a significant time, which might impact on a patient's dignity or effective police operations the officer will make a judgement as to whether to use a police vehicle as the less desirable but more pragmatic option. The police will accompany the health based vehicle in their own transport in order to discharge their duty under section 136, unless delegation is formally agreed in writing.

The appropriate documentation agreed in the 2012 – 136 guidance between police and health should be completed and processed in line with that agreed guidance.¹⁶

F: When health clinicians feel an assessment is urgent

The speed of response to people in mental health crisis and who are in need of a formal assessment under the MHA is an important consideration for commissioners. This response is often governed by the availability of qualified doctors and 'Approved Mental Health Professionals' (AMHP) and local authorities must ensure that there are sufficient numbers of AMHP available both in and outside usual working hours.

Timescales should reflect best practice as set out within the Code and the Royal College of Psychiatrists guidance on commissioning services for section 136.¹⁷ These state that AMHP and doctors approved under section 12-(2) of the MHA should attend within 3 hours in all cases where there are no clinical grounds to delay assessment. If the reported data highlights a persistent failure to meet this timescale, this should be reviewed by the Mental Health Criminal Justice Partnership Board. In the case of C&YP, the assessment should wherever possible be completed by a CAMHS consultant or an AMHP with knowledge of this age group.

The availability of dedicated AMHPs and suitably qualified doctors should be sufficient to meet operational needs, especially during 'out of hours' periods.

G. Where appropriate people in crisis can expect statutory services to share essential information and data about their clinical needs

Information will be shared by all partners to this Concordat in accordance with the current Wales Accord on the Sharing of Personal Information (WASPI)¹⁸ and after taking into account the Caldicott Principles. Information which is shared may include:

- Name, address, a description, gender, age/DOB/Language.
- Behaviour description; indication of intoxication.
- Physical impairments; prescribed medication.
- Known engagement with GP/mental health services/location of team.
- Existence of known mental health crisis plan or other relevant clinical information.

¹⁶ www.gov.wales/topics/health/publications/health/guidance/section/?lang=en

¹⁷ www.pb.rcpsych.org/content/37/7/245.1.full

¹⁸ www.waspi.org/page.cfm?orgid=702&pid=50176

- Presenting risk factors: self harm, suicide, physical aggression, confusion, impaired judgement, self-neglect, missing from home.
- Known physical health conditions which appear to be impacting on their mental health – e.g. diabetic complications.
- Knowledge of other relevant factors to help inform the best response for example whether the patients have dependants or pets.

H. Supporting people in crisis in a health based place of safety

Irrespective of other presenting factors – intoxication, previous history of self harming, a history of violence or offending – people experiencing mental health crisis and who urgently require detention whilst awaiting an assessment will normally be supported in a health based place of safety.

Intoxicated people, where their mental state is in question, must receive a timely clinical assessment. When intoxication is present, no presumption should be made in regard to cause until the person is in a safe environment for an adequate assessment to be completed.

Intoxication should not be used as a basis for exclusion from places of safety except in locally defined and agreed circumstances, which is where risk considerations are deemed too high. Where, for example, there is a significant risk to public order by a patient who is thought to be intoxicated, police resources will continue to be involved together with health and local authority service to ensure the safe management of the individual. In the case of the intoxicated individual, partner agencies should develop service models to ensure each can fulfil their statutory duty in a manner that is coordinated and safe. (**Annex 1 provides further context**). It is recognised that the majority of those intoxicated will not require police or specialist mental health care or A&E provision hence the need for partners to develop alternative accommodation, support and provision.

Similarly, a previous history of violence should not automatically lead to exclusion. Only in exceptional circumstances and in accordance with locally agreed protocols, should a police custody suite be used to manage seriously disturbed and aggressive behaviour.

I. People in crisis who present to A&E

People in mental health crisis may use A&E departments as the gateway into services, if they present as having self-harmed, attempted suicide or are so intoxicated, their capacity to make informed judgements is impaired.

Whatever the circumstances, A&E departments and mental health services should, wherever possible, provide an appropriate space for their immediate care allied with adequate psychiatric liaison services to ensure the necessary care and on-going support is provided.

Area wide protocols should incorporate a clear understanding of the need for mental health treatment in A&E to be delivered to the same standards as would be applied to physical health care.

Additionally, commissioners will work with hospital providers to ensure that A&E departments, police and ambulance services agree arrangements in relation to the security of the hospital and the safe operation of restraint procedures having regard to the principle of acting in the least restrictive manner: People in crisis who access the NHS via 999 or the 111 system (when operational) will receive the best possible response.

The highly trusted system could be further improved through:

- enhanced training in mental health crisis for call operators;
- co-locating specialist mental health staff in control/response centre, 24/7;
- enhanced training for NHS Direct Wales, 111 and ambulance staff on the management of patients; and fluidity of professional roles designed to improved knowledge and response

J. People in crisis who need transport to health facilities will receive an appropriate and safe response.

WAST, the police, LHBs and LAs should include, as part of their protocols, a safe transportation policy. Statutory partners should work with the third sector to consider alternative models of transportation. When urgent transport is a necessity as requested by an AMHP, the vehicle should arrive within the agreed response time or alternative transport considerations should be made early, if the preferred transport is not available.

Quality of treatment and therapeutic care when in crisis

Local mental health services will meet the needs of people in crisis, appropriately at all times. Responses should have parity with emergency physical health needs. The timeliness of ambulance or other health vehicles response to mental health calls should be the subject of a commissioned plan to ensure that the right resource is requested and supplied.

These services will be inspected and regulated. Healthcare Inspectorate Wales (HIW) discharges this function across Wales. HIW has specific responsibilities to monitor the use of the MHA and to protect the interests of people whose rights are restricted under the MHA. HIW will take account of this Concordat when inspecting and monitoring the support people receive from agencies in response to their crisis.

Quality, treatment and care for Children and Young People: LHBs will need to evidence that they have standards which relate to the care and treatment of children in mental health crisis. This extends being able to explain to children, in a manner that is age appropriate, the care they are being offered, including any medication they are being asked to take.

The views of children and how these are collected and responded to are important. This includes making a complaint. Access to an advocate can help. Contact and engagement with family is a core feature of this activity. Community treatment for children is the starting point in responding to a mental health crisis.

Recovery and staying well

It is acknowledged that for many people detained under section 136 powers, they will not be known to services or indeed have a current Care and treatment plan. Many people assessed in these circumstances do not have or require regular ongoing contact with secondary mental health services. However, those who are known to services or do require ongoing attention, care planning is a key element of prevention and should focus on recovery. Follow-on responses contained within care and treatment plans must comply with the Code of Practice for Part 2 and 3 of the Mental Health (Wales) Measure 2010. Care and treatment plans may include:

- Early warning signs of crisis or relapse.
- Local support to help prevent escalation.
- What actions the person would like taken if they need admission.
- The degree to which family or carers are involved or contact details if appropriate.
- Information access over 24 hours.

- Named contacts for emergencies.
- For C&YP, continued access to education provision with a view to gradual supported reintegration back in mainstream education.

The Mental Health Wales (Measure) 2010 provides the framework in which services are required to be delivered. The emphasis is placed on care and treatment planning, accessing services within agreed time-frames and the duties placed on those services to deliver appropriate care.¹⁹

The voice of the service user to influence their care is designed into this legislation.

LHB, WAST and LA executives and wider commissioners of police and ambulance services all have a role to play to ensure crisis services are designed to safeguard people.

Area Planning Boards, when designing drug and alcohol services, should be mindful of the needs of those in mental health crisis, induced by substance misuse.

Joining up support across criminal justice partnerships with a particular emphasis on liaison and diversion services and custody based interventions will be essential to aid prevention.

¹⁹ www.wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en

5. Delivery through Governance

Mental Health and Criminal Justice Partnership Boards, convened across each LHB and police area will provide the driver to deliver local and regional change and improvement, including the monitoring of action plans which are designed to address the key principles of this Concordat in relation to the use of powers of detention under section 135 and 136. These boards are multi-disciplinary and will act as the prime arena for accountability.

They are tasked with agreeing area-wide plans that will include performance measures designed to reduce detentions, improve the use of hospital based places of safety; and to make a sustained and determined effort to significantly reduce the use of police custody.

They will ensure serious and untoward incidents are reported on all cases when children and young people are detained specifically within a police custody suite. They will require a timely report to be submitted to area wide Children's Safeguarding Boards designed to ensure such incidents are formally recorded and acted upon.

Mental Health and Criminal Justice Partnership Boards will be responsive to findings by local MHA monitoring committee's, specifically when section 136 detentions have been deemed inappropriate.²⁰

The Chief Police Officer Group – Cymru and the Mental Health Partnership Board, will engage with NHS Wales to ensure that this Concordat is supported by local operational plans and the commissioning of NHS Wales services. Each of its quarterly boards can expect a progress report on key outcomes and how barriers to progress are to be overcome.

The National Criminal Justice Partnership Board and the National Mental Health Partnership Board can expect timely reports on the progress of how the commitments of this Concordat are delivered. The 2016-2019 *Together for Mental Health Delivery Plan* will include a specific reference to this Concordat and will include outcomes that will deliver the agreed objectives.

Welsh Ministers, within bi-lateral meetings with relevant partners can expect to be appraised of the impact of this Concordat.

As part of its joint programme of reviews, HM Inspectorate of Constabulary and Healthcare Inspectorate Wales will be asked to include scrutiny of the impact of the Concordat.

A task and finish group will be convened by partners to this Concordat, to help provide an initial overarching focus for the delivery of the Concordat and its principles.

The Monitoring Committee is to assure the Board that those functions of the Mental Health Act 1983, as amended, which they have delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the University Health Board's area is operating properly.

²⁰ <http://www.wales.nhs.uk/sitesplus/862/page/74296> – The purpose of the Mental Health Act

Annex 1

Mental Health Crisis in a Welsh Context

The Royal College of Psychiatry provides a working definition of what 'crisis' is in a Mental Health context.²¹

Definition: Acute Mental Health Crisis

Acute: Of abrupt onset, in reference to a disease. Acute often also connotes an illness that is of short duration, rapidly progressive, and in need of urgent care.

Acute Mental Illness

Acute mental illness is characterised by significant and distressing symptoms of a mental illness requiring immediate treatment. This may be the person's first experience of mental illness, a repeat episode or the worsening of symptoms of an often continuing mental illness. The onset is sudden or rapid and the symptoms usually respond to treatment.

Acute Treatment

The intensive treatment provided to the person who is experiencing acute mental illness. Depending on the person's needs, acute treatment can be offered in the person's own environment or in a psychiatric inpatient service. Depending on the severity of symptoms, the distress involved for the person acute treatment may be provided in the community by a crisis service, by a community mental health centre or in a psychiatric inpatient service.

Across Wales in 2013-14, some 15,680 referrals were received by Crisis Resolution Home Treatment (CRHT) Teams, who aim to provide a service for adults with severe and enduring mental illness who are experiencing acute psychiatric crisis (**source: NHS Wales- Delivery Unit**). The CRHTT will provide a service promoting a multidisciplinary approach whilst focusing on the psychosocial needs of service users and their carers. They operate pan- Wales and are managed, governed and regulated by Local Health Boards.

The application of powers set out within sections 135 and 136 of the MHA provide an insight to a response to crisis, when encountered by the police.

During 2013-14, some 1,460 episodes requiring the use of these powers were carried out, often against the backdrop of incidents involving individuals when at their most vulnerable. (**Data Source-HIW**) The powers which permit the removal of an individual to a place of safety can result in vulnerable individuals being arrested and detained within police custody: universally recognised as often, not being the most suitable environment.

²¹ Acute mental health care: briefing note Policy Unit, Royal College of ... www.rcpsych.ac.uk

Crisis in relation to Section 135 and 136

The Concordat is primarily concerned with those individuals who may need to be considered needing the application of powers under section 135 and 136 under the Mental Health Act (1983). The Concordat is designed to ensure that all citizens receive the most appropriate safe care, the most appropriate environment, avoiding the inappropriate use of police cells and also avoiding the inappropriate use of specialist health resources, particularly mental health with its associated stigmatisation.

Legal Requirements under Section 135 and 136 – Mental Health Act 1983

The Code, Chapter 7 provides guidance on police powers to remove a person to a place of safety under provisions in the Act. It also gives guidance on the assessment of a person removed to a place of safety and any later transfer to another place of safety. An extract is provided as follows:

Section 135

Section 135 (1) of the MHA is the power to remove a person from a dwelling if it is considered they have a mental disorder and that they may be in need of care and attention for this. With the agreement of the person they can be assessed at the dwelling or removed to the place of safety for the assessment to take place there.

Section 136 – Mentally disordered persons found in public places

Section 136 allows for any person to be removed to a place of safety if they are found in a public place and appear to a police officer to be suffering from mental disorder and in immediate need of care or control.

Removal may take place if the police officer believes it necessary in the interests of that person, or for the protection of other. An officer may use reasonable force if necessary.

The least restrictive means of controlling and restraining the person should always be used, with the person being treated humanely and with due sensitivity. Regard must be shown for their human right, dignity, privacy and any particular care needs such as those associated with their physical health.

The purpose of removing the person in these circumstances is so they can be examined by a doctor and interviewed by an AMHP to ensure any necessary arrangements are made for their care and treatment.

Section 136 is not an emergency admission order: It enables an individual to be detained in a place safety for examination and interview. When that process has been completed within the 72-hour detention period or the doctor has decided that the person is not mentally disordered, the patient must be released, unless he/she has been admitted to hospital under the Act.

A number of agencies have statutory responsibility under these powers. Each agency has their own duty of care to the individual that cannot be delegated on the basis of the accommodation or location where the service is delivered. In general terms these include:

- **NHS General and Mental Health services** – to meet the presenting needs of the population.
- **NHS Ambulance services** – to respond appropriately to the presenting requirements of the population.
- **Police** – To ensure public order is maintained and to intervene when appropriate to do so.
- **Local Authority Social Services** – To meet the well being and welfare needs of the population.