

# FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



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The Home Affairs Committee  
HOMEAFFCOM@parliament.uk

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Dear Sirs

## **Policing and Mental Health**

The Faculty of Forensic and Legal Medicine (FFLM) was established in 2006 by the Royal College of Physicians of London and has been founded to achieve the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine;
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

The FFLM includes three different professional groups:

- Forensic practitioners
- Medically qualified coroners
- Medico-legal advisers to the medical defence organisations.

The FFLM welcomes the opportunity to comment on the Consultation on Policing and Mental Health.

Many of the FFLM's forensic practitioner members work in Police Custody Suites, and as such, see a vast range of mental health presentations in persons who have been arrested.

Members who have had experience working with Liaison and Diversion Mental Health Practitioners feel the ready availability of psychiatric nursing expertise to the Police Service is essential. Where it is available, such as in Merseyside, the needs of mentally disordered offenders are rapidly recognised, diversion can take place rapidly or appropriate health interventions and support can be provided for those who progress through the Criminal Justice system.

A particular problem is that many areas of the country do not have access to these services, or the services are not comprehensive and operate on a Monday to Friday basis. Even then, some areas such as Greater Manchester can have input to Police Custody of only four hours a day. As a vast proportion of mental health crisis present out of hours, this is wholly inadequate and can lead to people spending many more hours in custody than if a rapid responsive service was available.

The boundaries between Mental Health Services can prove a huge barrier to getting information about patients. Many people end up detained in a Police Custody suite outside the boundaries of the NHS Trust that look after them. Mental Health (MH) staff can be reluctant to share information or travel to do assessments. A Police Force should ideally have a single point of contact within MH services to get information and guidance around people in MH crisis – it would be that person's role to liaise across service boundaries.

However, many people who appear to the Police to be in 'mental health crisis' do not actually hit the threshold for secondary MH services. Adults with ADHD and with Asperger's are particularly poorly served by the NHS yet are over represented in the offending population. Many people in seeming MH crisis have drug and alcohol issues, social and emotional crisis, housing issues, debt etc. Rapid solutions are needed by the Police but as most of these people don't hit the threshold for secondary MH services the Police and Custody Healthcare practitioners struggle to find alternative pathways for these people.

The FFLM supports all the recommendations around s136 in that Police Custody Suites should not be used as a Place of Safety. However in areas where MH services and the Police work closely there are real opportunities to drive down the number of s136 detentions and improve the appropriateness of them. Birmingham and Merseyside are two such examples.

The FFLM shares the concerns about the risks of restraint in mentally disordered offenders and one of its members, Professor Richard Shepherd, sits on the Independent Advisory Panel (IAP) on Deaths in Custody, which authored the IAP Principles of Safer Restraint document published in 2012. Repeated reports suggest that the Police training requires improvement with regards to medical risks and conditions such as excited delirium. The FFLM would welcome the opportunity to support the College of Policing on this. The Adebowale Report in 2013 made a recommendation that the Police Service develop a safer method of restraint to prevent the repeated deaths of mentally disordered offenders where Police restraint has been a factor.

Finally the FFLM would be grateful if the Committee would enquire into the skill mix of custody healthcare practitioners. The introduction of multi-disciplinary working has led to a deterioration in the Forensic Physician workforce. The FFLM believe that all doctors working in this environment should hold a postgraduate qualification in forensic medicine, as a minimum Licentiate and preferably Membership of the Faculty of Forensic and Legal Medicine; NHS Commissioning is an opportunity to address this. A large proportion of doctors who work in this field now have no qualifications in the field and from our experience of running the examination the quality of candidates presenting themselves is poor. Forensic Physicians should also ideally hold s12 approval but very few doctors in the field now hold this and the current criteria for approval limit this. We feel this has contributed to the Police Service's difficulties around mental health: ten years ago the medical workforce available to the Police was able to provide expertise around mental health and in many circumstances this is no longer the case.

Yours sincerely



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