

Restraint Reduction Network

National Mental Health Restraint
Expert Reference Group

Police Workshop – 6th October 2016



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Why the work is necessary?

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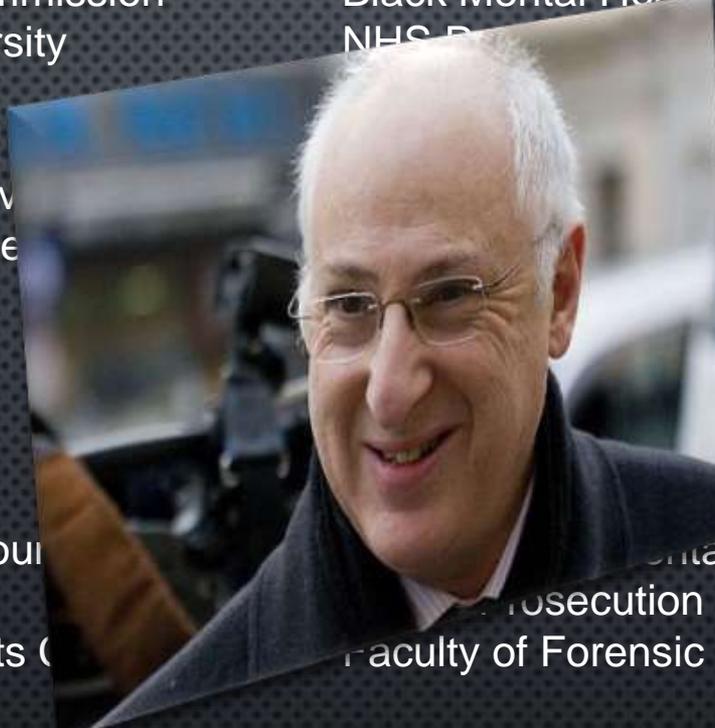
Phase 1: Publish national guidance on the police use of restraint in mental health & learning disability settings

Phase 2: Publish national guidance on the police use of restraint on those suffering from mental ill health in other settings/public places

In collaboration with...

Home Office
Department of Health
Equality of Human Rights Commission
Liverpool John Moores University
The Chelsea Practice
Health & Safety Executive
South Central Ambulance Service
Association of Ambulance Chief Executives
College of Policing
Metropolitan Police
MIND
Inquest
Welsh Government
Bradford District Care NHS Foundation Trust
NHS Providers
Independent Police Complaints Commission
Police Federation
South Staffs & Shropshire Healthcare NHS Foundation Trust
Leeds & York Partnership NHS Foundation Trust

Royal College of Nursing
Care Quality Commission
Black Mental Health UK
NHS Digital



West Mental Health NHS Foundation Trust
Derbyshire Partnership NHS Trust
S Foundation Trust
Maudsley NHS Foundation Trust
Mental Health Trust
Prosecution Service
Faculty of Forensic and Legal Medicine



Clarifies when police should become involved



- An immediate risk to life and limb
- An immediate risk of serious harm
- Serious damage to property
- Offensive Weapons
- Hostages

Sets out clear expectations

- Clarifies the importance of clinical oversight, promotes 'speak up, speak out'
- Expectation that lessons will be learnt, ie: Joint Serious Incident Reviews
- Clarifies the legal parameters of the police
- Local Protocols should include a variety of listed joint, health and police commitments



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Case Study: Point 1 (10 mins)

A patient (who is detained under S3 MHA) is exhibiting disturbed behaviour on a ward after returning from leave. Nursing staff believe the patient is under the influence of drugs.

As a member of staff on that ward, what do you do? Do you decide to call the police at this point?

Come to a group decision and be prepared to explain your rationale.



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Case Study: Point 2 (10 mins)

Nursing staff have attempted to seclude the patient for their own and others safety following one nurse now being punched causing grievous injury which requires treatment in an Emergency Department. The nursing staff left, are struggling to contain the patient.

As a member of staff on that ward, what do you do? Do you decide to call the police at this point?

Come to a group decision and be prepared to explain your rationale.



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Case Study: Point 3 (10 mins)

Police are called as the patient has managed to resist the nursing staff and is exhibiting immense strength, resulting in staff being unable to control the patient. At this point other patients are becoming agitated and as other staff members arrive, their attention is focused on controlling and containing the other patients.

What should happen when the police arrive?

Come to a group decision and be prepared to explain your rationale.



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Case Study: Point 4 (10 mins)

Police arrive and receive a detailed briefing before setting foot inside the ward. They have been told that the patient is believed to have consumed drugs prior to returning from leave; that the patient has already been restrained; staff member assaulted; other staff calming other patients. When police officers enter, they are met with exhausted nursing staff who were struggling to contain the patient.

How should health/police jointly resolve this incident? Should police be used to restrain whilst tranquilisation is administered?

Come to a group decision and be prepared to explain your rationale.



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Each situation should be properly judged on its merits

There will be no assumption that police cannot be involved because the patient is either detained under the Mental Health Act or in hospital

Police Officers should NOT be called to undertake restrictive practices, connected to purely clinical interventions (eg; administering medication), only where exceptional factors apply

Where police are called, it is important (wherever possible) for Police/Health to meet at RVP before entering the ward, so information is shared and plan agreed



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