

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol
a Chwaraeon
Ymchwiliad i iechyd meddwl yng
nghyd-destun plismona a dalfa'r
heddlu
HSCS(5) MHP19
Ymateb gan Adran Gofal Cymdeithasol
Conwy

National Assembly for Wales
Health, Social Care and Sport
Committee
Inquiry into Mental health in Policing
and Police Custody

Evidence from Conwy Social Care
Department

Feedback from Conwy Social Care Department

We agree that:

- We need to Improve understanding is needed of what is and isn't a Mental Health crisis and when to use S135 / 136.
- We need to ensure that police and other agencies know what to do in S135 / 136 situations and that the police don't work in isolation (as a team or individuals).
- We need to work more effectively in partnership with other Agencies (including Third Sector). This includes understanding each other's roles and responsibilities.
- Ensure sufficient services are available to support the Police.

We also think that:

The Whole focus should be about better partnerships. There should be sufficient services to support the Police in North Wales. There is a lack of understanding of each other's roles and responsibilities. Need to work together - hence the creation of the Concordat in England.

Assessments

- We need to Improve and speed up the time taken to undertake assessments.

Communication

- Improve communication in terms of sharing information and also being able to get hold of other teams (this may include considering where teams / individuals are located).
- We need better awareness about existing Welsh Concordat - need to publicise this more widely. There is a Concordat in England. There is a similar arrangement in Wales and BCUHB, & Police are signed up - no Local Authority sign up ? Should this be reviewed as Local Authorities are partners in MH Services with the Health Board.
- We need to share information more effectively.

Transport & Places of Safety

- There is an issue re safe conveyance of people with MH issues. Local Authorities do not have the power to convey. The Health Board appear reluctant to take part in discussions about it (S135 / 136 discussion groups).
- Better transport provision for people in crisis is needed for improvement, e.g. provision of dedicated private ambulance/taxi would be an improvement (which should be more cost effective, more suitable and speedier).
- Acute ambulances are needed for more urgent physical casualties. Dangerous situation for everyone. If funding was made available for alternative mode of transportation ie we understand that there are areas of England that utilise private ambulance services.
- Approved Mental Health Practitioners have cited examples of some situations that are quite clearly not suitable for an ambulance yet the Police still ask for one.
- The police have a process in terms of risk management – in order to make the decision for the police to convey – it is the decision of the individual officer.
- Improve how to deal with Young People in crisis situations, and ensure they go to the most suitable safe places. Can we use the CAMHS buildings as a place of safety ? (Not allowed at present – do not allow emergency admissions).
- Defining more safe places, ensuring people (e.g. police) are aware of them and ensuring they are available and used appropriately.
- S136s arrests are not going to custody in the daytime. This is appropriate as long as the people are referred on to a place of safety. Overall they seem to go to the correct place.
- Young People are an issue. Individuals in distress are sometimes taken to children's wards.
- The CAMHS building is not a designated place as no emergency admissions accepted there. But could CAMHS building be used as adult mental health units are not suitable environments for young people under the age of 18.
- Sometimes confusion over places of safety. Incidences of individuals being taken to Community Mental Health Team Base as a place of safety – which it is not.

Safeguarding Models

- Some people are arrested because risk to themselves / others but not because they have committed a crime. Police are dependent on other agencies to help.
- Consider Safeguarding aspect e.g. a multi agency safeguarding hub model may work better i.e. a MASH.
- Expand 'I CAN' centre type of provision.
- We don't have a forensic medical examiner in custody situation any more.

Language & Terminology

- Be aware of, and avoid, inappropriate terminology in our work.

- 'Arrested' under 136 – is also a terminology issue. Need to consider appropriateness of application of 136.

Care Planning

- Ensure effective care planning once released – we need to improve on this.
- Define what should happen when things go wrong.

CID16s

- Following up CID16s – we need to improve on this. We receive CID16 reports but no follow up with the Police. It doesn't give us the right to bring people in. More liaison work re CID16 s to determine whether individuals need further assessments.
- The Police don't want to criminalise people when they've not committed crimes.
- There is a lack of health based alternatives. If individuals are arrested and taken to A & E - 2 police officers have to remain with the person. Under S136 – the Police can leave. Access to a swift assessment to accept people would be useful.

Service User Involvement

- We should encourage users of service to get involved in planning and introduction of better models of work for this area.