

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales  
Health, Social Care and Sport Committee

Ymchwiliad i iechyd meddwl yng nghyd-destun  
plismona a dalfa'r heddlu

Inquiry into Mental health in Policing and Police  
Custody

HSCS(5) MHP07

Ymateb gan yr Athro Keith Rix

Evidence from Professor Keith Rix

I apologise for the late submission of this response. I am the Mental Health and Intellectual Disability Lead, Faculty of Forensic and Legal Medicine of the Royal College of Physicians. Faculty members include forensic physicians, custody nurses and some paramedics.

I have no knowledge of the situation in Wales but I am familiar with issues relating to mental health in policing and police custody in England and Wales as a whole.

The position of the FFLM is that police custody is not a safe place for people with mental disorder (or intellectual disability). Therefore, the challenge is for the NHS and the mental health services to provide such readily accessible and appropriate mental health care that it is unnecessary for all but a tiny minority of people with mental disorder (or intellectual disability) to depend on the police as a point or means of access to mental health care.

The recent amendment to s 136 of the Mental Health Act should reduce the need for people detained under s 136 to be taken into police custody as a 'place of safety' (but arguably not a place of safety for people with mental disorder). The use of police custody as a place of safety under s 136 should be wholly exceptional and my own view is that when police custody has to be used as a place of safety there should be an investigation by the police and the NHS to ascertain why this has happened. My personal experience of assessing people detained under s 136, and not just those taken to a police station as a place of safety, is that in a significant proportion of cases one or more opportunities for intervention by the NHS mental health services has been missed. I am familiar with research which has identified some of the explanations of which one of the most common is the failure of the NHS mental health services to provide round the clock, 7 day a week crisis services. I also have experience of cases where NHS mental health services are so fragmented into functional and speciality teams which, because they are also insufficiently funded, implement such tight or restrictive entry criteria that people fall between the gaps between services and teams leaving the police to pick up the pieces when avoidable deterioration has occurred.

It is encouraging to read of the positive reports about mental health care for people in police custody in Wales. However, it may well be that more can be achieved. The FFLM has recently had a president to president meeting with the Royal College of Psychiatrists and we believe that both the mental health services and the providers of healthcare in custodial settings will benefit from closer working relationships especially in the form of joint training and the involvement of specialty trainees in general and forensic psychiatry (i.e. next year's consultant psychiatrists) in the assessment of people in police custody who have mental disorder. My own personal experience as a newly appointed consultant psychiatrist in Leeds in the 1980's was of there being much to be gained by being prepared to assist police surgeons, as they were then known, in the assessment and care of detainees with, or suspected of having, mental disorder and I introduced several generations of on call psychiatric senior registrars to working with the police and police surgeons to the benefit of all concerned and importantly for the benefit of the detainees.

Probably the most serious concern of the FFLM is the failure of the government (do I mean England or Wales or both) to bring custody health care into the NHS. I do not know if this applies in Wales but some police authorities commission their custody health services from independent providers which do not deploy sufficiently well qualified health care professionals to provide safe and sufficient health care in police custody. Providing health care in a custodial setting poses many challenges and particular training and experience are necessary to meet those challenges. Doctors and nurses in the various categories of membership of the FFLM have such training and experience but for some providers it is cheaper to deploy health professionals who do not have that training and experience and who are not supported as FFLM members are by peer support, agreed standards, a raft of guidance and appropriate supervision. Given the positive reports to which your invitation to consultation refers, perhaps you do not have this problem in Wales. It is certainly a problem in parts of England. Some tragic and high profile cases involving inadequately trained doctors working in the police custodial settings are illustrative of this problem.

If I can be of assistance in answering specific questions, please get in touch with me.

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