Welcome to the session:

AMHP Workshop:
Working with the Police

Please be aware this is not a webinar!

Please check your camera & mic are working and you are in a quiet space without distractions.

Please make sure you have the materials to hand; they are attached to your Outlook Calendar or Teams diary entry for today.

If your Wi-Fi isn't great and struggles when your camera is on – Close down any other Windows or Apps that aren't critical to the session.

Now you can sit back and enjoy the music, or go and grab a brew, we'll make a start at 13.30.

1

2

AMHP Workshop:
Working with the Police

McGill & Michael Brown

Last Updated: *May 2026*

3

This is a peer-led adult learning experience; therefore, you will get out of it what you, and your fellow delegates, put into it.

If you can't give this the time it needs, please let your facilitator know and come back another time when you can.

- **Your Expectations of Us:**
  Guide, facilitate, inform and educate (on the tech as well as the content).
- **Our Expectations of You:**
  Take part - both in the room and in the breakout groups. Cameras are not optional; they are a must unless it has been agreed and is for a very good reason.
- **Your Expectation of Fellow Participants:**
  To engage in the room and the group work and be respectful and professional in interactions.

Please don't sabotage the learning for your colleagues, disengaging is disrespectful and impacts on others!

4

- ✓ If you can, please have your cameras on! You wouldn't come to training with a bag on your head!
- ✓ Googling answers is fine, doing your shopping isn't!
- ✓ Please listen, engage and ask a question if you have one – You can shout out, put your hand up or use the chat. Use the @ to tag one of us directly.
- ✓ Look after your own health & safety, as we're not in your house! We have a contact form in case of emergencies (which will be in the chat in 2 ticks).
- ✓ Usual rules apply to confidentiality. If we have any safeguarding or fitness to practice concerns, we will discuss this with you.
- ✓ No smoking on screen – vaping allowed subject to your location and organisational rules.
- ✓ If everything freezes – breathe, leave, reboot and then come back the way you came in at the start!

5

Remember, you never know what someone else might be struggling with at work, at home...in their own heads.

- Be kind to yourselves, each other and us.
- Be curious but respectful, be open to feedback & discussion.
- Be mindful of language and terminology you use.
- We play music in the breaks for a reason. If you would like to know why, please ask. If you would prefer not to listen to music during the break, please turn us down.
- The return time is always displayed on the break slide.

This is intended to be a safe space - if you need a breather, additional support or other self-care – do it!
Just let us know what you need (we have extra rooms / people available if we need them).

6

Who's Milo?

Milo is our brown-and-white pup with a purple studded collar and a cheeky grin. He's not just adorable—he's part of our training culture.

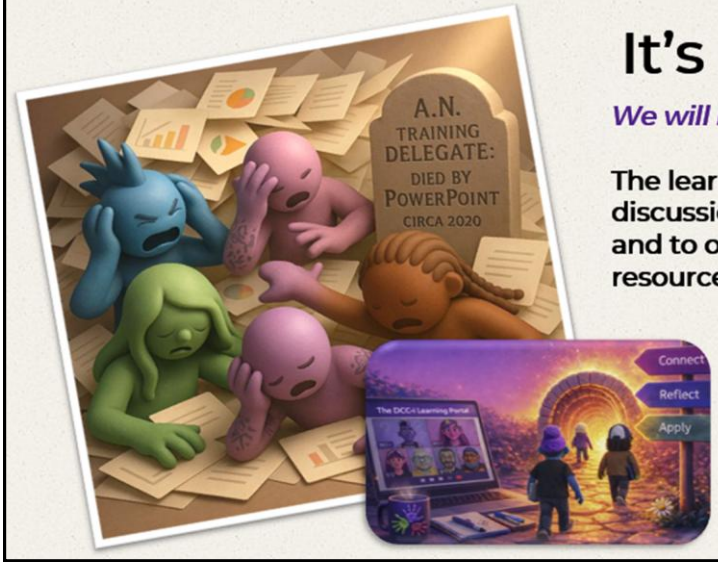
Let Milo Out?

When Milo appears near a door, it's your cue to take a break, stretch, or reset.

Why Milo?

- **Symbol of Curiosity & Care**
  Milo reminds us to stay curious, kind, and grounded—especially when things get intense.
- **Spot Milo Challenge**
  You'll find him subtly placed in our 3D plasticine visuals. It's a fun way to stay engaged and take a breather when screen time runs long.

7



It's a Resource Pack!!

We will not be using all the slides!

The learning will come from activities and discussion. The pack is there to refer-back to, and to offer further information, links and resources to support today's session.

Rabbit hole warning – wherever you see this icon in the materials there is the opportunity to disappear down a rabbit-hole.
Don't say we didn't warn you!

8

Learning Outcomes

- ✓ To explore and reflect upon the interface / gap between the MHA & PACE and how this can impact on assessment processes
- ✓ To refresh knowledge and practice application of sections 135 & 136 – including revisiting the roles and responsibilities of partner organisations within their execution.
- ✓ To explore the principles of 'Right Care, Right Person', it's purpose and dilemmas
- ✓ The ability to explore and reflect upon practice in relation to statutory duties inquiry findings and case law precedents
- ✓ The opportunity to explore local issues and apply learning and best practice recommendations to local practice arrangements.

9

Group Discussion:
Local Experiences & Issues

- What are your experiences of working with police/AMHP colleagues? What works well, what doesn't? how could it be improved?
- Where / how does mental health and criminal justice / police interface in your AMHP practice?
- Any burning issues or complexities around the use of ss135 & 136, or RCRP locally?
- The good, the not so good and the not so pretty in local practice at the moment, including relationships and POS places?

Don't forget to nominate someone to feedback *(or agree to do it together, but no tumble-weed (aka awkward silences) when we come back together please!)*

10

Current Challenges

- Beds, beds, beds…
- Lack of alternatives.
- Knowing your patch.
- Lack of staff.
- Lack of transport.
- Data sharing.
- Training.
- Warrants.
- Relationships.
- Risk, risk and risk.
- S140 a policy or a resource?

11

Right Care, Right Person:
What's it all about?

RCRP aims to shift police away from non-crime, non-immediate-risk mental health and welfare calls, aiming for response by health/social care instead.

Police should still attend where there is:
- real and immediate risk to life (Art. 2)
- serious harm (Art. 3)
- crime or public safety issues

What Impact is it having? (system level)

Reduced police demand
Fewer deployments to "concern for safety" calls ~10% national drop in s136 detentions (2022–23 → 2023–24)

Operational benefit
Police time freed up (tens of thousands of hours in large forces estimated). Stronger emphasis on threshold-based decision-making via control rooms.

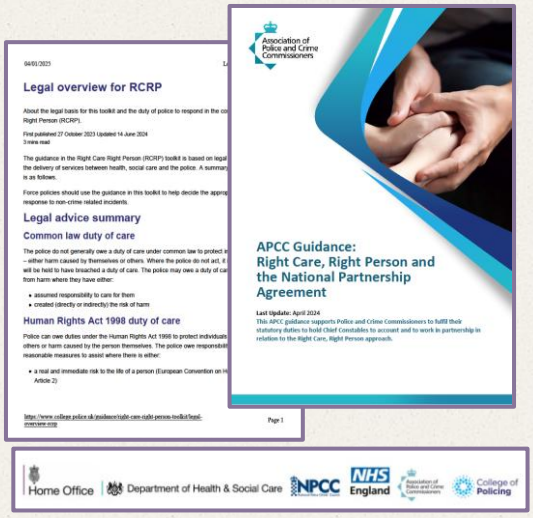
What Impact is it having? (structural issues)
- ***Core barrier:*** health & social care cannot absorb demand 62% of ICBs report pressures post-RCRP
- ***Risk displacement:*** Unknown whether: calls are resolved by other services or return later at higher risk
- ***Inconsistent implementation:*** Variability between forces and areas
- ***Ambiguity*** in threshold decisions and triage
- ***Public confusion*** - People still instinctively call police for welfare crises.
- ***Lack of clarity*** delays access to "right service"

12

RCRP National Partnership Agreement (July 2023)

Guidance issued for force areas by College of Policing

- Threshold for a police response to a mental health call: to investigate a crime that has occurred or is occurring OR to protect people when there is a real and immediate risk to life or a person being subject to or at risk of serious harm.
- ***Liaison & Diversion and triage arrangements are separate from RCRP but can feed into it.***
- Police attendance to execute s135 warrants to be organised locally.
- ***Reducing use of police as first responders to mental health incidents to reduce use of s136.***
- Aim for hand over time from 135/136 to health colleagues within an hour.



13

Right Care, Right Person: *Practice Implications*

Areas for consideration:

- Concern for the welfare of a person.
- People who have walked out of a healthcare setting.
- People who are absent without leave from mental health services.
- Medical incidents.

Children

The police also required to consider best interests of the child when deciding whether to attend.

- Are police protection powers under section 46 Children Act 1989 needed?

14

RCRP Prevention of Future Deaths:
Themes from the Coroners (1)

- **Theme 1: Police non-attendance despite escalating concern**
  e.g. *Sophie Cotton, May 2025*

  Coroner's key observations:
  - Police refused attendance even where risk indicators present
  - 999 caller redirected (including inappropriate 101 diversion)
  - Threshold for "real and immediate risk" may be set too high or inconsistently applied in practice

- **Theme 2: Service gaps (no agency able to respond effectively)**
  e.g. *Sophie Cotton (same case – second strand)*

  Coroner's key observations:
  - Mental health crisis services: cannot force entry to premises so referral pathway was not operationally viable.
  - RCRP response failed to account for lack of statutory powers in alternative services
  - RCRP assumes a functioning alternative system, which often does not exist at point of crisis

15

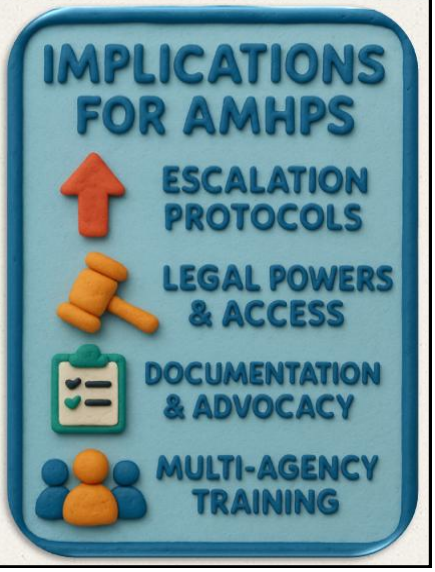
Learning from Enquiries:
Prevention of Future Deaths Reports

Sophie Cotton, May 2025

Sophie had a long history of mental health issues and had previously been a voluntary inpatient. On 6 January 2025, she missed a key meeting and family contact with her children, which was highly unusual. Four separate calls were made to the police requesting a welfare check. Despite clear red flags, the police refused to attend under "Right Care, Right Person"

Coroners Concerns:

- The RCRP protocol delayed urgent intervention despite multiple professional and family concerns.
- Mental health services did not have legal powers to enter Sophie's locked home.
- The lack of escalation pathways and rigid application of RCRP contributed to the failure to safeguard Sophie.
- The coroner noted that the supervisor review process for RCRP decisions caused further delay.



16

RCRP Prevention of Future Deaths:
Themes from the Coroners (2)

- **Theme 3: Refusal of welfare checks where risk unclear but concerning**
  e.g. ***multiple PFDs, 2025 – 2026***

  Coroner's key observations:
  - Police refusal occurred even when family believed immediate risk existed
  - Families forced to: attend themselves, break entry
  - In several cases individual later found deceased
  - "Concern for safety" calls sit in the highest-risk grey zone under RCRP

- **Theme 3: System confusion & delays**
  e.g. ***Katie Overd, Oct 2025***

  Coroner's key observations:
  - Mental health crisis services: cannot force entry to premises so referral pathway was not operationally viable.
  - RCRP response failed to account for lack of statutory powers in alternative services
  - RCRP assumes a functioning alternative system, which often does not exist at point of crisis

Quick Reference:
PfD Themes relating to RCRP

Theme	PFD example	Core issue	Practice risk
Non-attendance	Sophie Cotton	Police refusal despite indicators	Missed escalation
Service gaps	Sophie Cotton	No agency with entry powers	"No service attends"
Public confusion	Katie Overd	Wrong service contacted first	Delay to care
Welfare checks	Multiple PFDs (2025)	Grey-zone triage decisions	Hidden high risk
National pattern	Clustered PFDs	Repeated similar findings	System failure signal

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Group Exercise:
Police Response to Mental Health Crises

Read the scenario for Leanne in your Packs (labelled #1) and consider the following questions:

- At what point does Leanne's presentation meet the threshold for police attendance under RCRP?
- What lawful routes are available to gain access to the property, and who should initiate them?
- Does Section 13 place a duty on the AMHP to escalate this further? how?
- What additional information would change your decision?
- If harm occurs, how would each agency defend its decision-making?

Don't forget to nominate someone to feedback *(or agree to do it together, but no tumble-weed (aka awkward silences) when we come back together please!)*

19

Learning from Enquiries:
Prevention of Future Deaths Reports

Implications for AMHP Practice:

- **Documentation:** AMHPs must ensure contemporaneous, detailed records of assessments and decisions.
- **Multi-agency Communication:** Clear escalation pathways and shared care plans are essential.
- **Discharge Planning:** Mental health discharges must include robust safety-netting and follow-up.
- **Governance:** AMHP services should audit their own investigation and learning processes.

Right Care, Right Person: PfD Themes

Nationally, Section 136 detentions dropped by 10% after RCRP was introduced. However, this shift has increased pressure on NHS crisis services, many of which report longer wait times and insufficient capacity.

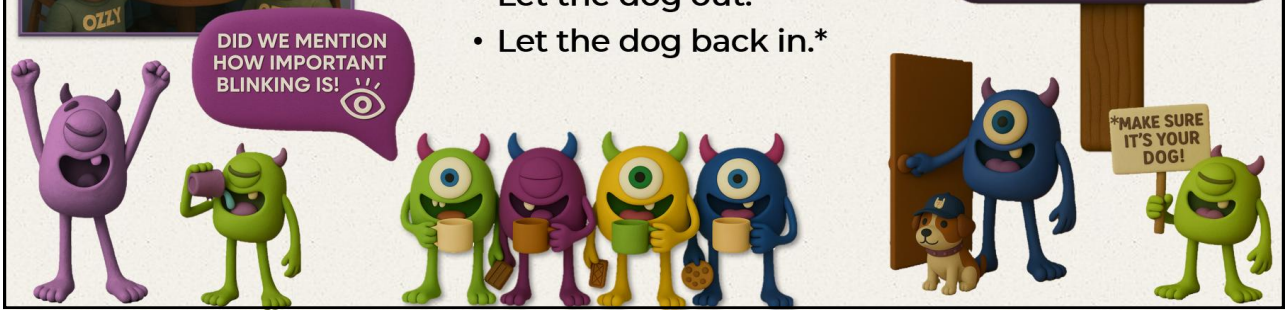
- **Improve joint protocols** between police, ambulance, and mental health services.
- **Ensure timely escalation** when RCRP decisions are challenged.
- **Review training and decision-making** frameworks for call handlers.
- **Consider exceptions to RCRP** when risk indicators are present.

20

COFFEE BREAK!

It's time to...

- Blink!
- Hydrate.
- Stretch.
- Get yourself another brew.
- Let the dog out.*
- Let the dog back in.*



21

Section 135: Warrant to Enter & Remove

Article 8 in the Balance

1. If it appears to a justice of the peace...that there is reasonable cause to suspect that a person believed to be suffering from mental disorder.
   a) Has been, or is being, ill treated, neglected or kept other than under proper control..., or
   b) Being unable to care for himself, is living alone...

   The justice may issue a warrant...to enter, if need be, by force...and if thought fit, to remove him to a [PoS] with a view to the making of an application...or of other arrangements for his treatment or care.

2. If it appears to a justice of the peace, on information...to take a patient to any place, or to take into custody or retake a patient who is liable under this Act —
   a) That there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and
   b) That admission to the premises has been refused or that a refusal of such admission is apprehended.

   The justice may issue a warrant authorising... [entry to] the premises, if needs be by force, and remove the patient.

22

Section 136 MHA

If a person appears to a constable to be suffering from mental disorder and ***to be in immediate need of care or control,*** the constable may, if he thinks it necessary to do **so in the interests of that person or for the protection of other persons-**

a) Remove the person to a place of safety within the meaning of section 135.
or
b) If the person is already at a place of safety…keep the person at that place or remove the person to another place of safety.

The power of a constable under S136 may be exercised where the mentally disordered person is at any place, other than —

- Any ***house, flat or room*** where that person, or any other person, is ***living;***
or
- Any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses, flats or rooms.

For the purpose of exercising the power, a constable may enter any place where the power may be exercised, if need be, by force.

23

Section 136 MHA

- Is s136 an arrest?
- Can you de-arrest?
- Do police have to remain at the Place of Safety?
- S136 handover process?

24

The Case of Hotels

- Is a hotel a private dwelling – sometimes, not always…
- How do you decide?
- Is the criteria of 'immediate need for care or control' met?
- See MHCop here on the 2019 case of Dr Lamont

25

Some Interesting Cases to Consider

- S136 detentions and lawful application in Ps property

KU v Commissioner of the City of London Police [2023] EWHC 1853 (KB)

- P was shielding during the pandemic, concerns about his welfare led to the social worker calling the police.
- P was in dispute with DWP concerning his housing benefit and had sent an email stating he would take his own life. Benefit officer contacted social worker who contacted the police as a 999.
- Police attended the property. Access provided by set of key from the building concierge. Police rang the doorbell then entered using the keys.
- All windows closed and decanted can of insecticide in the flat.
- Police asked P to come into the communal corridor as they were concerned about his safety.
- Following a brief chat in the hallway, P was detained under s136 and ambulance requested.

26

Reminder:
Powers to Enter & Convey (1)

- **Section 115**: An AMHP may at all times enter and inspect any premises (other than a hospital) in which a mentally disordered patient is living, if he has reasonable cause to believe that the patient is not under proper care.

- **Section 6(1)**: An application for the admission of a patient to a hospital under this Part of this Act, duly completed in accordance with the provisions of this Part of this Act, shall be sufficient authority for the applicant, or any person authorised by the applicant, to take the patient and convey him to the hospital.

27

Reminder:
Powers to Enter & Convey (2)

Section 137: *"The powers of a constable"*

(1) Any person required or authorised by or by virtue of this Act to be conveyed to any place or to be kept in custody or detained in a place of safety or at any place to which he is taken under section 42(6) above shall, while being so conveyed, detained or kept, as the case may be, be deemed to be in legal custody.

(2)A constable or any other person required or authorised by or by virtue of this Act to take any person into custody, or to convey or detain any person shall, for the purposes of taking him into custody or conveying or detaining him, have all the powers, authorities, protection and privileges which a constable has within the area for which he acts as constable.

(3) In this section "convey " includes any other expression denoting removal from one place to another.

28

Reminder:
Powers to Enter & Convey (3)

Section 135: Warrants to search for and remove patients

135(1):

Reasonable cause to suspect that a person believed to be suffering from mental disorder is being ill-treated, neglected or kept otherwise than under proper control OR living alone and unable to care themselves in the jurisdiction of the justice.

Warrant authorises a constable (plus AMHP and doctor) to enter the premises and remove to a place of safety with a view to making an application or other arrangements for treatment or care.

29

Reminder:
Powers to Enter & Convey (4)

Section 135: Warrants to search for and remove patients

135(2):

"Take or retake" a patient who is liable under the MHA.

a) Reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice.

and

a) That admission to the premises has been refused or that a refusal of such admission is apprehended.

30

Evidencing Defensible Decisions

- Informing of rights.
- Risk assessment.
- Rationale for decisions.
- Consent & capacity issues.
- Compliance with code of practice and principles
- Considering whole circumstances & satisfying self (s13).
- Evidencing recommendations.

Must the s.136 Process Always Be Seen Through?

- **Initial detention** – s136(1) criteria '*appears to be suffering from mental disorder*', '*immediate need of care & control*' & '*necessary*'.
- **Purpose** – s136 (2) examination by RMP, interview by AMHP, & making of necessary arrangements.

What if police or RMP think that detention no longer needed?

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Time Limits for Retaking 'P'

i. **Escape during removal to a place of safety**
Where a person escapes in the course of being removed to a place of safety under section 135(1) or 136 (1) (s)he may not be retaken under this provision after a period of 24 hours has expired from the time of that escape.

ii. **Escape from a place of safety**
Where a person escapes after arrival at a place of safety, (s)he may not be retaken under this provision after the maximum time that they could have been detained in that place. In most cases that will be a total period of 24 hours, but account also needs to be taken of any extension to that period (up to a maximum of 12 hours), where this has already been authorised by the medical practitioner under section 136B, at the point of escape.

33

Agreement – Home as PoS:
From the Guidance (1)

- 'It will be relevant whether the person can understand the information relevant to the decision, retain that information, use or weigh that information as part of the process of making the decision, and communicate that decision.'

- 'If they are clearly unable to understand or communicate with police or mental health professionals, the necessary agreement cannot be sought or obtained.'

(DH/Home office guidance, 2017; para. 3.9)

34

Agreement – Home as PoS:
From the Guidance (2)

Scenario	Agreement required
If the person believed to be suffering from a mental disorder is the sole occupier of the place.	That person agrees to the use of the place as a place of safety;
If the person believed to be suffering from a mental disorder is an occupier of the place but not the sole occupier.	Both that person and one of the other occupiers agree to the use of the place as a place of safety.
If the person believed to be suffering from a mental disorder is not an occupier of the place.	Both that person and the occupier (or, if more than one, one of the occupiers) agree to the use of the place as a place of safety.

Source: DH / Home office (2017) Guidance for the implementation of changes to police powers and places of safety provisions in the Mental Health Act 1983. p.14.

35

Group Exercise:
Community Powers Case Scenarios

In groups discuss read the case scenarios and answer the questions posed.

There are two scenarios Tommy & Iris – please consider both.

Don't forget to nominate someone to feedback *(or agree to do it together, but no tumble-weed (aka awkward silences) when we come back together please!)*

36

Post-Session Reflection Points:

How does what we know inform what we do?

- What is / are your key learning point(s)?
- What else do you need to find out, and how will you find it out?
- How will you use the learning from today in your practice?

37

38

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