

Right Care, Right Person: RCEM Position Statement

22 March 2024

Background

A number of Police Forces around England are implementing a change management process in the way they respond to people with mental health problems. This is based on a collaboration in the Yorkshire and Humber region. This essentially is raising the threshold for police involvement in mental health incidents. It is accepted that much police time is wasted in a crowded urgent and emergency care system that is particularly difficult for people with mental health problems. This approach is being adopted by a number of police forces.

Consequences

There are risks for emergency medicine staff. Staff, especially nursing staff are exposed to increased levels of violence and aggression. The police may be reluctant to go and perform welfare checks on high risk patients who abscond from emergency departments. Already there has been a measurable drop in the number of detentions under Section 136 on the Mental Health Act, suggesting that some patients in mental health crisis are not being responded to appropriately. In addition, agitated people are being left by the police in understaffed emergency departments and being sedated as a way to protect the patient and staff.

Right Care, Right Person is beginning to be identified as a contributing factor in Prevention of Future Death notices issued by Coroners.

The RCEM Mental Health Sub Committee and Council have considered this and made the following collaborative proposals.

1. NHSE and ICBs should define how many section 136 suites are needed per head of population and commission them.
2. NHSE and ICBs should commission a section 12 approved Dr service and increase the number of AMHPs. RCEM accepts that some patients in mental health crisis need emergency department care, but all too often lack of section 136 capacity means that people end up in the wrong place.
3. Where patients need to come to an Emergency Department, there should be dedicated space to observe MH patients (different from an assessment space) with properly commissioned security services with training in trauma informed care, mental health and safe restraint, this would allow police to leave more often but will never be as good an option as a locked 136 suite.
4. People under the age of 18 should be excluded from Right Care, Right Person.
5. A legal framework for restraint by hospital security services should be developed.

6. Both the Police and Emergency Medicine Service should use the RCEM Best Practice Guideline on Absconding Patients.
7. There should be full coverage of mental health ambulances to go out to patients in crisis. These have reasonable results, but police will still be needed at times.
8. Where RCRP goes ahead, there should be collection and scrutiny of near misses and a commitment to review policy and provision.
9. There must be an independent evaluation of the implementation of RCPC.
10. A recognition that there are cases where police powers are needed and cannot be provided by anyone else - e.g. pinging phones to help locate a person.

References

[1] The Royal College of Emergency Medicine (UK). Best Practice Guideline on Absconding Patients. Published June 2020. https://rcem.ac.uk/wp-content/uploads/2021/10/RCEM_Absconding_Guidance_V2.pdf

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