Mental ill health and learning disabilities

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Mental ill health and learning disabilities

Part one – Policy

Policy summary

West Yorkshire Police complies with Authorised Professional Practice (APP) which contains information to assist policing, and has established a local procedure which covers mental ill health and learning disabilities.

The Force recognises that the police play a key role in providing a response to people with mental ill health, learning disabilities or learning difficulties, including people with personality disorders etc.

This policy procedure ensures police officers and staff provide a clear and consistent service to these individuals whether they are victims, witnesses, suspects, offenders or members of the public requesting assistance.

Aim

The aims of this policy procedure are to:

• help officers and staff recognise mental ill health and learning disabilities so that they can respond appropriately and treat people with mental ill health and learning disabilities with dignity and respect;
• provide guidance to officers and staff on how to deal with individuals who have mental disorders or learning disabilities;
• explain how they should communicate, question or interview individuals who have mental disorders or learning disabilities so that they are achieving best evidence;
• help officers and staff use legislation and statutory guidance to bring to justice those who exploit and abuse persons who lack mental capacity;
• explain reasonable adjustments, aids and adaptations which officers and staff may need to ensure service delivery is not affected; and
• provide information on the Force’s protocols with mental healthcare trusts.

Scope

This policy procedure applies to all police officers, police staff, special constables and police community support officers who may come into contact with individuals suffering from mental disorders, learning disabilities or learning difficulties and should be read in that context.

Compliance

Equality Act 2010
Mental Capacity Act 2005 (MCA)
Human Rights Act 1998
Data Protection Act 1998
Police and Criminal Evidence Act 1984 (PACE)
Mental Health Act 1983 (amended 2007) (MHA)
Health and Safety Act 1974

APP Detention and Custody – Mental Ill Health and Learning Disabilities
Achieving Best Evidence in Criminal Proceedings: Guidance for vulnerable or intimidated witnesses, including children
Achieving best evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures
Department of Health Code of Practice on the Mental Health Act
Department of Health’s No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse
Code of Practice for Victims of Crime

Guidance Documents

ACPO NPIA guidance on responding to people with mental ill health or learning disabilities
Ministry of Justice guidance on interviewing victims and witnesses
Hidden Impairment National Group – Uncovering Hidden Impairments Toolkit
Police and Mental Health – How to get it right locally
Department of Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis
Care Quality Commission – A safer place to be
Guidance for the implementation of changes to police powers and places of safety provisions in the mental health act 1983

Chapter 1 Definitions

Mental disorder

The Department of Health’s Code of Practice on the Mental Health Act 1983, as updated, defines mental disorder, for the purposes of the MHA, as “any disorder or disability of the mind.”

Disability

Disability is defined as:

“A physical or mental impairment which has a substantial and long term adverse effect on an individual’s ability to carry out his/her normal day to day activities.”
s1(4) of the MHA 1983 defines learning disability as:

“A state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning.”

Distinguishing between learning difficulties and learning disabilities is quite a complex issue, however, a learning disability is linked to an overall cognitive impairment. Many with, e.g. autism, dyspraxia or attention deficit hyperactivity disorder, would see themselves as having a learning difficulty rather than a disability.

A learning difficulty does not affect general intelligence.

A vulnerable adult is defined in the Department of Health’s No Secrets document as:

“A vulnerable person is anyone aged 18 years or over:

• who is or maybe in need of community care by reason of mental or other disabilities, age or illness; and

• who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”

NB The Victims code has a specific definition of vulnerability in relation to the criminal justice process.

The policy procedures on submitting safeguarding referrals can be accessed via these links:
Safeguarding children and young people
Safeguarding vulnerable adults

The officer dealing must consider making a safeguarding referral for:

• the person thought to have a mental disorder or learning disability; and

• for any other people, particularly where that person has dependants.

Chapter 2 Legislation on interviews

Police and Criminal Evidence Act 1984

Introduction If officers suspect or are told that a person is suffering from mental disorder or learning disability, they must regard it as a mental condition
and comply with the Police and Criminal Evidence Act 1984.

NB Not all those with mental disorders or learning disabilities will be vulnerable interviewees or would wish to be treated as such.

**Healthcare professional**

Officers must call a healthcare professional to examine the person and they will decide if the person is fit for interview or detention.

**General provisions**

General provisions relating to the police interview are contained in paragraph 11 of PACE Code C.

**Fitness for interview**

Annex G of PACE Code C deals specifically with fitness for interview.

Provided that the assessment determines the person is fit to be interviewed, an officer should respond to any objections by the solicitor or appropriate adult as below:

> “You have made representations regarding (name of suspect) fitness to be interviewed. I can say that an examination has been carried out by a doctor (or specialist), who has certified that (suspect) is fit for interview. Therefore, I intend to proceed.”

At the end of the interview, the doctor (or specialist) should re-examine the person and the result must be certified on the custody record.

**Youth Justice and Criminal Evidence Act 1999**

**Visual recorded interviews used as evidence-in-chief**

**Introduction**

To apply for the record of an interview with a vulnerable or intimidated witness to be played as evidence-in-chief, officers must visually record the interview.

Section 19 of the Youth Justice and Criminal Evidence Act 1999 deals with a witnesses eligibility for special measures.

See the policy procedures on:
- [Victims and witnesses](#)
- [Visual recorded interview with a child](#)
Suspects

In the case of a suspect, officers do not need their consent to visually record the interview.

An officer has the discretion to continue visual recording despite the suspect’s objections. See Code of Practice F 4.8.

Chapter 3  Detaining under the Mental Health Act (MHA)

Criteria for using s136

Section 136 of the Mental Health Act 1983, as amended by The Policing and Crime Act 2017, makes provisions in relation to mentally disordered persons found in mental health crisis.

A police officer has a power under Section 136 (1)(a) to remove a person who appears to be suffering from a mental disorder and to be in need of immediate care and control, to a place of safety (or keep them at a place of safety).

Section 136 powers, **must not** be exercised in a private dwelling. Which is defined as:
- Any house, flat or room where that person or any other person is living; or
- Any yard, garden, garage or outhouse used in connection with the house, flat or room.

Locations where s136(1) may be applied, these include for example:
- Railway lines;
- Hospital wards;
- Rooftops of commercial buildings;
- Police stations;
- Offices;
- Schools;
- Gardens and car parks associated with communal residential properties; and
- Non-residential parts of residential buildings, with restricted entry.

New section 136(1B) enables a police officer to enter any place in which s136(1) if necessary by force to remove a person.

New section 136C enables a police officer to search a person subject to s135 and s136 who they reasonably believe may present a danger to themselves or others and is concealing a dangerous item, for the purpose of discovering and seizing that item.

Detention period

The permitted period of detention under s135 or s136 is now 24 hours (reduced from the previous 72 hours).
The responsible medical practitioner can extend that period by up to 12 hours if a mental health act assessment cannot be completed within the permitted period, due to the person’s mental or physical condition.

**Where the person is being detained in a police station, a police officer of the rank of Superintendent or above, must also approve the extension.**

The detention period of those detained under s135 or s136 begins:
- Where a person is removed to a place of safety it is at the point where the person physically enters that place.
- Where a person is kept at an address specified in the s135 warrant, it is the time the police officer first enters the premises.
- Where a person is kept at a place under s136 it is at the point the police officer decides to keep them there.

The clock continues to run during any transfer between any place of safety to another.

If a person subject to s135 or s136 is first taken to an emergency department or hospital for treatment, it would begin at the emergency department.

If a person is detained under s136 at a police station it would begin at the time of the s136 arrest, as that is classed as a place of safety.

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### Consulting before using s136(1)

A police officer is now required by section 136(1C) to consult one of the list of specified healthcare professionals, where it is practicable to do so; before deciding whether or not to keep a person at, or remove a person to a place of safety under section 136(1).

Healthcare professionals include:
- An approved mental health professional;
- A registered nurse;
- A registered medical practitioner;
- An occupational therapist; and
- A paramedic.

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### The purpose of consultation

The purpose of the consultation is to obtain timely and relevant mental health information and advice that will support the officer to decide on the best course of action for the purpose concerned.

The police officer should seek to ascertain:
- An opinion on whether this appears to be a mental health issue based on professional observation and if possible questioning of the person;
- Whether other physical health conditions may be of concern or contributing to behaviour, e.g. substance misuse, signs of injury or...
illness;
• Whether the person is known to local health providers;
• Whether it is possible to access medical records or a care plan to
determine medical history and suggested strategies for managing a
mental health crisis;
• Whether the use of s136 is appropriate;
• If s136 is deemed appropriate, identification of a suitable health
based place of safety and facilitation of access to it; and
• Where s136 powers are not appropriate, the identification and
implementation of alternative arrangements (such as taking the
person home, or to a community place of respite).

The police officer retains ultimately responsibility to use s136
powers. The police officer should record on the Mental Health
app on their mobile devices the consultation, including who
was consulted and the advice they gave.

Deciding if it is practicable to consult

Officers must decide if it is practicable to consult, taking into
considering the below factors:
• Whether the person is likely to remain cooperative and present
during the time taken to undertake a consultation; or
• Whether it is safe to undertake a consultation due to the behaviour
of the person which may require immediate action in the interests if
safety.

All districts will have in place a local agreement to contact a
designated mental health professional or team. Some districts have
street triage teams others have telephone support from their local
mental health team.

These are the medical professionals that should be contacted
wherever possible. If it is not possible to consult prior to the arrest the
local mental health professional should be contacted afterwards.

The local mental health team are best placed to provide up to date
information and also assist with local healthcare arrangements
including reception at the s136 suite.

Legal responsibility

When a person is detained under the MHA, the police have a legal
responsibility to ensure they are taken to a place of safety.

NB It is important to remember the person is a patient, not a criminal,
and should be treated as such.

Yorkshire ambulance service (YAS)

All persons detained under s136 should, wherever possible be
conveyed by ambulance. This ensures that the person receives an
initial healthcare professional assessment and any treatment needed
is provided. This also ensures that the person is treated with dignity
and respect.

The Force has agreed a protocol with the Yorkshire Ambulance Service whereby they will provide a 30 minute response to transport persons detained under s136, whether that is to a custody area or other designated place of safety.

The ambulance crew will conduct a clinical assessment of the person and administer any immediate treatment required.

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**Place of safety**

A place of safety is defined as:

- A hospital;
- An independent or care home for mental disorder persons;
- A police station;
- Residential accommodation provided by a local social services authority; and
- Any other suitable place (with the consent of a person managing or residing at that place).

By virtue of the new section 136A(1) a police station must not be used as a place of safety for a person under the age of 18 years under any circumstances.

A police station may only be used as a place of safety for a person 18 and over, in specific circumstances as follows:

- The behaviour of the person poses an imminent risk of serious injury or death to themselves or another person;
- Because of that risk, no other place of safety in the relevant police area can reasonably be expected to detain them; and
- So far as reasonably practicable, a healthcare professional will be present at the police station and be available to them.

The authority of an officer, Inspector or above, must be given for use of a police station.

Persons detained at a police station, under s136 must be reviewed at least hourly by the custody officer.

The custody officer must ensure that a healthcare professional checks the welfare of the detained person at least every half hour.

The healthcare professional must be present and available throughout.

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**Leaving the detainee**

The healthcare professional should take responsibility for the person as soon as possible, including preventing the person from absconding before the assessment can be carried out.
The police officer should:
• not be expected to remain until the assessment is completed; and
• be able to leave when the situation is agreed to be safe for the patient and healthcare professional.

Once the healthcare professional has arrived, the officer must only leave if:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In their professional judgement or that of the s136 co-coordinator, there is not an unmanageable risk of violence;</td>
</tr>
<tr>
<td>2</td>
<td>They have done everything possible to safeguard the health and safety of the: • person; and • people in whose care the person is to be left; and</td>
</tr>
<tr>
<td>3</td>
<td>They have discussed and agreed with the s136 co-coordinator an appropriate course of action.</td>
</tr>
</tbody>
</table>

Transfer to a second place of safety

Unless it is an emergency, officers must not transfer a person without the agreement of an approved mental health practitioner (AMHP), a doctor or another healthcare professional who is competent to assess whether the transfer would put the person’s health or safety, or that of other people, at risk.

It is for those professionals to decide whether they need to see the person first themselves.

Officers must not transfer the person to a subsequent place of safety without first confirming that it is willing and able to accept them.

The person may be taken to the second or subsequent place of safety by a police officer, AMHP or a person authorised by a police officer or AMHP.

Requests for police to assist in the transportation of patients

Officers may be asked to assist in transporting a violent or potentially violent person.

In deciding whether to support any such request, consideration should be given to:
• the Mental Health Act 1983 Codes of Practice 2015 (section 17);
• joint local protocols; and
• if the level of violence would be unmanageable by health and security staff.

Notes.
1. The Codes of Practice clearly state that patients should always be transported in the manner which is most likely to preserve their...
dignity and privacy, consistent with managing any risk to their health and safety or to other people. The potential negative impact of police involvement on the patient should also be taken into consideration.

2. Patients who have been sedated before being transported should always be accompanied by a health professional who is knowledgeable in the care of such patients, is able to monitor the patient closely, can identify and respond to any physical distress which may occur and has access to the necessary emergency equipment to do so.

Medical emergency
Where a person is suffering a medical emergency, all steps must be taken to ensure they receive immediate medical care.

PAVA irritant spray
Where a person has been subjected to PAVA irritant spray, they will ordinarily be transported, in a police van, to the most appropriate place of safety.

See the PAVA irritant spray policy for further information.

Waiting times
It is accepted that officers dealing with section 136 cases can encounter waiting times for consultation, ambulance, emergency department and 136 suite.

In order to capture an audit trail of the officers’ actions and the timeline of the incident, the Mental Health app on the mobile device must be completed.

Further guidance
For additional guidance on transportation see the Custody and Detention policy.

Escalation Protocol
Where there are significant delays in either finding a bed for a MH patient who is in police custody or officers are excessively delayed in dealing with a MH incident due to lack of Healthcare resources the Escalation protocol should be followed.

Chapter 4 Multi-agency care plans

Introduction
West Yorkshire Police support the use of multi-agency care plans to explore how to best meet the needs of individuals who may use a number of services intensively for a short period of time or who frequently present to a number of services.
The presence of a multi-agency care plans will be flagged through a PNC mental health flag which will include a 24/7 telephone number for officers to contact for details of the agreed care plan and preferred actions to be taken by agencies (including the police). The existence of a care plan will also be recorded on Niche using a ‘Mental Health Care Plan’ occurrence.

The ‘Mental Health Care Plan’ occurrence is intended to:-
• create an audit trail and facilitate the request for a PNC marker (that a care plan exists)
• support associated problem solving by West Yorkshire Police
• it should not record any patient health data

Officers should always contact the number provided within the PNC flag as the multi-agency care plan is stored and kept up to date on the relevant Health Service patient record system.

The process map accessed here illustrates the flag process for Niche.

The objectives are to:
• identify people in a consistent way and meet the needs of these service users so that they are encouraged to access services appropriately;
• providing a consistent multi-agency approach to improve health and well-being outcomes,
• in terms of early intervention/recovery & staying well, increasing the use of alternative services and supporting carers and families in knowing what to do next.

The intention is that, through sharing information and experience across relevant agencies, to avoid duplication of work for all agencies and to allow a uniform but individualised approach, ensuring that the service user is central to the process where possible.

The multi-agency approach will adhere to rules of confidentiality and only share information in the best interests of the service user.

Chapter 5 Criminal offence committed

Introduction

The presumption must always be to deal positively with criminal matters and the National Crime Recording Standards will apply.

Any offences should be recorded and dealt with accordingly.

An offence must not be ignored just because a person has been detained under the MHA or MCA.
Mental ill health and learning disabilities

Part two – Policy procedure

Chapter 1 Requests to stay at a place of safety

Introduction

In response to a request to stay at the place of safety, an officer must:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>refer to the protocols <a href="#">below</a>, which the Force has with regard to places of safety located within the local mental healthcare trust areas;</td>
</tr>
<tr>
<td>2</td>
<td>risk assess the likely harms and benefits of their decision;</td>
</tr>
<tr>
<td>3</td>
<td>in exercising their professional judgment, include what is known about the detainee, e.g. from police information systems and those of other agencies; and</td>
</tr>
<tr>
<td>4</td>
<td>inform supervision of any requests to stay where the level of risk would not be unmanageable by medical and, where currently available, security staff.</td>
</tr>
</tbody>
</table>

Protocols

The protocols for places of safety located within the local mental healthcare trust areas are:

<table>
<thead>
<tr>
<th>District</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradford</td>
<td>Lynfield Mount Hospital, Heights Lane, Bradford, BD9 6DP.</td>
</tr>
<tr>
<td></td>
<td>Airedale Centre for Mental Health, Airedale General Hospital, Skipton Road, Steeton, Keighley, BD20 6PD.</td>
</tr>
<tr>
<td></td>
<td><strong>Bradford protocol</strong></td>
</tr>
<tr>
<td></td>
<td>• Calderdale;</td>
</tr>
<tr>
<td></td>
<td>• Kirklees;</td>
</tr>
<tr>
<td></td>
<td>• Wakefield</td>
</tr>
<tr>
<td></td>
<td>Trinity Suite, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.</td>
</tr>
<tr>
<td></td>
<td>Hawthorne Suite, Calderdale Royal Hospital, Salterhebble, Halifax, HX3 OPW.</td>
</tr>
<tr>
<td></td>
<td><strong>SWYMHT protocol</strong></td>
</tr>
<tr>
<td>Leeds</td>
<td>Becklin Centre, Alma Street, Leeds, LS9 7BE.</td>
</tr>
<tr>
<td></td>
<td>St James’s Hospital, Beckett Street, Leeds, LS9 7TF, A&amp;E department where there are immediate medical issues to address.</td>
</tr>
<tr>
<td></td>
<td><strong>Leeds protocol</strong></td>
</tr>
</tbody>
</table>

Any disagreements should be resolved between the on call manager responsible for the place of safety and the officer’s supervisor.

Niche

The address of the place of safety must be linked to the record, whether this is an occurrence or a custody record.
Officers should refer to the Niche process on how to deal with a person who is:
- taken directly to a place of safety; or
- transferred from custody to a place of safety, via this link.

Chapter 2  Transporting the patient

Ambulance

In all cases, you should:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>request an ambulance to transport the patient;</td>
</tr>
</tbody>
</table>
| 2    | update the Storm log to include:  
|      | • that the request has been made for ambulance to transport the individual;  
|      | • the response from YAS (an estimated time of arrival or that they are unable to attend); and  
|      | • if appropriate the rationale for any deviation from Force policy. |

Purpose

The reason for using an ambulance is to:
- safeguard the physical health of the individual by identifying any underlying physical conditions such as ‘acute behavioural disturbance’ (many possible causes including head injury, brain tumours, delirium from high temperature, heat exhaustion and endocrine disorder such as high blood sugar or low blood sugar and thyroid disease. Anti-psychotic and other drugs such as cocaine can also precipitate these episodes); and
- minimise the impact of such detentions on the individual, protect their dignity and prevent them being viewed or feeling like criminals.

Contacting s136 co-ordinator re mental health assessment

You should:
- contact the local s136 co-ordinator to arrange for a mental health assessment to be conducted; and
- in all cases, ask the health based place of safety to accept the patient and any reason for exclusion should be clearly recorded on Storm and the associated Niche occurrence.

Joint risk assessment

The ambulance crew will jointly conduct a risk assessment with the officers of the individual and the circumstances to decide the risk of violence posed by the individual and the safest method of transport.

Officers must record the decision making in their pocket notebooks.
At least two staff should be involved in the transport of such persons and the options include:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>person to be transported in a police vehicle, with a member of the ambulance crew present in the police vehicle. Consideration must be given to the safety of the accompanying ambulance crew member, who must not be put at risk;</td>
</tr>
<tr>
<td>Medium</td>
<td>a joint decision between the police and ambulance crew as to the most appropriate mode of transport. This may involve a police officer accompanying the person in the ambulance; and</td>
</tr>
<tr>
<td>Low</td>
<td>person to be transported by ambulance, with the police vehicle following.</td>
</tr>
</tbody>
</table>

The usual method of transportation for s136s will be via ambulance. This is in line with the [APP Detention and custody](#) section on mental ill health and learning disabilities.

If an ambulance is unable to attend, the default position will be to transport the person in a police vehicle.

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### Chapter 3  Treatment when in custody

Each mental health trust area needs a detention form completing outlining details of the person and reasons for detention.

These should be available in each custody area but can be downloaded using the following links:

- [Bradford](#)
- [Calderdale, Kirklees and Wakefield](#)
- [Leeds](#)

The custody officer must:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ensure the detaining officer completes the relevant section of the detention form;</td>
</tr>
<tr>
<td>2</td>
<td>arrange a mental health assessment through the relevant local s136 co-ordinator; and</td>
</tr>
<tr>
<td>3</td>
<td>hand the detention form to the AMHP attending to undertake the mental health assessment.</td>
</tr>
</tbody>
</table>

If the healthcare professional or custody officer feel that a more
specialised assessment is needed, this must be dealt with by a clinical psychologist, consultant forensic psychiatrist or approved mental health practitioner.
Mental ill health and learning disabilities

Part three – Information and toolkit

Indicators of disorders or disabilities

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Early recognition of the possible mental disorders or disabilities of people that you come into contact with is crucial to ensuring you provide an appropriate and effective policing response.</th>
</tr>
</thead>
</table>
| Indicators of general concern | Things that should act as, or may be perceived to be, general warning signs, include:  
  - irrational conversation or behaviour;  
  - talking about seeing things or hearing voices which cannot be seen or heard by others;  
  - removing clothing for no apparent reason;  
  - confusion and disorientation;  
  - paranoid beliefs or delusions;  
  - self-neglect;  
  - hopelessness;  
  - impulsiveness;  
  - inappropriate or bizarre behaviour;  
  - obsessional thoughts or compulsive behaviour;  
  - inappropriate responses to questioning; and  
  - speech difficulties.  

This list is not exhaustive. |
| Indicators of concern about ability as victim, witness or suspect | Some aspects of an individual’s condition may affect the person’s ability as a victim, witness or suspect unless it is recognised and managed appropriately.  

For example, people experiencing mental disorders and disabilities can:  
  - be highly suggestible;  
  - be eager to please;  
  - give answers they think are wanted;  
  - confuse the source of their memories;  
  - report fewer details in free recall;  
  - forget things more quickly;  
  - be highly influenced by the nature of questioning;  
  - be easily distracted; and have difficulty with concepts of time and quantity. |
Further information

In addition, indicators that people may have a particular condition, and hints and tips on communicating with them, can be found below and on the Diverse Communities app on your mobile device and also accessed via this link.

Information cards or jewellery

Introduction

Some people may be carrying cards or wearing jewellery, e.g. alert card, medallion or bracelet, which indicates or explains their medical condition and or contains a telephone contact number. They may also give details of any medicines they are taking.

Crisis cards

‘Crisis cards’ are sometimes carried by people who have communication difficulties or who may find it difficult to communicate when in a crisis.

Autism alert card

The person with autism may be carrying an "Autism alert card."

The National Autistic Society (NAS) and other autism organisations issue cards like this and are designed to be used by people with autism (including Asperger syndrome) to indicate and explain their condition.

They are the same size as a business card and are kept in a credit card sized wallet. The card does not necessarily indicate that the carrier has a formal diagnosis of autism. If you are in any doubt, they should seek the opinion of a healthcare professional.

NB You should avoid touching them if trying to retrieve the card as this may agitate them – see Dos and don’ts to keep the situation calm.

Medic-Alert Foundation

The Medic-Alert Foundation, e.g. supply metal wrist bracelets which can be worn to indicate a medical condition or allergy.

The face side shows a medical emblem incorporating a rod and serpent, flanked by the words 'Medic Alert'. These details are in red. The reverse side is engraved with:

- details of the respective medical warning, e.g. 'allergic to penicillin';
- the serial number allotted to the member by the Foundation; and
- a contact telephone number.

You can obtain additional information through the telephone contact, quoting the serial number engraved on the bracelet.
**SOS Talisman jewellery**

SOS Talisman jewellery is a commercially produced gold or chrome neck medallion or chrome wrist bracelet.

One side displays a St. Christopher motif and the other side displays the initials 'SOS' and the word 'Talisman'.

These articles may be worn by people to indicate that they are suffering from a form of illness or disability. They may also give details of any medication taken.

**Steroid therapy**

A blue coloured identification card is issued to patients receiving steroid therapy. The health of such a patient may be endangered if there is an interruption to the steroid treatment.

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**Communicating**

**Introduction**

Effective communication is essential in ensuring appropriate care and respect for a person's rights. You should ensure that you provide constant reassurance and use clear and unambiguous language to explain:

- what is happening and why; and
- their rights.

It is important that you check that the information you have given is understood.

**Barriers to communication**

You should do everything possible to overcome barriers to effective communication, which may be caused by any of a number of reasons. For example, an individual may have learning disabilities, be hearing or visually impaired, have a mental health disorder or the person's first language is not English.

They may have:

- difficulty in understanding technical terms and jargon or in maintaining attention for extended periods;
- a hearing or visual impairment or have difficulty in reading or writing; or
- a very different cultural background to yours.

**Individual needs**

You need to identify how communication difficulties affect each person individually, so that you can assess their needs and address them in the most appropriate way. You should make people with specialist expertise, e.g. in sign language or Makaton available as required.
**Interpreters**

Where an interpreter is needed, you should make every effort to identify who is most appropriate, given the person’s gender, religion, language, dialect, cultural background and age.

For further information, you should refer to the [Interpreters] policy procedure.

---

**Assistance**

Additional assistance could be sought from:
- parents, family and carers;
- an intermediary (for a witness);
- an appropriate adult (for a suspect);
- a mental health professional;
- someone who knows the person well;
- a specialist adviser; or
- a specialist voluntary agency.

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**Intermediaries**

Their relatives and friends should only be used as intermediaries or interpreters in exceptional circumstances. Interpreters (both professional and non-professional) must respect the confidentiality of any personal information they learn about the person through their involvement.

For further information, you should refer to the [Using intermediaries] policy procedure.

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**Independent advocates**

Independent advocates can be invaluable in helping people understand the questions and information being presented to them and in helping them to communicate their views to you.

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**Decision making**

Wherever possible, you should engage people in the decision making process and, ideally agree them. Where a decision is made that is contrary to the person’s wishes, you must explain the decision and the authority for it to them using a form of communication that they understand.
Interviewing

Typical interview structure

**Figure 3.1: Typical interview structure**

- Preliminaries
- Open, neutral topics
- Ground rules

**Prepare the individual**

You should explain clearly the situation that they are in and what you will be asking questions about.

If you are taking them to another location, explain clearly where and why to lessen their anxiety.

**Numerous sessions**

It may not be possible to gather all the information you need during one interview. You may need to hold several sessions in order to build up familiarity with the person.

**Dos and don’ts**

When you conduct the interview, you should:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>take into account the environmental factors mentioned above;</td>
</tr>
<tr>
<td>2</td>
<td>talk calmly in your natural voice (try not to shout);</td>
</tr>
<tr>
<td>3</td>
<td>keep your language as clear, concise and simple as possible, i.e. use only necessary words. Use short sentences and direct commands;</td>
</tr>
<tr>
<td>4</td>
<td>try not to exaggerate your facial expression or tone of voice as this can be misinterpreted;</td>
</tr>
<tr>
<td>5</td>
<td>not expect the person to necessarily make eye contact during the interview;</td>
</tr>
</tbody>
</table>

**NOT PROTECTIVELY MARKED**

Mental ill health and learning disabilities
6. Keep gestures to a minimum, as they may be a distraction. If gestures are necessary, accompany them with unambiguous statements or questions that clarify their meaning to avoid any misunderstanding.

7. If you know their name, use this at the start of each sentence so that they know you are addressing them. Give clear, slow and direct instructions, e.g. “Jack, get out of the car.”

8. Cue the person into the language you are about to use, preparing them for the instructions or questions that might follow. For example, “John, I am going to ask you a question.”

9. Give time for the person to respond. Don’t assume that silence means there is no answer forthcoming. People with a mental disability e.g. autism may take a long time to digest information before answering, so you should not move on to another question too quickly.

   If there is no response at all, try rephrasing the question. A person with autism is unlikely to be able to inform you when they don’t understand what you have asked.

   Be prepared to prompt them in order to gather sufficient relevant information.

10. Ensure that your questions are direct, clear and focused.

    Avoid open questions as closed questions are more likely to be understood and they will be better able to judge exactly what you need to know. For example, asking a person with autism to “tell me what you saw yesterday” may be too vague. A better approach would be to say “Tell me what you saw happen in the shopping centre at around 10 o’clock.”

    They may respond to your question without understanding the implication of what they are saying, or they may agree with you simply because they think this is what they are supposed to do.

    If for example a person with autism is asked “You didn’t do this, did you?” they may repeat the question (known as ‘echolalia’) or say “No” but if the question is “You did this, didn’t you?” they may repeat the question or say “Yes.”

11. Avoid using irony, sarcasm or metaphors as people with a mental disability have a very literal understanding of language.

    Examples of idioms that would cause confusion to someone who interprets language literally are “You’re pulling my leg”, “Have you changed your mind?” and “It caught my eye;” and

12. Back up questions with the use of visual aids or supports.
People with a mental disorder or learning disability often understand visual information better than the spoken word. You may find it useful to use visual supports/aids, such as drawings or photos with simple words, to explain to the person what is happening.

You should consider asking them to draw or write down what happened. If they can read, it may be useful to put your information in writing.

### Interviewee's responses

When the interviewee is responding, you should remember that they may:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>need time extra time to process your question or instructions. Don't expect an immediate response. Give the person at least ten seconds to respond;</td>
</tr>
<tr>
<td>2</td>
<td>have short memory retention, particularly if they have a learning disability. If a video interview is appropriate, this should be arranged as soon as possible;</td>
</tr>
<tr>
<td>3</td>
<td>avoid eye contact with you. Do not construe this as rudeness or a cause for suspicion;</td>
</tr>
<tr>
<td>4</td>
<td>speak in a monotone, and/or use very stilted language;</td>
</tr>
<tr>
<td>5</td>
<td>not understand the notion of personal space. They may invade your personal space or may themselves need more personal space than the average person;</td>
</tr>
<tr>
<td>6</td>
<td>not fully comprehend what you have said to them. They may have better expressive language skills than receptive language skills;</td>
</tr>
<tr>
<td>7</td>
<td>have echolalia. They may echo and repeat your words without understanding their meaning. Do not construe this as insolence, instead check that you have posed the question clearly enough;</td>
</tr>
<tr>
<td>8</td>
<td>come across as stubborn or belligerent in some situations. Alternatively, they may be over-compliant, agreeing with your suggestions or to statements that are untrue. They may not understand the consequences of this action.</td>
</tr>
</tbody>
</table>

### Particular conditions

Further information is provided below about interviewing with people on the autism spectrum or suffering from various types of dementia, including Alzheimer's.

Much of this guidance will also apply when interviewing people with learning disabilities as they face particular barriers to communication. They have difficulty with understanding verbal/written information, filling in forms, concentrating and remembering, telling the time,
knowing dates and using public transport. Never assume an individual’s mental capacity, but consult family members or healthcare professionals.

In addition, indicators that people may have a particular condition, and hints and tips on dealing with them, can be accessed via [this link]. (NB This is not exhaustive).

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**Autism spectrum (including Asperger syndrome)**

**Advice on the best way to interview**

When dealing with a person with autism, if possible, talk to their parents, carers or the professionals involved with them, such as their psychiatrist, to seek advice on the best way to interview them.

**Specialist help**

You may find it necessary to seek the advice of a psychologist or social worker who specialises in the field of autism.

The support of an ‘appropriate adult’ for a child or adult with autism, especially one who has knowledge of the disability, is often essential to help the process move forward.

On occasion, it may be a good idea to call on the services of an advocate.

**Length**

You should aim to keep the interview as short as possible. If known, you should explain how long the interview is likely to last and what will happen at the end of it.

A child with autism may not be able to concentrate for any longer than ten to 15 minutes at the most.

**Further information**

[NCALT e-learning package on Mental Health and Learning Disabilities](#)

[Hidden Impairment National Group – Uncovering Hidden Impairments Toolkit](#) information on autism can be found on page 7

National Autistic Society’s:

[Autism: a guide for police officers and staff](#)

[Autism: a guide for criminal justice professionals](#)

[Autism: an at-a-glance guide for criminal justice professionals](#)
### Stress – keeping the situation calm

#### Introduction

People with autism are likely to have difficulty understanding what is said to them and can struggle to maintain a meaningful two-way conversation. This is even more likely when they are stressed.

A person with autism will often find changes in routine and unexpected or unusual situations very difficult to handle. They will certainly be stressed if their routines are disturbed by, e.g. being taken to a police station. Even planned events, such as an interview with a solicitor, may be very stressful for them. They may also be extremely anxious in a strange environment, such as a court or waiting room.

If a person is in this type of situation, any questioning may be adversely affected.

#### Dos and don'ts

You should:

<table>
<thead>
<tr>
<th>Step</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>not attempt to stop the person from flapping, rocking or making other repetitive movements as this can sometimes be a self-calming strategy and may subside once things have been explained to them clearly;</td>
</tr>
<tr>
<td>2</td>
<td>not remove any object they may be carrying object for security, such as a piece of string or paper, as it may raise their anxiety and cause distress;</td>
</tr>
<tr>
<td>3</td>
<td>turn off sirens or flashing lights being used to avoid alarm and distraction;</td>
</tr>
<tr>
<td>4</td>
<td>if possible, and if the situation is not dangerous or life-threatening, avoid touching a person with autism as they may respond with extreme agitation due to their heightened and acute sensitivity; and or</td>
</tr>
<tr>
<td>5</td>
<td>check them for any injuries in as non-invasive a way as possible, looking for unusual limb positions (e.g. limping or a hanging arm) or other signs, such as abdominal pain. People with autism may have an unusual response to pain and not report or be able to communicate an injury.</td>
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#### Environment

To kept the person with autism relaxed, you should:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>1</td>
<td>interview them in a familiar place, with a familiar person present as they may be more relaxed;</td>
</tr>
<tr>
<td>2</td>
<td>ensure there are no background noises which could provide a distraction;</td>
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</table>
Mental ill health and learning disabilities

Dementia and Alzheimer's

Inappropriate behaviour

The parts of the brain controlling impulses may have been damaged and this can be interpreted as deviant behaviour.

For example, a person might:
- fidget with zip fasteners or buttons;
- undress in public;
- indecently expose themselves; or
- leave home dressed inappropriately or not fully dressed.

You should be aware of the possibility of dementia when such behaviours are exhibited.

Wandering

Alzheimer's' disease destroys a person’s ability to recognise familiar landmarks. Wandering behaviour often increases at night and may pose serious concerns, especially during wet or cold weather.

Shoplifting

Memory impairment can make a person forget to pay. Confrontation in order to establish facts will not produce a positive outcome if a person has dementia. Their inability to understand and respond to insensitive questioning will cause them high levels of stress which may result in an extreme reaction.

Victimisation

People with dementia easily fall prey to confidence tricksters.

Sometimes they will report missing items as stolen when in fact they have been misplaced. Sometimes they may misinterpret events and actions. These situations may result in them accusing family members or others close to them of stealing.

However, it is important that you do not make the assumption that their allegations are always mistaken.
Disorientation

People with dementia often remember events from long ago quite vividly, yet have little or no recollection of the immediate past.

For example, this may mean that a person in their 80s will tell you they are “looking for their mother”.

Considerations

If you are uncertain whether the person has the competence to understand or make decisions and judgements, you should consult with other agencies and specialist services first.

These agencies may know the person or hold important information that you need to be aware of, e.g. medication or medical history.

You may need specialist expertise in assessing the person.

A person with mild dementia may be able to understand or have the ability to give informed consent but may not remember doing so.

Alzheimer's helpline

Monday to Friday 8am to 6pm.
Telephone: 0845 300 0336
Mental ill health and learning disabilities

Policy database administration

The table below lists the details relating to this document.

<table>
<thead>
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<tr>
<td>Owner:</td>
<td>Force Performance Improvement Unit</td>
</tr>
<tr>
<td>Author / Reviewer:</td>
<td>Esther Hobbs</td>
</tr>
<tr>
<td>Date of last review:</td>
<td>30/01/2018</td>
</tr>
<tr>
<td>Date of next review:</td>
<td>30/01/2020</td>
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Equality and Human Rights Assessment

I am satisfied this assessment demonstrates compliance with the Human Rights Act 1998 and the General Duties under the Equality Act 2010, and that ‘Due Regard’ has been given to the need to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

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Revision information

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<td>Added in mention of the Escalation protocol and a link to it in the policy</td>
<td>29/03/2018</td>
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<td>on page 11. Requested by Esther Hobbs.</td>
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