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 **MENTAL HEALTH GROUP – LAS – FEBRUARY 19TH 2018**

1. **Suicidal ideation** – There is a problem regarding the capacity of EOC (emergency operations centre) staff, during very busy periods, to retain continuous contact with patients suffering suicidal ideation, while the patient is waiting for an ambulance response.
2. **Personality disorder –** Some EOC staff are meeting with a ‘personality disorder’ group for a training event to understand more about the needs of patients with personality disorders.
3. **ARP mental health** **response** – serious mental health problems will be included in ARP level two (18 minutes). A national meeting on this issue was attended by Briony Sloper. Theoretically, the 30 minute s136 response time should be reduced to about 20 minutes. Where restraint is used the patient should be included in ARP level one (7 minute response). More information on mental health responses should be available in April including pan-London guidelines. ARP – Ambulance Response Programme.
4. **“Chemical cosh”** – Metropolitan Police have requested the development of Advance Paramedics who can give a ‘chemical cosh’ to patients who are highly distressed and are otherwise likely to be subject to physical restraint because of their behaviour.
5. **NETS Vehicles (Non Emergency Transport Service)** have been used successfully for mental health assessments over the past year – pan London. The use of these vehicles to support patients being assessed under the Mental Health Act is to be reviewed.
6. **Mental health training** – being organised by Carly Lynch (head LAS MH nurse). 50 staff are being trained at the Royal Free Hospital with the support of liaison psychiatrists. There is also a course on s136 and mental health law being developed.
7. **West Midlands Model – second response service.** This uses police, paramedics and mental health nurses for the detention of patients under the Mental Health Act.
8. **Redcarding of Patients**: It was revealed that some hospital ‘redcard’ patients who have serious mental health problems e.g. A patient spent 7 hours in an LAS ambulance because 3 A&E refused to accept the patient. Chelsea and Westminster Hospital redcards more patients than other hospitals in London. Approaches to dealing with the problem of excluded patients have been developed by the LAS, e.g. EOC makes arrangement for paramedic and patient to meet with clinical staff and security if a patient has a history of causing disturbances or violence in A&Es.

 **Action: FOI from Forum to London's A&E.**

1. **Paul Jennings – *National Programme Manager of the High Intensity Network -*** 18 years in the police service – now working with NHSE. Based in Newport, Isle of Wight.

*9.1 "I am the National Programme Manager of the High Intensity Network, a growing collaboration of NHS Trusts and Police Forces who use a multiple award winning model of care called SIM. I developed SIM whilst working a specialist mental health police officer between 2012 and 2017. I recognised that the highest risk and most complex people experiencing mental health crisis needed more than just great nursing. They also needed a unique form of clinical policing. SIM trains the most passionate police officers to work with MH teams to make patients safer and encourage them to make different decisions; to thrive - not strive".

9.2 "DELIVERING NEW STANDARDS OF EXCELLENCE: Claims to be:*

* *Supported by the NHS Innovation Accelerator & NHS RightCare.*
* *Endorsed by the National Police Chiefs Council*
* *Recognised as 'Best Practice' by the HMIC for crisis risk management.
about to start work with the CQC". www.highintensitynetwork.org*

**9.3 Some of Paul Jennings comments and terminology.**

**"Neuroplasticity - getting access to services by attempted suicide and other activities".**

**"Policing alongside healthcare workers to make patients more aware".**

**"Integrated offender management".**

**"SIM has resulted in the highest percentage of s136 detentions to reduced by 25-40%. Reducing inappropriate s136 detentions".**

"Police and nurses working together have reduced s136 detentions by 25%".

**"Patients choose to overdose therefore s136 should not be used"**

**"Patients refuse to learn new emotional skills".**

**"Police are making courageous decisions by refusing to s136 patients**".

"In an investigation to the Police Complaints Authority regarding the failure of the police to S136 a patient who was threatening to overdose, the police were found to have acted correctly".

"SIM officers are based with mental health trusts.

**9.4 I felt the speaker was presenting a potentially dangerous approach to mental health care. He gave no evidence of patient empowerment or feedback and no service users’ voice.**

Metropolitan Police mental health strategy – claim that 20% of interactions are about crime and 80% concerning other matters: "we make people safe". 64 MPS officers are working on mental health work.

Action: Write to Mind, LD MP, Geraldine Strathdee, Graham Thorneycroft and Tim Kendall, National MH lead.

1. **THRIVE – Reducing suicides – Kate Griffiths and Dan Barrett**

Excellent presentation.

Amongst 16-24 year olds, suicide is the leading cause of death – get copy of slides. Thrive is:

* working with communities of young people.
* Funding 16 community organisations.
* Promoting zero suicide cities.
* Collecting data on death by suicide, PFDs notices, data on overdoses.

There are developing Mental Health First Aid Assessment and have asked for an LAS lead on the Thrive Stakeholder Group.

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