

Case 1 Issue 34 – Mental Health		LEARNING THE LESSONS
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Man found dead following concern for welfare/noise complaint

Man reported as potentially having a mental health episode found dead, raising issues about:

- Mental health as vulnerability
- Background checks
- Hand held devices
- Correct recording of warning markers

This case is relevant if you work in:

Call handling		Professional standards	
Mental health			

Overview of incident

Mr A lived in supported living accommodation for people with mental health issues.

Mr B, an on-call recovery worker with the supported living accommodation, received a call from another resident saying that Mr A was making lots of noise and was shouting. The resident told Mr B that this had been going on for approximately two hours. Mr B treated the residents call as a noise complaint. He was aware that Mr A had a history of making lots of noise and that he had previously been sectioned.

Mr B called the police after speaking with the resident and spoke to Customer Contact Advisor (CCA) C. Mr B told CCA C that Mr A had been “heard screaming and shouting and loud music is being played” for a couple of hours, that he had mental health issues and had been sectioned recently. Mr B was unable to say what mental issue specifically Mr A had as he did not have access to this at home. CCA C asked Mr B whether there had been any mention of violence, to which Mr B said that there had not. CCA C said that he would record the concern and Mr B’s awareness that Mr A had mental health issues. CCA C also told Mr B that he would “try and get someone to go and give him a visit and see how he is mentally and review the matter”. He also said that he had called an ambulance as a precaution.

CCA C graded the incident as grade two because of the length of time the noise had been going on for. A grade two incident is an incident where officers should attend.

CCA C switched the incident log to the radio operators for allocation. Information about previous incidents was automatically populated on the incident log. CCA C never spoke with the radio operators about this incident as this was not part of the process.

At around 9.20pm there was a further entry on the incident log from CCA C. It said that the ambulance had been graded green two and was not allocated.

The role of the radio operator is to have command and control of all incidents. They are required to make sure that all background checks have been completed before deciding whether the incident involves vulnerability or Threat, Harm or Risk (THR). If these issues are a factor, the radio operator must try to resource the incident as soon as practical.

Around 10 minutes later, Radio Operator (RO) D delayed the incident for 20 minutes while he checked on the progress of the ambulance service. Around half an hour later, he noted on the incident log that the ambulance service had asked to be updated.

At around 10.10pm, RO E noted on the incident log that the ambulance service had been recalled and that they had been unable to allocate because of high demand. At around the same time, RO F delayed the incident for 30 minutes and stated "for free patrol".

The force escalation policy stated that, where vulnerabilities were found, the incident log should be escalated to supervision. There was clear mention of mental health being a factor about Mr A. However, the incident log was not escalated to supervision. The force incident response policy also stated that supervision should be told where the response time for the grading could not be met. The incident was graded as grade two, requiring response within one hour. Supervision was not told despite this response time not being met.

After 30 minutes, CCA C wrote on the incident log that he had received a call from the ambulance service asking for an update. CCA C said that the ambulance service were struggling to allocate resources and had been told about police delays.

A few minutes later, RO D delayed the incident log again for 20 minutes for a recall to the ambulance service. The incident log suggests that officers were allocated to the incident by RO F within 15 minutes of this. The ambulance service were still unable to allocate resources and were advised that officers had been allocated and were on their way to the incident.

Three officers went to Mr A's address, PC G, PC H and PC I. RO F asked PC G to view the incident log while at the address. PC G did this. PC G said that she did not think she looked at any further information about Mr A. The force's local intelligence system showed that nobody accessed any information about Mr A on this date. Officers had hand held devices which would allow them to access the Police National Computer (PNC) and the force's local intelligence system.

When asking officers to attend, RO F told PC I that on a previous occasion it had taken a numbers of officers to restrain Mr A "when he really was having a psychotic episode..." PC I also received direct contact from another officer by radio. This officer said that they knew Mr A from a previous incident. During this incident he had been naked in the street and sectioned.

PC G also requested that RO F ring the ambulance service and tell them that officers had been allocated because mental health issues had been discussed.

The force policy on escalation stated that vulnerability related incident logs referred to incidents where any person involved in the incident was identified as being at significant risk of

“vulnerability, due to age or a disability (both physical and mental).” The incident log in this case mentioned that Mr A had a mental health issue in the first line, and a sentence on the third page stated that it was felt that Mr A was having an episode. RO D said that he did not believe the mention of mental health was enough to warrant escalation of this incident, and that if there had been mention of suicide he would have done so. However, no checks were carried out by radio operators to decide whether suicide markers were present. RO F did mention that he viewed this incident as carrying less risk than previous incidents involving Mr A. This was because he was in his flat which “negates a certain amount of risk” in comparison to the incident where he had been naked in the street. Furthermore, Chief Inspector O stated his expectation that mental health should be treated as vulnerability and that any incident involving mental health should be escalated.

When PC G, PC H and PC I arrived at the property, PC H pressed the buzzers for all the flats in the accommodation to try and gain entry, but received no response. PC G said that there was no sound or noise and no movement that she could see within the flats. PC H also said that it was quiet, that there were no lights on and there was no sign that anything untoward was happening in any of the flats. PC H also went round the building knocking on the ground floor windows but received no response.

PC G then called Mr B and spoke to him for approximately one minute. Mr B told PC G that he had not heard anything further from the resident who called to make the noise complaint. Mr B said he would call the resident back for an update. This resident wanted to remain anonymous.

PC G said that she did not ask Mr B to go to the flat because she did not think there was any risk or reason for him to attend.

PC G had a conversation with PC H and PC I where they decided that they did not believe the incident was ongoing due to the fact there was no noise and nothing going on inside the flats. PC G completed a risk assessment documenting this view. PC G then called Mr B back who said that the resident’s phone was ringing out. PC G told Mr B of her view that the incident was no longer ongoing. Mr B did not raise any concerns or disagree with what PC G said.

All three officers said that they considered whether they had grounds under Section 17 of the *Police and Criminal Evidence Act (PACE)* to force entry to the property to save life or limb. PC G, PC H and PC I decided that they did not have grounds to do so, on the basis that there was no evidence of any ongoing issue. On the basis of the accounts of the three officers who went to the address, who said that they could not hear any noise or see any sign of a disturbance, the IOPC investigation agreed with this assessment of their powers under these circumstances.

College of Policing Authorised Professional Practice (2015) – First Response – Powers of Entry

Checklist – police powers of entry

Powers exist in the following circumstances:

- under section 17(1)(b) of the *Police and Criminal Evidence Act 1984 (PACE)* a constable may enter and search any premises for the purpose of arresting a person for an indictable offence
- under section 17(1)(e) of PACE a constable may enter and search premises for the purpose of saving life or limb or preventing serious damage to property
- under common law a constable has the power to enter premises to prevent or deal with a

breach of the peace

- under section 48 of the *Children Act 1989* a warrant may be obtained to search for children who may be in need of protection
- where a power of arrest has been attached to a civil order, such as an occupation order, and there has been a breach.

Find out more online:

<https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/domestic-abuse/first-response/#powers-of-entry>

PC G provided an update to RO D in which she said that she felt it was more of a noise complaint than a concern for welfare. RO D asked whether he should cancel the ambulance request. PC G said that she believed that they should cancel the ambulance request on the basis that she did not believe they would get any response and that it was not clear there was any danger to anyone or that anyone was injured.

The following morning, the police received a call from Ms J, Mr A's mother. Ms J had turned her phone on that morning and received a voicemail from Mr A. The voicemail was left at around 8.50pm the previous night. In the voicemail, Mr A could be heard repeating several phrases about harming himself and dying.

The CCA who received the call from Ms J went through some questions with her. PC K heard this incident come in and recognised the address from a previous attendance a few weeks previously. PC K said that he was aware that Mr A was suicidal, but this was not information he recalled being told by radio operators. No warning markers for suicide, mental health or self-harm had been added to the system from this previous incident.

PC K conducted research on Mr A by calling the CRISIS team and Ms J. He also made Acting Police Sergeant (APS) L aware that there was a concern for welfare report for Mr A and that he had previously dealt with Mr A during a "mental health warrant". He said that he had previously been difficult to deal with, requiring several officers. PC K also told APS L that he would contact the housing organisation to see if they could help him gain access to Mr A's property.

APS L asked officers to wait nearby to provide assistance in case the situation became volatile. These officers were PC M and PC N.

PC K arranged with Ms J to meet her at Mr A's address. PC K knocked on Mr A's door but there was no answer. PC K tried the door handle, which was open, and suggested Ms J go in first. He said that the reason he suggested she go in first was because "she had a good relationship and he may respond better to seeing her than me."

Ms J entered the address, before finding Mr A dead in the living room. PC K said that he tried to restrain Ms J to prevent her from reaching Mr A. PC K requested an ambulance and when asked if he wanted further patrols, said that he did. PC M and PC N went to the scene.

According to PC N, Ms J was "shouting hysterically and was not making any sense". PC N said that at that time he was not aware who she was or what had happened. PC K asked PC M and PC N to take Ms J into the hallway. Ms J said that she would not leave the address. PC N said that he asked Ms J to step outside but she refused and continued screaming. PC M then took hold of Ms J and, according to PC N, Ms J began "digging her nails into his arm and was trying to break free from their grip".

Ms J said that PC M and PC N then put her arms behind her back and removed her from the flat. Ms J said that she was screaming in pain and asked them to stop twisting her arm. She said that by this point she was outside the flat and had been leant over the bannister in the communal hallway. Ms J said that PC M said “stop struggling you fucking whore”. PC N said that PC M “said something to the female along the lines of ‘you whore get out’” and that he could not remember whether this took place on the communal landing. PC M has acknowledged that she did call Ms J a ‘whore’, and said that this happened when Ms J dug her nails into her arm, and that she said this as a reaction to the pain.

Type of investigation

IPCC independent investigation

Findings and recommendations

Local recommendations

Finding 1

1. None of the three officers who originally went to the address made use of the hand held devices they were allocated to carry out any further checks on Mr A.

Local recommendation 1

2. The force should further encourage the use of handheld devices by officers when going to incidents. The devices give officers access to information that could help their decision making.

Finding 2

3. The force had responded to an incident involving Mr A a few weeks previously where it was acknowledged that he was suicidal. No warning markers were added to Mr A's record for suicide.

Local recommendation 2

4. The force may need to review the effectiveness of the accuracy of warning markers and satisfy themselves that markers are being properly recorded.

Finding 3

5. The force escalation policy states that mental health constitutes vulnerability, and that all vulnerability related incidents should be escalated. There was clear indication on the incident log that mental health was a factor in the incident involving Mr A, but none of the radio operators escalated the incident on this occasion.

Local recommendation 3

6. The force should gain assurances that all radio operators and officers understand that mental ill-health constitutes vulnerability, and are clear on their responsibilities in terms of background checks and escalating incidents where this appears to be a factor.

Response to the recommendations

Local recommendations

Local recommendation 1

1. The force has expanded upon and invested in its officers and staffs access to mobile devices capable of carrying out PNC and other intelligence checks, as well as other areas of operational policing.

Local recommendation 2

2. The force has updated its strategy and intelligence policy, as well as carrying out a review of current processes about recording of warning markers to improve accuracy moving forward.

Local recommendation 3

3. The force has completed additional training on vulnerability and risk assessment, as well as forming a 'vulnerability support unit' in its command and control setting. The vulnerability support unit provides deeper research and risk assessment support to ongoing incidents.

Outcomes for officers and staff

RO D

1. RO D was found to have a case to answer for misconduct for failing to carry out background checks on Mr A. RO D received training.

RO F

2. RO F was found to have a case to answer for misconduct for failing to carry out background checks on Mr A. RO F received training.

PC M

3. PC M was found to have a case to answer for misconduct for inappropriate language used towards Ms J. PC M was given management advice about her use of language.

Questions to consider

Questions for policy makers and managers

1. How does your force make sure that all officers and staff are aware that mental health means vulnerability?
2. How does your force make sure that all warning markers are accurate and up to date?

Questions for police officers and police staff

3. What would you have done differently to prevent, as much as possible, distress?