WARWICKSHIRE POLICE	POLICY

Security Classification	OFFICIAL
Disclosable under Freedom of Information Act 2000	YES

POLICY TITLE	**Right Care Right Person (RCRP) Sec.135 Mental Health Act Sec.136 Mental Health Act Transportation Investigation**
REFERENCE NUMBER	**WP316**
Version	**1.0**

POLICY OWNERSHIP	
DIRECTORATE	Central Operations
BUSINESS AREA	Public Contact

INITIAL IMPLEMENTATION DATE	**30/12/2025**
NEXT REVIEW DATE:	**30/12/2027**
RISK RATING	**HIGH**
EQUALITY ANALYSIS	**MEDIUM**
TIER	**1**

Warwickshire Police welcome comments and suggestions from the public and staff about the contents and implementation of this policy. Please e-mail policiesandprocedures@warwickshire.police.uk

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1.0 POLICY OUTLINE

1.1 The intention of the policy is to communicate clear guidelines around the Warwickshire police response to sec.135 MHA, sec.136 MHA, Transportation and Investigation.

1.2 This policy has been updated in response to the national roll out of Right Care, Right Person (RCRP) which is an initiative that was developed by Humberside Police, prior to a phased implementation between May 2020 and November 2021. Further guidance around the implementation of RCRP can be found on the College of Policing website. Right Care Right Person toolkit | College of Policing

1.3 The intention of the policy is to ensure the following:

a. Ensure the safety; the dignity and the rights of the public are placed at forefront of all Warwickshire Police decisions on policing and mental health.
b. Ensure collaborative partnerships operate effectively.
c. Ensure deployments to support MHA Assessments are timely, proportionate, necessary and lawful.
d. Ensure Warwickshire Police fulfils its responsibilities under Mental Health legislation and its Code of Practice.
e. Ensure Warwickshire Police is not operating beyond its legal authority.
f. Ensure Warwickshire Police officers are not operating beyond professional competence.

1.4 The policy has been developed to be consistent with the policies being implemented by West Midlands Police. The purpose of this alignment of policy is because Warwickshire police and part of West Midlands police are covered by the Coventry and Warwickshire Integrated Care Board (ICB), therefore there is an overlap in force coverage of this ICB area. By having an aligned response, this ensures that the there is a consistent process for all relevant partners, which should allow for a more effective provision of service.

Failure to comply with policy may result in disciplinary action for staff as well as legal consequences for the force.

2.0 PURPOSE OF POLICY

2.1 The purpose of this policy is to ensure that Warwickshire police have a clear understanding around their obligations and responsibilities in relation responding to sec.135 MHA, sec. 136 MHA incidents, transportation of those in mental health crisis and mental health related investigations.

This is consistent with the principles of RCRP, which is built around policing's core duties.

- Protect life and property
- Preserve order
- Prevent the commission of offences

3.0 IMPLICATIONS of the POLICY

3.1 Consideration has been given to the implications surrounding the implementation of this policy.

The legality of this policy has been reviewed, at a national level by King's Counsel (KC) and the relevant legal guidance has been provided to forces. This ensures that the implementation is consistent with these legal principles and takes full account of Human Rights considerations, specifically around Article 2 (right to life) and Article 3 (prohibition of torture and inhuman or degrading treatment of punishment).

The policy is also consistent and supportive of the Codes of Ethics and Standards of Professional Behaviour in relation to Authority, Respect and Courtesy as adherence to this policy will ensure the lawful and proportionate use of police powers.

Additionally, this policy has been completed in support of the Equality and Diversity element of the Code of Ethics, specifically around the fair and non-discriminatory way in which it is applied.

3.2 Relevant staff across Warwickshire police receive training in relation to the implementation and ongoing adherence to this policy.

3.3 Key partners have been widely consulted in the updating of this policy and have had opportunity to provide relevant feedback. The key principle of the policy, and RCRP, is to ensure that the most appropriate agency is involved and provides the right care.

4.0 PROCEDURE – Sec 135 Mental Health Act

4.1 Sec.135(1) Mental Health Act

- A sec. 135(1) warrant provides the police, when accompanied by an AMHP and by a registered medical practitioner, with the power to enter a private premise with the purpose of removing the person to enable taking them to a place of safety where a Mental Health Act Assessment can be done or where other treatment or care can be arranged.

4.2 Sec.135(2) Mental Health Act

- The purpose of a sec. 135(2) warrant is to provide police officers with a power of entry to private premises for the purposes of removing a patient who is liable to be taken or returned to hospital or any other place or into custody under the Act.
- Click here for the link to sec. 135(1) and 135(2) MHA – Mental Health Act 1983 135 (legislation.gov.uk)

4.3 Place of Safety – Sec.135(6) Mental Health Act

- A place of safety is a hospital, an independent hospital or care home for mentally disordered persons, residential accommodation provided by a local social services authority and any other suitable place. In certain circumstances it can be a police station – only for those over 18yrs and if the risk posed fits the criteria.
- See here: Mental Health Act 1983 135 (legislation.gov.uk) (6) for the legal definition of a Place of Safety.
- For the legislation regarding the use of police stations as a place of safety use this link:

  The Mental Health Act 1983 (Places of Safety - Police Station) Regulations 2017 (legislation.gov.uk)

4.4 Procedure

Operational Control Centre (OCC)

Urgent Warrants:

- Where an urgent warrant has been obtained under sec. 135 of the MHA, the AMHP will request police attendance by contacting 101. The AMHP will submit a completed "Police S135 Warrant Attendance Request Form" to the OCC email address.
- The OCC will create an incident log for the sec. 135 warrant. The FIM or OCC supervisor will identify an officer of appropriate rank to act as a single point of contact.
- The single point of contact will ensure allocated units have the appropriate skills and experience to liaise with the AMHP. The single point of contact will oversee the execution of the warrant and ensure attending officers have the appropriate skills and experience.

Non-Urgent Warrants:

- Where a non-urgent warrant has been obtained under sec. 135 of the MHA, the AMHP will submit a completed “Police S135 Warrant Attendance Request Form” to the Mental Health Triage inbox.

- Requests for a non-urgent warrant will only be submitted following a failed home visit by the AMHP but in advance of seeking an application for a sec. 135 warrant. The expectation of the Mental Health Triage Team is to coordinate the police response only.

- The Warwickshire Police Mental Health Triage Officer will contact the OCC to create an incident log and provide details of parties involved and circumstances.

- The OCC will create an incident log for the sec. 135 warrant. The Warwickshire Police Mental Health Triage Officer will identify an officer of appropriate rank to act as a single point of contact.

- The single point of contact will ensure allocated units have the appropriate skills and experience to liaise with the AMHP. The single point of contact will oversee the execution of the warrant and ensure attending officers have the appropriate skills and experience.

It is possible that partners are unable to obtain a warrant in a timely manner and where the risk to the patient is deemed to be immediate – officers will need to consider other policing powers to assist partners.

- A real and immediate risk to life:

    - Officers to be deployed in line with normal deployment principles. There is a power of entry under sec. 17 of PACE for the purposes of saving life or limb or preventing serious damage to property. This power does not enable the police to remove the person, detain them or take them to a place of safety. The warrant should still be applied for whilst the police are gaining access to the premises so that the powers to detain or remove the person to a place of safety are in place.

- Please also see the Tri-Partite agreement between Warwickshire Police, West Midlands Fire Service and WMAS:

Forcing Entry MOU
V 1.0 Final MAY 2025

(Flow chart for OCC ease appended at end of this policy document).

Initial Police Action

- Officers will be deployed immediately if there is a real and immediate risk to life, a real and immediate risk of serious harm, where a criminal offence has been disclosed, or where there is a need to uphold the King's peace and this is regardless of whether or not there is a sec. 135 warrant in place.

- Mental health partners should share their risk assessment with police to ensure the most appropriate resources are assigned to the warrant and guidance on an initial care plan.

- Once the address has been entered the doctor and the AMHP need to decide whether the person needs to be taken to a place of safety for further assessment or they may feel it is safe and appropriate to complete the mental health assessment at the person's home address. If the assessment does take place at the home address, under such circumstances this is being treated as a place of safety and therefore it would be appropriate for the Police or AMHP to delegate their responsibilities to a person authorised by either of them who can better care for the persons needs and maintain their safety, ensuring that they are not able to harm themselves or others or to leave the location.
- If the person is being transferred to a place of safety for assessment the police should remain until the patient arrives at the first place of safety at which point they can delegate the responsibility. It should not be necessary to use a police station as a place of safety for a 135(1) warrant.
- Once the decision has been made to detain the patient or move them to a more suitable location for assessment it is the responsibility of the AMHP to contact WMAS to request relevant transportation and to advise them that the police are present. If, however, it is known in advance that the person will require secure transport or if it is known that WMAS transport will be otherwise unsuitable, then the transport arrangements will need to be made prior to executing the warrant. It is the responsibility of mental health partners to arrange relevant transport and not the responsibility of police.

- The agreement is that WMAS will treat all such requests as a category 2 call and will aim to arrive within 30 minutes of receiving the call.

- A sec. 135(2) warrant should be dealt with in a similar manner. This relates to removing a patient from private premises who is liable to be taken to or returned to hospital or to where they ought to be. For these warrants it is best practice for the officer to be accompanied by someone in authority from the relevant hospital or placement.
- The expectation with a sec. 135(2) warrant is that the hospital where the patient is to be returned to will arrange relevant transport.

4.5 Escalation process

- If there are delays in officers being released from a 135 warrant you must liaise with OCC who will activate the escalation process.

Escalation Process
S135 S136 Handover

5.0 PROCEDURE – Sec. 136 Mental Health Act

5.1 Sec.136 Mental Health Act

- "The police will often, due to the nature of their role, be the first point of contact for individuals in crisis, but it is crucial that people experiencing mental health crises access appropriate health services at the earliest opportunity." 16.30 Mental Health Act 1983: Code of Practice.

- Sec. 136 powers should only be used where a person appears to a constable* to be suffering from mental disorder and they are in immediate need of care or control. This power can only be used as long as the person is not in a dwelling or a communal area linked to a dwelling. The purpose of sec. 136 is so that the person can be taken to a place of safety (usually a hospital or a 136 suite – see below) so that they can have a Mental Health Act Assessment and get the help that they need. (*House of Commons are being challenged that this becomes 'any approved person' not a constable and we can acknowledge we may change it in accordance with new legislation).
- Officers must ensure that using these powers is the least restrictive option available to them.
- Click here for the link to sec. 136 MHA – Mental Health Act 1983 136 (legislation.gov.uk)

5.2 Place of Safety – Sec.135(6) Mental Health Act

- A place of safety is a hospital, a care home for mentally disordered persons or residential accommodation provided by a local social services authority and any other suitable place. In certain circumstances it can be a police station – only for those over 18yrs and if the risk posed fits the criteria.
- See here: Mental Health Act 1983 135 (legislation.gov.uk) (6) for the legal definition of a Place of Safety.
- For the legislation regarding the use of police stations as a place of safety use this link:

The Mental Health Act 1983 (Places of Safety - Police Station) Regulations 2017 (legislation.gov.uk)

5.3 Procedure

Operational Control Centre (OCC)

- Sec. 136 is a police-only power to intervene in a situation where someone appearing to suffer from a mental disorder is in immediate need of care or control.

- The power should only be used where it is in that person's best interests or for the protection of other people. The purpose is to facilitate a mental health assessment.

- If a call comes in relating to a person in mental health crisis officers should be deployed to assess whether they meet the criteria for sec. 136. OCC staff should follow the existing RCRP call script – the key points to consider are below:
    - A real and immediate risk to life:
    - Officers to be deployed in line with normal deployment principles. There is a power of entry under sec. 17 of PACE for the purposes of saving life or limb or preventing serious damage to property.

- If another agency is requesting officers attend to use their sec. 136 powers then the following considerations should be made:

    - Police officers may be legitimately called upon by the ambulance service or by healthcare settings, including Emergency Departments (ED), to consider the use of sec. 136 Mental Health Act. ED cannot use sec. 5(2) or sec. 5(4) MHA because ED patients are not inpatients. Mental Health Act 1983 5 (legislation.gov.uk)

- However, there are some situations in which NHS organisations should consider alternatives –

    - Inpatients – where someone is already an NHS *inpatient* (in an acute hospital or in a mental health unit), *any doctor* can rely upon sec. 5(2) MHA and the Code of Practice to the MHA indicates they should do so, rather than call the police to consider sec. 136 MHA.

    - Emergency Departments – where police are requested to attend a mental health crisis situation, it will never be appropriate to decline because someone is already in a Place of Safety. It may well be attendance is not appropriate or necessary, but it will always be for a different reason than the person already being at an Emergency Department.

    - The Place of Safety concept only applies once someone has already been detained under sec.136 (or sec.135(1)) – where an ED requests police support to make use of sec.136, the question for officers will be whether or not the risk and threat in that situation merits attendance. Officers can then consider what powers they may use if deployed.

Initial Police Action

- If officers attend a location where they are considering using sec. 136 powers, where practicable they should call:
    - Coventry & Warwickshire call: 02476 932600.

  This number is available 24hrs a day 7 days a week and will be answered by a Mental Health Professional. You must call the number before you decide to use sec. 136 powers – if it is practicable to do so.

- The expectation is that officers will follow the advice they are given. If there are exceptional circumstances why this is not possible this must be documented on the incident log giving a clear rationale why professional advice was not followed.

- When it has not been practicable to call the 24/7 number prior to using sec. 136 powers officers still need to call the number as soon as possible, as health colleagues still need to know that someone has been detained under sec. 136. Once health colleagues receive that call, they will complete background checks, identify where the detained person needs to be taken, and start making arrangements required for the Mental Health Act Assessment to be conducted. Officers will be able to provide them with vital information about the person and anything else they think they may need to know i.e. if they are injured or have taken something. All of this information will help them to start making some decisions such as; if they need to see a paramedic or go to an ED, or whether they should go straight to a 136 suite. The sooner they have this information, the sooner they can start getting things in place to accept that handover from police. See flow chart – Emergency Department (ED) as a POS for sec.136 detention. Contact phone numbers are not to be given out to members of public.

final version
111224- flowchart fc

(Coventry and Warwickshire flow chart for A&E as a place of safety for S136 detention)

5.4 Search

- There is an expectation that officers will search a person they are detaining under sec. 136.
- There are powers under the new sec. 136C allowing a police officer to search a person subject to sec. 135, 136(2), or 136(4) if the officer has reasonable grounds to believe that the person may be a danger to themselves or others and is concealing something on them which could be used to physically injure themselves or others.
- The search power is designed to ensure the safety of all involved and should be used appropriately to support policing and health agencies to effectively care for and support the person. Click here for the full wording of the legislation: Mental Health Act 1983 136C (legislation.gov.uk)

- You can also use sec. 32 PACE and sec. 54 PACE where applicable.

5.5 Online Form

When officers are considering detaining someone under the MHA, they must complete the Mental Health transfer of care form. The form guides officers through all the information that is required and the step-by-step process they need to follow – including advice on the 24/7 number (as above). Please note this also applies to those detained in Custody. The completed form must be uploaded to the persons record on the relevant crime or non-crime investigation. You can find this form on Nexus. The transfer of care form should be completed prior to leaving the place of safety.

The final element of the form is the handover.

5.6 Handover

- Under RCRP the ambition is that the handover of the patient from police to a health care professional will be within one hour. However, legal transfer cannot take place until both parties have agreed.
- The handover hour starts following arrival at a health-based place of safety. Police can delegate their powers to someone more appropriate who can better care for their needs and maintain their safety, ensuring that they are not able to harm themselves or others or to leave the location.
- The legislation that covers this is: sec. 136 (3) Mental Health Act 1983:
    - A constable, an approved mental health professional or a person authorised by either of them for the purposes of this subsection may, before the end of the permitted period of detention mentioned in subsection (2) above, take a person detained in a place of safety under that subsection to one or more other places of safety.
- With this legislation it is possible to handover prior to the Mental Health Act Assessment taking place and this can happen in any place of safety.

5.7 Escalation process

- If there are delays in officers being released from a Sec. 136 MHA handover you must liaise with OCC who will activate the escalation process.

Escalation numbers for RCRP matters ac

Escalation Process S135 S136 Handover

(CWPT recommend escalating through POS so their Bronze on-call has some understanding of the situation to be able to provide a response rather than the switchboard number at St Michaels hospital).

5.8 Transport

- There is an agreement in place with WMAS that where officers are with someone who they are detaining under sec.136 Mental Health Act that they will treat this as a category 2 call and will aim to arrive within 30 minutes of receiving the call.

5.9 Use of 136 in Custody

- No matter what decision is made about the detention or otherwise of the individual – the crime must be recorded and investigated in the usual way.

- Where a person needs to be transferred from custody to a health-based place of safety, WMAS needs to be contacted to provide transport. Warwickshire police will ensure officers attend the cell block to assist with transporting a person under sec. 136 detention within 30 minutes of the request. WMAS will treat the request as a category 2 call and aim to arrive within 30 minutes.

- Detention clock:
  For clarity if the intention is not to use the Police Station as the Place of Safety then the 24hr sec. 136 detention clock should start when the detainee arrives at the first health-based place of safety. There should be no undue delay in custody (over 1hr).

  There may be rare circumstances where the Police Station is to be used as a Place of Safety. The detention clock will start at the time the officer decides to keep the detainee there. Reference the criteria pursuant to the Mental Health Act 1983 (Places of Safety) Regulations 2017) re using a police station as a place of safety. (See link at 5.11 below).

5.10 Supervisors

- Supervisors should ensure that there is an incident log generated (including where the sec. 136 is generated in custody) and where necessary liaise with the MH triage team for advice.

- There is an escalation process in place for the handing over of a person to health colleagues where they have been detained under sec.136 of the Mental Health Act. Where a handover is not facilitated in a timely manner and there is an issue with releasing officers, the escalation process needs to be followed via the OCC. This needs to be properly documented in the incident log.

Escalation Process
S135 S136 Handover

5.11 Police Station as a Place of Safety – Guidance

Please follow the link to the 2017 Amendments for use of Police Station as a Place of Safety.
The Mental Health Act 1983 (Places of Safety - Police Station) Regulations 2017 (legislation.gov.uk)

6.0 PROCEDURE – Transportation

6.1 Transport of Patients

- Warwickshire Police recognises that it has a limited role to play in conveying patients who have been detained by police under sec. 135 or sec. 136 MHA, or where they have been detained by mental health professionals or the courts.
- It is the responsibility of Integrated Care Boards to ensure appropriate arrangements are in place to meet the needs of the population they are responsible for when it comes to transporting patients.
- The role of the police is limited to situations where officers have used legal powers under the MHA or where they are required to support urgent, life-threatening, or unexpected events in an emergency.
- Routine MHA admissions or transfers between healthcare facilities for non-emergency reasons, especially where either of these involve transfers over considerable distances, should be subject to planned, commissioned arrangements and not making use of police assets or capabilities.
- The police will only transport those with mental ill health:
    - if they pose such a risk to themselves or others that transporting in the health-provided transport is unsafe
    - in exceptional circumstances where waiting for such transport will significantly impact on the service the police can provide to the community
- If it is believed the patient poses an immediate risk of violence or there is another extreme urgency then the police will assist with their transportation. However, where practicable, an ambulance service vehicle should still be used.
- If the risk involved is such that using an ambulance service vehicle is not practicable then a police vehicle can be used. The best qualified member of the ambulance crew should travel with the patient ensuring they have the necessary equipment to deal with any immediate problems on the way to hospital.
- The final decision for using police transportation is that of the Duty Inspector. A rationale should be endorsed on the incident log and the Mental Health transfer of care form.

6.2 Procedure

Operational Control Centre (OCC)

- OCC staff should follow the RCRP Deployment Flowchart where there is a real and immediate risk to life officers to be deployed in line with normal deployment principles.

- Sec.135 and sec.136 – where the transport of a patient who has been detained under sec.135(1) or sec.136 there is an agreement in place with WMAS that they will treat all such requests as a category 2 call and will aim to arrive within 30 minutes of receiving the call.

- Where the person has been detained under a 135(2) warrant it should not be necessary for police to be involved in their transportation. This should have been arranged in advance.

Initial Police Action

- Where dealing with a sec. 135 or sec. 136, WMAS should be contacted. The call for an ambulance can be made by officers directly or via the OCC. Officers must then wait 30 minutes for their arrival irrespective of the ETA they have been provided with by call takers.

- Patients should not feel criminalised, they are a medical patient and therefore medical transport is most appropriate.

- There is a requirement in the MHA Code of Practice to convey people in non-police vehicles
  wherever possible. Mental Health Act 1983 Code of Practice Ch 17

    - It is a requirement of the Code of Practice MHA to convey by non-police vehicle, wherever possible – this is about ensuring the safety, dignity and rights of patients. It also ensures support for the patient, and protection for officers who may make decisions that have a clinical impact.
    - Paramedics and ambulance crews have clinical skills which makes them the most appropriate people to be supporting the patient.
    - As outlined above – where the decision has been made for police to assist with transportation – then the best qualified member of the ambulance crew should travel with the patient to deal with any immediate problems on the journey to hospital.
    - If there is an urgent risk in a mental health unit and it has been decided to transfer the patient to higher level of therapeutic security, it may well be that the thresholds of ‘violent’ or ‘dangerous’ are satisfied. However, this does not always mean it is appropriate for the police be involved; and certainly, never act on their own.

- It is not appropriate for mental health patients to be driven long distances in a police vehicle. The MHA 1983 Code of Practice states conveyance by police vehicle should be exceptional and only where justified by risk.

- Even where a patient is 'violent or dangerous', long journeys will require clinical supervision and may be better managed by specialist clinical transport which can be arranged by the hospital.

Supervisors

- The Duty Inspector will be responsible for making the final decision, relating to police transporting patients. A rationale should be endorsed on the incident log and the Mental Health transfer of care form.

7.0 PROCEDURE – Investigations

7.1 Mental Health Related Investigations

We have a duty to record crimes in accordance with National Crime Recording Standards and to undertake a proportionate investigation. The only difference with mental health related investigations is that we may require support from our NHS colleagues with appropriate information sharing. This will assist with decision-making – specifically when considering the Public Interest test.
Home Office Crime Recording Rules for frontline officers and staff - GOV.UK

The officer or staff raising the associated crime or non-crime investigation must ensure the relevant child or adult risk assessment is completed so the relevant referrals can be made. Where an adult meets the vulnerable adult risk management criteria, the appropriate referral form should also be completed to enable a multi-agency risk assessment to take place.
VARM policy .docx

7.2 'Capacity' is Not a Concept in Criminal Law

The law presumes that all people over the age of criminal responsibility know what they are doing and will be held to account for their actions. It is for the person themselves to argue the contrary. The vast majority of people in inpatient care facilities are deemed to have mental capacity and know the difference between right and wrong and can be held to account for their offending.

The CPS do not require 'capacity statements' to make a charging decision. However, any additional information about the suspect's mental health or a professional's opinion about it and its potential relationship to their behaviour would always help consideration of the relevant legal issues.

The same evidential tests should be used here as with any other investigation.

7.3 Procedure

Operational Control Centre (OCC)

- OCC staff should follow the RCRP call script.
- OCC record any offences in line with Home Office Crime Recording Rules.

Initial Police Action

- All reasonable opportunities to secure and preserve evidence at the earliest point must be taken in order to build the trust of victims reporting crime and give Warwickshire Police the best opportunity to bring offenders to justice.

- Officers will apply the victim's code.

Custody

- Officers investigating offences involving people living with mental illness need to consider whether the offence or the mental illness takes priority.
- As part of the investigation plan, the OIC should be aware of the procedures and support possibilities necessary for suspects who are known or believed to be mentally unwell. Also, the custody procedures for any suspect, the role of Liaison and Diversion in custody, Mental Health Act Assessments and diversion from custody procedures. The investigation plan should also include information required regarding a suspect's mental illness so this can be assessed at the time of deciding the outcome of the investigation.

7.4 Use of 136 in Custody

There is no authority to detain someone for the purpose of MHA assessment or admission. Once there has been a MHAA – regardless of the outcome – officers cannot subsequently use their sec. 136 powers. The main purpose of sec. 136 is to enable the MHAA. If the individual's behaviour significantly alters or deteriorates following a MHAA then officers should refer to Liaison and Diversion or the 24/7 place of safety number to ascertain what the options are.

The duty Superintendent must be notified when an unlawful detention outside of PACE is anticipated to ensure senior managers are aware of an unlawful detention.

7.5 Additional Investigative Considerations

- If it is likely that a suspect is going to be bailed from court at first hearing it is worth linking in with colleagues from health about the best action to take to ensure they are getting the right help for their mental health and that there is an on-going plan to manage the person, in the community.

See: Mental Health Act 1983 S.35 (legislation.gov.uk) and Mental Health Act 1983 S.36 (legislation.gov.uk).

The first of these (Sec. 35) gives the courts the power to remand someone to a hospital to request a report on their mental health and the second (Sec. 36) gives the court the power to remand someone to hospital for treatment. If either of these are a likely pathway the

investigating officer needs early engagement with the CPS to highlight this to them.

The majority of individuals whose custody detention is affected by their mental health will not be so acutely ill as to require admission to hospital or detention under the Mental Health Act 1983. There is no legal reason why someone with a mental illness, including a serious mental illness that would justify their detention in hospital under the MHA, cannot be prosecuted if the circumstances justify it.

Even where someone is so unwell that they could put forward an 'insanity' defence or be found unfit to plead in court, it may still be necessary to investigate an incident in order that a formal decision can be made with regard to how the case should progress including seeking advice from the CPS.

Only the criminal courts in the England & Wales have the authority to impose certain orders under the Mental Health Act 1983 and only they can request full psychiatric reports in consideration of appropriate criminal justice outcomes. It therefore follows that where an offence or its background is more serious, prosecution may be more likely in the public interest to allow the courts to fully understand matters which may not be available to the police.

7.6 Information Sharing

The Code-for-Crown-Prosecutors-October-2018.pdf (cps.gov.uk) and the Mental Health Conditions and Disorders: Draft Prosecution Guidance | The Crown Prosecution Service (cps.gov.uk) both stress the importance of considering a suspect's mental health and obtaining relevant background information. Officers should liaise with Health and Justice colleagues whilst the suspect is still in custody if there is any relevant information they have access to regarding their mental health background.

7.7 Supervisors

Where orders under Part III MHA are necessary, prosecution and the criminal justice is the only route. Effective communication and cooperation between Justice and Health agencies is essential to minimise risk and maximise safety of those involved, including the broader public.

7.8 ***Please state which head of department or chief officer has been consulted in the development of this policy:***

Head of Dep't/ Chief Officer Consulted	***Date Communication Sent***
Chief Supt Mike Smith ***Supt Steve Malone***	***October 2024*** ***March 2025***

8.0 DOCUMENT HISTORY

The history and rationale for change to policy will be recorded using the below chart:
If you are using this template for a review of a harmonised policy **you must** state in the amendment(s) section what you have changed and complete a Summary of Change form, (please request from Policy Team).

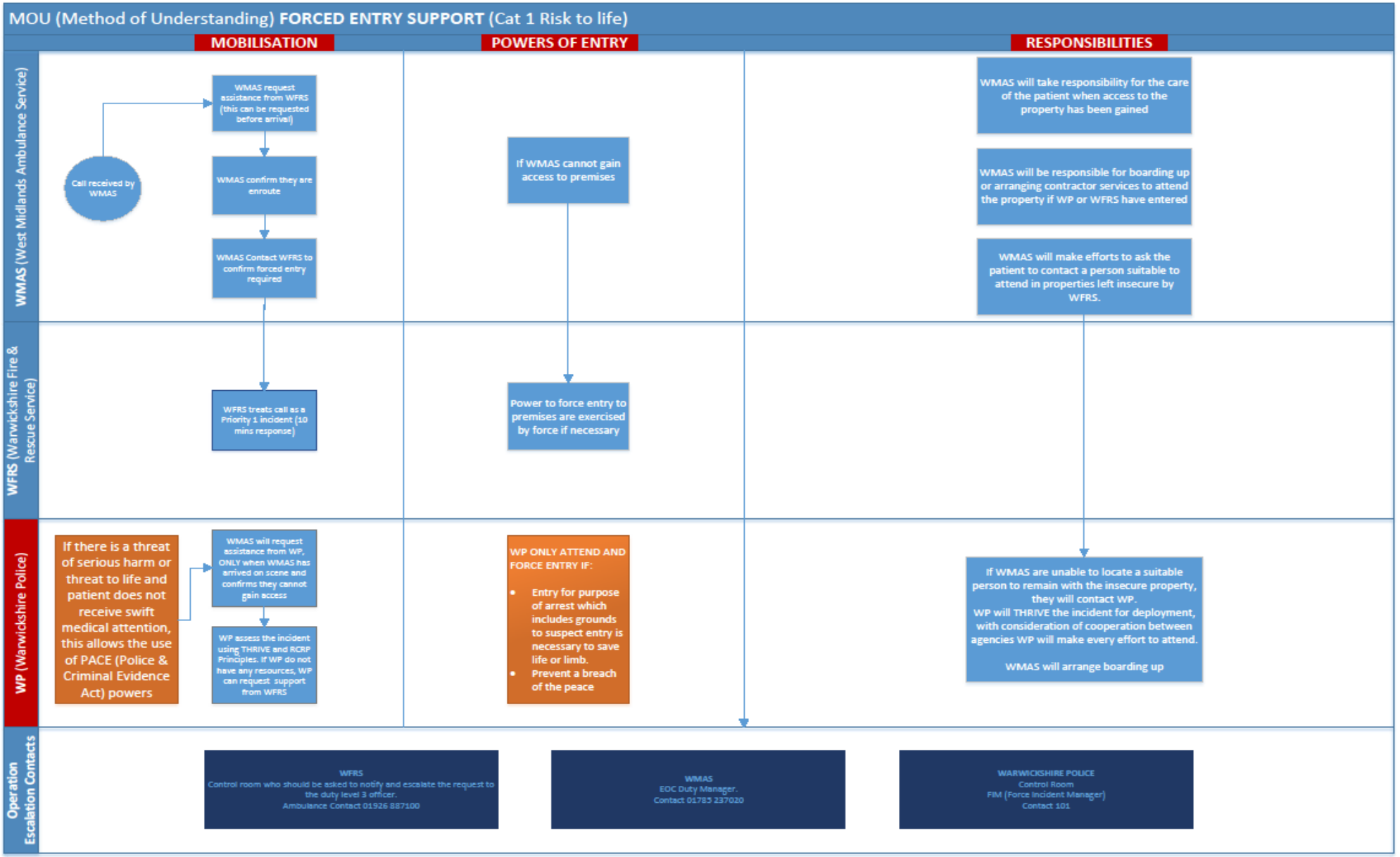
Date	Author / Reviewer	Amendment(s) & Rationale	Date of Approval / Adoption
18/09/25	S Ranautta	Final DRAFT v0.1	Draft
18/12/25	Supt Malone	First live version approved and published.	Approved by Exec Board 18/12/25. Published 30/12/25.

9.0 CONSULTATION

Consultation has taken place with:

Coventry and Warwickshire Partnership Trust
University Hospital Coventry and Warwickshire
West Midlands Ambulance Service
West Midlands Police
Warwickshire Fire and Rescue Service
Warwickshire County Council
George Elliot Hospital
South Warwickshire Foundation Trust

Policy and Procedure Consultation Group (Nov 2025)
JNCC (01/12/25)


MOU (Method of Understanding) FORCED ENTRY SUPPORT (Cat 1 Risk to life)
MOBILISATION
POWERS OF ENTRY
RESPONSIBILITIES
WMAS (West Midlands Ambulance Service)
WFRS (Warwickshire Fire & Rescue Service)
WP (Warwickshire Police)
Operation Escalation Contacts
Call received by WMAS
WMAS request assistance from WFRS (this can be requested before arrival)
WMAS confirm they are enroute
WMAS Contact WFRS to confirm forced entry required
WFRS treats call as a Priority 1 incident (10 mins response)
If there is a threat of serious harm or threat to life and patient does not receive swift medical attention, this allows the use of PACE (Police & Criminal Evidence Act) powers
WMAS will request assistance from WP, ONLY when WMAS has arrived on scene and confirms they cannot gain access
WP assess the incident using THRIVE and RCRP Principles. If WP do not have any resources, WP can request support from WFRS
If WMAS cannot gain access to premises
Power to force entry to premises are exercised by force if necessary
WP ONLY ATTEND AND FORCE ENTRY IF:
Entry for purpose of arrest which includes grounds to suspect entry is necessary to save life or limb.
Prevent a breach of the peace
WMAS will take responsibility for the care of the patient when access to the property has been gained
WMAS will be responsible for boarding up or arranging contractor services to attend the property if WP or WFRS have entered
WMAS will make efforts to ask the patient to contact a person suitable to attend in properties left insecure by WFRS.
If WMAS are unable to locate a suitable person to remain with the insecure property, they will contact WP.
WP will THRIVE the incident for deployment, with consideration of cooperation between agencies WP will make every effort to attend.
WMAS will arrange boarding up
WFRS
Control room who should be asked to notify and escalate the request to the duty level 3 officer.
Ambulance Contact 01926 887100
WMAS
EOC Duty Manager.
Contact 01785 237020
WARWICKSHIRE POLICE
Control Room
FIM (Force Incident Manager)
Contact 101