

Right Care, Right Person

Michael Brown OBE

Four Phases

The Four Phases of RCRP –

- *Welfare checks*
- *Hospital walkouts, inc AWOL patients.*
- *Conveyance*
- *Section 136 MHA – specifically, the handover period to NHS staff.*

Not included: s135(1) or s135(2) MHA; MCA interventions, inpatient hospital wards – **but look out for mission creep!**

Six Other Ideas

Six ideas which aren't included in RCRP –

- *Mental health crisis incidents in private premises*
- *Intereventions under the Mental Capacity Act*
- *MHA assessments in private premises, inc 135(1) MHA*
- *Disorder and management problems in hospitals*
- *Crime Investigation, inc considerations of “diversion”*
- *Situations of MHA admission with “no beds available”.*

Right Care, Right Person

The RCRP “Threshold”, National Partnership Agreement,
Jun '23

- *to investigate a crime that has occurred or is occurring; or*
- *to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.*

Ensuring the Right Care

There are conceptual difficulties in ensuring “the right care” by the “right person”.

- *The right care may not exist or may not exist now.*
- *The right person may not be obvious based on just a 999 call.*
- *RCRP addresses just some sub-topics in policing & mental health*

It is not easy to draw a line between two taxonomic systems of human behaviours – **mental health & crime** / gaps and overlaps.

Immediate Risk to Life

Rabone and another v Pennine Care NHS Foundation Trust [2010] UKSC 2

- NHS Trust argued “imminent”.
- Lord Dyson (paras 35-43) rejected imminence – “real and immediate” / “present and continuing” / “not remote or fanciful”.

RCRP Training: “a death which is either happening now or about to.”

Twenty Inquests to Date

- **Paul Alexander** (West Yorkshire)
- **Dean Bradley** (Cleveland)
- **Claire Briggs** (Greater Manchester)
- **Sophie Cotton** (Durham)
- **Ricki Gillatt**** (South Yorkshire)
- **Sebastian Oliver** (West Midlands)
- **Ryan Ouslem** (Sussex)
- **Peter Ramsden** (Humberside)
- **Charlotte Tetley** (Cheshire)
- **Colin Wiles** (Humberside)
- **Tcherno Bari** (West Midlands)
- **Michael Bray** (Suffolk)
- **Stevyn Carr*** (Northumbria)
- **Heather Findlay** (London)
- **Michael Heath***** (Greater Manchester)
- **Katie Overd** (Greater Manchester)
- **Christian Parker** (West Mercia)
- **Elaine Tarbuck** (Greater Manchester)
- **Martin Waite**** (West Yorkshire)
- **Elizabeth Watson****** (Humberside)

12 other deaths pending inquest / inquiry

- * *RCRP not mentioned in the PFD, mentioned in the force's response to the PFD.*
- ** *No PFD issued by the Coroner for reasons which are not obvious to me*
- *** *Doesn't mention RCRP, but is obviously an example of what can go wrong*
- **** *No substantive learning for RCRP to be drawn.*

Paramedics / AMHPs / MH Nurses

If I were you ...

- Report what you think needs reporting and ask for help if you need it – make the police turn you down and rationalise their decisions, preferably in **writing**.
- **Stress language from the RCRP world –**
- “I believe there is a real and immediate risk to life which is present and continuing”
- “The risk here is not trivial or fanciful – there is a risk someone may die or suffer serious harm.

Document everything, including names.

Paramedics / AMHPs / MH Nurses

And also if I were you ...

- Where unhappy with a decision, **always** seek a supervisor review – ask for reasons for any continued refusal in writing, to your email and keep a copy in the incident or patient records.
- If challenged about that, it is for “professional record keeping in case of any inquiry, investigation or inquest.”

Document everything, including names.

Contact Details

email – michael@mhcinsights.co.uk

www.mhcinsights.co.uk

www.mentalhealthcop.wordpress.com

@mentalhealthcop –

Facebook / BlueSky / LinkedIn / X / Instagram / Threads