NICE National Institute for Health and Care Excellence

NICE quality standard

Mental health of adults in contact with the criminal justice system

Quality standard

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This standard is based on NG66.

This standard should be read in conjunction with QS156, QS154 and QS189.

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Quality statement 1: Responding to mental health problems

Quality statement

Adults in contact with the police because of a suspected offence have any features of mental health problems responded to in a way that reduces the risk of anxiety, self-harm or aggression.

Rationale

It is important that police officers recognise features of mental health problems in people who are suspected of committing an offence. They should know how to respond if a person is behaving in a way that suggests a mental health problem, so that they keep them calm, reduce their anxiety and, if their behaviour is aggressive, minimise the need for restrictive interventions such as restraint. Police officers may see the same person on several occasions, so developing and maintaining safe boundaries and constructive relationships will help to reassure the person and reduce the risk of anxiety, self-harm or aggression when they are with the police.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of arrangements to ensure that police officers are given induction training in responding to features of mental health problems.

Data source: Data can be collected locally by healthcare professionals and provider organisations, such as induction training plans and audits of induction training records.

b) Evidence of arrangements to ensure that police officers are given regular update training in responding to features of mental health problems.

Data source: Data can be collected locally by healthcare professionals and provider organisations, such as audits of annual performance reviews.

Process

a) Proportion of adults at risk of self-harm or suicide and in contact with the police because of a suspected offence for whom initial safety precautions are taken.

Numerator – the number in the denominator for whom initial safety precautions are taken.

Denominator – the number of adults at risk of self-harm or suicide and in contact with the police because of a suspected offence.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example attendance and custody records and risk assessments.

b) Proportion of adults behaving aggressively and in contact with the police because of a suspected offence who are calmed using de-escalation techniques.

Numerator – the number in the denominator who are calmed using de-escalation techniques.

Denominator – the number of adults behaving aggressively and in contact with the police because of a suspected offence.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example custody reports.

Outcome

a) Number of adults with mental health problems in contact with the police because of a suspected offence who are referred to liaison and diversion services.

Data source: Data can be collected from information recorded locally by healthcare

professionals and provider organisations, for example audits of attendance records and custody reports.

b) Number of assaults on police officers by adults with mental health problems.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audits of incident and custody reports.

c) Number of assaults on other detainees by adults with mental health problems.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audits of incident and custody reports.

d) Number of self-harm and suicide attempts by adults in contact with the police because of a suspected offence.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audits of incident and custody reports.

What the quality statement means for different audiences

Service providers (police services and training providers) ensure that training in responding to the features of mental health problems is provided for police officers. This ensures that police officers understand the causes and implications of mental health conditions. It also means that officers are confident when they are in contact with adults with mental health conditions and ensures the safety of these adults and themselves. Initial training is provided at induction, with regular update training provided subsequently.

Police officers attend training at induction and have regular updates in responding to the features of mental health problems. They are confident to safely support the adults with mental health problems they have contact with. By developing and maintaining safe boundaries and constructive relationships, officers may be able to keep people calm and minimise their anxiety. Officers can help adults who present with symptoms of aggression

to minimise the need for restrictive interventions such as restraint.

Commissioners ensure that the police and health services they commission work together to provide training to frontline staff that includes responding to the features of mental health problems in adults. The police services they commission ensure that frontline staff are given time to attend this training.

Adults suspected by the police of committing an offence are looked after by police officers who have an understanding of mental health problems. The police officers will work with adults who may have a mental health problem to keep them calm, reassure them and reduce the risk of anxiety, self-harm or aggression while they are with the police.

Source guidance

Mental health of adults in contact with the criminal justice system. NICE guideline NG66 (2017), recommendations 1.9.3 and 1.9.4

Definitions of terms used in this quality statement

In contact with the police

Adults are in contact with the police when they are taken into custody or they voluntarily attend a police station because they are suspected of committing an offence. At these times, the police service has responsibility for their wellbeing. [Expert opinion]

Features of mental health problems

These are behaviours or aspects of appearance that suggest a person may have mental health problems. The College of Policing's Authorised professional practice gives details of features of mental health problems that should alert police officers to the possibility of a mental health problem in people who are in contact with the police. [Expert opinion]

Responding to features of mental health problems

Responding to features of mental health problems includes but is not limited to:

- taking initial safety precautions when there is a risk of self-harm or suicide
- using de-escalation methods to minimise the use of restrictive interventions
- developing and maintaining safe boundaries and constructive relationships
- avoiding judgemental attitudes and inappropriate terminology.

[Adapted from NICE's guideline on mental health of adults in contact with the criminal justice system, recommendations 1.9.2 and 1.9.4 and expert opinion]

Equality and diversity considerations

When adults who may have mental health problems voluntarily attend a police station on suspicion of committing an offence or are taken into police custody, consideration should be given to the possibility that they may have a learning disability, cognitive impairment (for example brain injury, dementia or autism) or a communication difficulty (for example, language, literacy, information processing or sensory deficit). If this is the case, they may need additional support both while they are with the police and following release or transfer within the criminal justice system.

Quality statement 2: Mental health assessment

Quality statement

Adults in contact with the police because of a suspected offence who have suspected mental health problems are referred for a comprehensive mental health assessment.

Rationale

A comprehensive mental health assessment, which includes information about the person obtained from relevant sources, can provide a detailed picture of the person's mental health. This means they can be referred to the appropriate services to receive the care and support they need. For some people, a comprehensive mental health assessment may result in referral from a police station or custody to liaison and diversion services. Support can then be provided for people with mental health problems throughout their contact with the criminal justice system.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements of joint working between the police and mental health services to ensure adults with suspected mental health problems are referred for comprehensive mental health assessments.

Data source: Data can be collected locally by healthcare professionals and provider organisations, for example established local referral pathways.

Process

Proportion of adults in contact with the police because of a suspected offence identified as having suspected mental health problems who are referred for a comprehensive mental health assessment.

Numerator – the number in the denominator who are referred for a comprehensive mental health assessment.

Denominator – the number of adults in contact with the police because of a suspected offence identified as having suspected mental health problems.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audits of attendance and custody records and referrals.

Outcome

a) Number of adults with mental health problems in contact with the police referred to liaison and diversion services.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audits of attendance and custody records.

b) Number of mental health assessments undertaken following referral from police services.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audits of attendance and custody records.

What the quality statement means for different audiences

Service providers (police services, liaison and diversion services and mental health teams) ensure that training is in place for staff to identify possible mental health problems in

adults in contact with the police because of a suspected offence. If a mental health problem is suspected, a referral system is in place for the person to receive a mental health assessment.

Police and mental health practitioners (such as police officers, custody sergeants and liaison and diversion practitioners) ensure that the possibility of mental health problems is considered in adults who are in contact with the police because of a suspected offence, and ensure that they are referred for a mental health assessment if they have a suspected mental health problem. The assessment can take place after release into the community or in prison if they are remanded in custody.

Commissioners ensure that commissioned services work together to ensure comprehensive mental health assessment referrals can be made and information is shared for people identified as having a suspected mental health problem when they are in contact with the police because of a suspected offence.

Adults suspected by the police of committing an offence who may have a mental health problem are identified by the police officers looking after them. If the officers think they may have a mental health problem, they are referred to a mental health professional for an assessment to make sure they receive the care and support they need. The assessment may take place after they leave the police station, are released from police custody or, if they are remanded in custody, in prison.

Source guidance

Mental health of adults in contact with the criminal justice system. NICE guideline NG66 (2017), recommendations 1.3.1, 1.3.8 and 1.8.1

Definitions of terms used in this quality statement

In contact with the police

Adults are in contact with the police when they are taken into custody or they voluntarily attend a police station because they are suspected of committing an offence. At these times, the police service has responsibility for their wellbeing. [Expert opinion]

Suspected mental health problems

This is when an adult's history, presentation or behaviour suggests they may have mental health problems. This can include, but is not limited to:

- reported history of mental health problems, including self-harm or suicidal thoughts
- changes in behaviour (including unusual or late-onset offending behaviour) which may indicate the onset of, or changes to, mental health problems.

[Adapted from NICE's guideline on mental health of adults in contact with the criminal justice system, recommendation 1.9.4 and expert opinion]

Comprehensive mental health assessment

An assessment of a person's mental health that takes into account:

- the nature and severity of the presenting mental health problems (including cognitive functioning) and their development and history
- coexisting mental health problems
- coexisting neurodevelopmental or cognitive impairment disorders, for example acquired brain injury, dementia and learning disability
- coexisting substance misuse problems, including novel psychoactive substances
- coexisting physical health problems
- social and personal circumstances, including personal experience of trauma
- social care, educational and occupational needs
- people's strengths
- available support networks, and the person's capacity to make use of them
- previous care, support and treatment, including how the person responded to these
- offending history and how this may interact with mental health problems.

The assessment should include obtaining, evaluating and integrating all available and reliable information about the person, for example current and previous:

- person escort record
- pre-sentence report
- all medical reports
- custody reports
- Assessment, Care in Custody and Teamwork (ACCT) document
- reports from other relevant services, including liaison and diversion, substance misuse services, social service or housing services and youth offending services
- Offender Assessment System (OASys) or other assessment tools.

[Adapted from NICE's guideline on mental health of adults in contact with the criminal justice system, recommendations 1.1.2, 1.3.13 and expert opinion]

Equality and diversity considerations

Adults in contact with the police because of a suspected offence who have a learning disability, cognitive impairment (for example brain injury, dementia or autism) or a communication difficulty (for example, language, literacy, information processing or sensory deficit) should be provided with information about the assessment that they can easily read and understand themselves, or with support, so they can communicate effectively with police and mental health services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Quality statement 3: Sharing mental health care plans

Quality statement

Adults with mental health problems who are in contact with the criminal justice system have a care plan that is shared with relevant services.

Rationale

Sharing a person's mental health care plan with other relevant services, for example, police, prison, probation services and social services, will help to ensure that they receive the treatment and support they need. This is particularly important when a person has been detained within the criminal justice system (such as in police or prison custody), and when plans are being made for them to leave it, because there are many agencies who may need to be involved in their care. Sharing the care plan as early as possible will allow for advance planning, help to ensure continuity of care and improve outcomes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements for mental health care plans to include an agreed process for the plan to be shared with relevant services both inside and outside the criminal justice system.

Data source: Data can be collected locally by healthcare professionals and provider organisations, for example local information sharing and care plan protocols, and transfer of care policies.

Process

Proportion of adults with mental health problems in contact with the criminal justice system whose care plan is shared with the services identified in the plan as involved in their ongoing care.

Numerator – the number in the denominator whose mental health care plan is shared with the services identified in the plan as involved in their ongoing care.

Denominator – the number of adults in contact with the criminal justice system with a mental health care plan.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example an audit of mental health care plans and transfer records.

Outcome

a) Continuity of care for adults with mental health problems in contact with the criminal justice system.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example an audit of mental health care plans.

b) Referral rates to mental health services, for example liaison and diversion to prison mental health services or prison mental health services to community mental health teams.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example an audit of custody reports.

What the quality statement means for different audiences

Service providers (for example police, court, probation, prison and mental health services) ensure that there is an agreed cross-organisational process for mental health care plans to be shared.

Criminal justice professionals and mental health practitioners (for example police, court, prison and probation professionals and mental health practitioners) check whether the adults they come into contact with have a mental health care plan and request a copy of this if necessary. They share the plan with the next service(s) the person is in contact with when they leave the service. Mental health practitioners writing a care plan ensure that it includes a process, agreed with the person, for sharing the plan to relevant services and agencies.

Commissioners ensure that commissioned services have processes in place to ensure that mental health care plans developed for people in contact with the criminal justice system can be shared across services to ensure partnership working and continuity of care.

Adults with mental health problems who are in contact with the criminal justice system have a mental health care plan, which includes an agreed plan for sharing it with other services. This will help to make sure all services they have contact with, for example courts, prisons, probation, housing and healthcare, can follow the plan to ensure they receive the right care.

Source guidance

Mental health of adults in contact with the criminal justice system. NICE guideline NG66 (2017), recommendation 1.5.1

Definitions of terms used in this quality statement

Mental health care plan

A mental health plan, developed in collaboration with the person and, if possible, their family, carers and advocates. It should be sharable, integrated with other care plans and include:

- a profile of the person's needs (including physical health needs), identifying agreed goals and the means to progress towards them
- identification of the roles and responsibilities of those practitioners involved in delivering the care plan

- the implications of any mandated treatment programmes, post-release licences and transfer between institutions or agencies, in particular release from prison
- a clear strategy to access all identified interventions and services
- agreed outcome measures and timescale to evaluate and review the plan
- a risk management plan and a crisis plan if developed
- an agreed process for sharing the care plan (such as the Care Programme Approach or Care Treatment Plan) to all relevant agencies, the person, and their families and carers, subject to permission from the person if necessary.

[Adapted from NICE's guideline on mental health of adults in contact with the criminal justice system, recommendation 1.5.1]

Equality and diversity considerations

Adults in contact with the criminal justice system who have a mental health problem should be involved in the development of their own care plan, including how it will be shared with relevant services to ensure they receive ongoing support and care. Their family or carers should also be included, as appropriate.

Adults with a learning disability, cognitive impairment (for example, brain injury, dementia or autism) or a communication difficulty (for example, language, literacy, information processing or sensory deficit) may need additional support when the care plan is being developed.

Information about their care plan should be in a format that suits their needs and preferences. It should accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Quality statement 4: Risk management during transfers

Quality statement

Adults who have a mental health risk management plan and are transferring within the criminal justice system have their plan reviewed by the receiving service.

Rationale

When adults with mental health problems are being transferred to different services (for example, transfers by prisoner escort services to court custody, into prison, between prisons or when people move into the community under the care of probation services) it is important to check if they have a risk management plan and ensure that it is implemented. This will help to maintain their safety, particularly if they are at risk of self-harm. It will also help to keep other people within the criminal justice system safe, for example by ensuring that people who could present a risk are not placed with others in cells, holding areas or prisoner escort vehicles. People working in the criminal justice system and community mental health will also be safer because they will be prepared and aware of any risks before coming into contact with people who could present a risk.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements for mental health risk management plans to be reviewed by the receiving service when adults are transferred between services within the criminal justice system.

Data source: Data can be collected locally by healthcare professionals and provider

organisations, for example local information sharing and risk assessment protocols, transfer policies and community mental health services transfer of care policies.

b) Evidence of local arrangements to implement mental health risk management plans.

Data source: Data can be collected locally by healthcare professionals and provider organisations, for example evidence of availability of individual cells in police, court and prison custody, and suitable safe transport.

Process

Proportion of transfers between services within the criminal justice system in which mental health risk management plans were reviewed.

Numerator – the number in the denominator in which mental health risk management plans were reviewed.

Denominator – the number of transfers between services within the criminal justice system.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example review of custody, probation and community mental health records and prison escort records.

Outcome

a) Number of assaults within the criminal justice system.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audit of incident reports.

b) Number of self-harm incidents within the criminal justice system.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audit of incident reports and medical records.

c) Number of assaults committed by adults under the care of probation services.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audit of incident reports and reoffending rates.

d) Number of self-harm incidents involving adults under the care of probation services.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audit of incident reports and medical records.

What the quality statement means for different audiences

Service providers (such as police, prisoner escort, court custody, prison, probation and community mental health services) ensure that processes are in place for mental health risk management plans to be reviewed and acted upon when people are moved between services within the criminal justice system. This includes sharing information between services and ensuring that people are not placed in transport, holding areas, cells or in accommodation in the community until the plan has been reviewed.

Criminal justice and mental health professionals (such as police officers, custody sergeants, court custody officers, prison escort officers, prison officers, probation officers and mental health professionals) ensure that they review and act upon mental health risk management plans when people are moved between services within the criminal justice system and into the community. This includes checking the requirements of the plan before booking transport and confirming any relevant information, such as the need for someone to be transferred individually or to be placed in a single cell on arrival.

Commissioners ensure that the services they commission review and act upon mental health risk management plans, sharing information across services to do so.

Adults who have a mental health risk management plan have their plan checked and any actions carried out to reduce risks when they are moved between different services within the criminal justice system, for example from police custody to court, prison or the community. A mental health risk management plan is developed for people who may be a risk to themselves or to others. It outlines ways that the risks can be reduced.

Source guidance

Mental health of adults in contact with the criminal justice system. NICE guideline NG66 (2017), recommendations 1.4.4 and 1.4.5

Definitions of terms used in this quality statement

Mental health risk management plan

This should be completed and implemented for people who are assessed to be:

- a risk to themselves, including self-harm, suicide, self-neglect, or to their own health, or vulnerable to exploitation or victimisation
- a risk to others that is linked to mental health problems, including aggression, violence, exploitation and sexual offending.

The plan should:

- include protective factors that may reduce risk
- integrate with or be consistent with the mental health assessment and plan
- take an individualised approach to each person and recognise that risk levels may change over time
- set out the interventions to reduce risk at the individual, service or environmental level
- take into account any legal or statutory responsibilities which apply in the setting in which they are used
- be shared with the person (and their family members or carers if appropriate) and relevant agencies and services subject to permission from the person where necessary
- be reviewed regularly by those responsible for implementing the plan and adjusted if risk levels change.

[Adapted from NICE's guideline on mental health of adults in contact with the criminal justice system, recommendations 1.4.2 and 1.4.4]

Transfer within the criminal justice system

These are times that adults in contact with the criminal justice system are moved between services. Most commonly, this will be time spent with prisoner escort services, in court custody, at initial reception into prison, during transfers between prisons and moving into probation services. [Expert opinion]

Receiving service

This is the service that will be immediately responsible for the person's care. This can include, but is not limited to:

- police services
- prisoner escort services
- court custody
- prison
- probation services
- GPs
- community mental health services.

[Expert opinion]

Equality and diversity considerations

Adults in the criminal justice system who have a mental health risk management plan should be aware of how it will be shared with relevant services when they are transferred to ensure they receive ongoing support and care.

Adults with a learning disability, cognitive impairment (for example brain injury, dementia or autism) or a communication difficulty (for example, language, literacy, information processing or sensory deficit) may need additional support and this should be noted in the plan and acted upon.

If adults are being released from prison into homelessness or temporary accommodation,

probation services, community mental health services and the local authority should work together to find permanent suitable accommodation to ensure the person's safety. This support may be available from the homelessness multidisciplinary team (for more information see NICE's guideline on integrated health and social care for people experiencing homelessness, recommendation 1.3.4).

Update information

Minor changes since publication

October 2024: Changes have been made to align this quality standard with the NICE guideline on mental health of adults in contact with the criminal justice system. Links and source guidance references have been updated throughout.

March 2022: The equality and diversity considerations section for statement 4 was updated in line with NICE's guideline on integrated health and social care for people experiencing homelessness.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standard advisory committees for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments are

available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of Nursing (RCN)
- Public Health England
- Revolving Doors Agency
- Together for Mental Wellbeing
- Prison Governors Association
- National Police Chiefs' Council