Vulnerability Knowledge & Practice Programme

NPCC
National Police Chiefs' Council

SPOTLIGHT
Briefing

Mental Health and individuals managed under Multi-agency Public Protection Arrangements (MAPPA):

Learning for the Police from MAPPA Serious Case Reviews (SCRs)

Hollie Williams, Dr Andrea Darling, Kristina Hawkins, Milena Fernandes Aguilera, Iona Stratton.

The police approach to people with mental health problems was generally supportive, considerate and compassionate, yet there appears to be a general lack of understanding by police forces of their mental health demand (HMICFRS, 2018).

There is a significant amount of good work that is done within policing to respond to individuals with mental health needs, both as an individual service and within multi-agency arrangements. The purpose of this briefing is to focus on the identified police learning in relation to understanding and responding to the mental health needs of individuals subject to MAPPA.

This briefing provides a summary of our research findings and highlights some of the particular mental health considerations that are important when managing individuals under MAPPA and the potential risk of harm to themselves and others. The briefing:

• Highlights the extent and nature of mental health needs in our MAPPA SCRs sample.

• Identifies police learning in relation to understanding and responding to vulnerable individuals with mental health needs.

We hope the briefing will be of benefit to police colleagues and multi-agency partners working within MAPPA or wider offender management.

Background

In 2021/2022 The Vulnerability Knowledge and Practice Programme's (VKPP) Review Team analysed[1] police learning identified in Multi Agency Public Protection[2] (MAPPA) Serious Case Reviews[3] (SCRs). The purpose was to consolidate learning about missed opportunities and promising police practice regarding the management of individuals subject to MAPPA.

The findings of the study reflect those found in previous analyses of other types of statutory serious case review[4]. This highlights the importance of considering the wider systemic issues which influence strategic and operational practice both within MAPPA and multi-agency working more broadly. Throughout our current analysis, we also explored thematic learning around vulnerability, and in doing so, we identified that the mental health needs of individuals subject to MAPPA featured regularly in serious case reviews.

It is important to note that our analysis was based on the data available within documented Serious Case Reviews (SCRs) reports. As data is often missing from these final reports, our analysis does not present a complete picture of mental health needs among individuals supervised under MAPPA. Moreover, whilst mental health problems may be linked to offending, any potential relationship is complex and often facilitated by many factors.

[1] Phase 1 - quantitative analysis of 81 SCRs completed between 2012 and 2021. This identified 57 reviews that contained specific police learning and were included in our Phase 2 qualitative analysis. Further detail about the methodology used can be found here **VKPP Research Report: Learning for the Police from Multi-Agency Public Protection Arrangements (MAPPA) Serious Case Reviews | Vulnerability Knowledge and Practice Programme**

[2] Multi-Agency Public Protection Arrangements ("MAPPA") are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders in each of the 42 criminal justice areas in England and Wales.

[3] A SCR is conducted when an individual subject to MAPPA commits a 'serious further offence' causing death or serious harm.

[4] Allnock D, Dawson J, Rawden H (2020) 'The role of police in responding to child and adult vulnerability: a meta-analysis of 126 reviews of death and serious harm'. : Vulnerability Knowledge and Practice Programme. Available from: **Meta Analysis (vkpp.org.uk)**

Mental Health and policing in the context of MAPPA

The relationship between mental illness and offending is complex. Mental ill-health rates are high among those who pass through the criminal justice system, with approximately a third of people who find themselves in police custody having some form of mental health difficulty (HMIP, 2022).

MAPPA practitioners need to recognise that mental ill health and the symptoms associated with it can trigger offending behaviour in the individuals they manage, and/or affect an individual's ability to understand the criminal justice process (HMIP, 2022). Our analysis identified that for some individuals, their mental health needs were a risk factor regarding their further serious offending. It is therefore important that MAPPA and MOSOVO (Management of Sexual or Violent Offenders) practitioners can identify signs of change in an individual's mental health and know how to access professional advice to understand the impact of changes in a person's presentation. Practitioners should consider the potential implications any changes may have, both positive and negative, on the validity of current risk assessment and how this might trigger a review of the Risk Management Plan (RMP). A victim's mental health presentation can also require similar considerations if this may have an impact on the behaviour of a supervised individual.

Our findings

Although overall there was limited data available in SCR reports about the characteristics and vulnerabilities of individuals managed under MAPPA, we found that mental health needs featured regularly in SCRs. **Around half of the individuals in our sample had experienced mental health needs.** We also found that **where any disability was reported, the most common types were mental health disability[5] and learning disability.**

Within the 57 SCRs included in this analysis[6], there were 65 occasions[7] where a mental health condition was referred to (experienced by the supervised individual either at the time of the serious further offending, or at the time when the original offence leading to their MAPPA status was committed)[8]. These conditions are specified in the following table, along with the number of reports in which they featured:

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[5] By 'mental health disability' we refer to a diagnosed, long-term condition as defined under the Equality Act 2010. Examples of mental health disabilities reported in SCRs included bipolar disorder, schizophrenia and post-traumatic stress disorder.

[6] Phase 1 - quantitative analysis of 81 SCRs completed between 2012 and 2021. This identified 57 reviews that contained specific police learning and were included in our Phase 2 qualitative analysis.

[7] This refers to the condition rather than the number of individuals, as most people experienced more than one condition.

[8] Please note: this includes no definitive diagnosis.

Table 1: Number of SCRs where a mental health condition is referred to[9]:

Mental Health condition / vulnerability	Number of SCRs
Personality Disorder	23
Self-harm	10
Depression	9
Anxiety	6
Stress	5
Psychotic disorders including Schizophrenia	4
Low mood	3
Post-Traumatic Stress Disorder (PTSD)	3
Bipolar	2

Our findings show that individuals managed under MAPPA can experience a wide range of mental illness or mental health issues. These may manifest themselves in a variety of ways and may fluctuate over time, for example, in relation to changes in medication or changes in lifestyle and circumstances. In addition, we also found that **just under a quarter of those in our sample were reported as having a known history of self-harm or being at risk of self-harm.**

The occurrence of mental health issues among individuals involved in cases resulting in an SCR is not unique to MAPPA. The challenges for police in responding effectively to mental health needs has also been a common feature in other SCR types (see Allnock et al., 2020). The **National Vulnerability Action Plan** (NVAP) provides specific action for forces in recognising and responding to individuals with mental health needs.

[9] This includes both when individuals are experiencing different mental health conditions, disabilities or vulnerabilities and where there is reference to a suspected mental health condition but no definitive diagnosis has been given. Individuals may have experienced more than one mental health condition.

National Vulnerability Action Plan

NVAP Action 2.1.1 Recognition and response: Ensure that recognising and responding to vulnerability is everyone's business, especially at first point of contact.

NVAP Action 2.1.2 Mental Health: Acknowledging that mental health can impact across all forms of vulnerability. Forces to consider any links to mental health as part of their vulnerability assessment, differentiating from other vulnerabilities where possible and ensuring individuals receive appropriate signposting, guidance and care.

NVAP Action 2.2.1. Appropriate Action: In response to identified risk, ensure staff understand and utilise appropriate referral pathways including how to access partner provisions and are empowered to challenge or escalate decisions.

In relation to mental health, the NVAP plan specifies that strategically and operationally police should:

1. Understand the mental-health related demand in relation to vulnerability to inform strategic and operational planning

2. Work with partners, especially those in health, to provide a combined safeguarding[10] response to individuals experiencing mental health crisis and vulnerability related harm

3. Ensure that all victims and suspects are assessed for mental health and vulnerability and that the most appropriate criminal justice pathways are followed, signposting to services where required

With respect to MAPPA, it is important that police colleagues seek guidance to fully understand the nature of the specific conditions or mental health needs experienced by the individuals they are managing, and how this may manifest in their behaviour. This will help identify where further support or assistance from other agencies may be required and whether any behavioural changes might increase or decrease the risks to other people or to the individual themselves.

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[10] The NPCC MH Strategy 2022 – 2025 indicates the removal of policing from MH treatment pathways. The combined safeguarding response requires an understanding of each agencies role in the response required and removing policing from treatment pathways to prevent criminalisation of mental health.

Risk Assessment & Risk Management Plans

MAPPA Guidance (**MAPPA**) states that risk assessment is a dynamic process that requires ongoing re-evaluation in the context of the offender's changing circumstances. The findings of our study showed that on occasion, risk assessments were not always as robust, detailed or up to date as they should have been and changes in risk levels were not always appropriately made or sufficiently justified. This related to risk associated with mental health needs in some cases.

Our research highlighted several issues with risk identification and consequently unidentified risks in MAPPA cases; an issue which has also previously been identified in other analyses of **Serious Case Reviews (Allnock et al., 2020)**. There were occasions where changes in an individual's behaviour and/or other signs of deterioration in their mental health were not noticed. There were also occasions when the police did not conduct appropriate background police checks or identify risks around the suitability of accommodation. For example, they were placed in unsuitable accommodation which had a negative impact on their mental health.

This meant that supervised individuals may not have received appropriate or sufficient support for their mental health needs.

Our analysis also identified several cases where individuals had long-standing or increasing mental health needs, and they were not considered to meet the necessary 'thresholds' for particular interventions or medical services. The decline in an individual's mental health could increase their risk of harm to themselves or others. A lack of specialist mental health support in these cases presented a real challenge to police and other MAPPA responsible authority agencies in being able to effectively support individuals and manage the potential risk.

> **Considerations for those involved in risk managing individuals subject to MAPPA who have mental health needs:**
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> - Risk assessment should be a **dynamic** process, involving frequent re-evaluation of an individual's behaviour when significant changes occur, including changes to a person's mental health which may be a trigger for **review**.
>
> - MOSOVO Officers should be able to identify, actively listen, appropriately respond to and report changes in a supervised individual's mental health needs, circumstances and behaviours. **Sharing relevant information** about behavioural change with partner agencies in a timely manner is vital.
>
> - The police should ensure that mental health related risks are **appropriately managed**, including making referrals to healthcare partners, Liaison and Diversion and the use of appropriate adults where appropriate (**CJJI, 2021**). Officers should know about local services and **referral processes** related to this, and when to use escalation procedures when they are not satisfied with referral outcomes.
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> - Police leaders (especially when Police are the lead agency in the MAPPA process) should ensure **mental health representatives are routinely invited** to MAPP meetings to assist in identifying and managing the risk and support needs of managed individuals with mental health needs.

Multi-agency working & information sharing

Core Principles

Partnerships: Development of effective multi-agency partnerships providing a whole system approach to policing & mental health. Delivering an improved interface for interventions that are both proportionate, unbiased and compassionate.' (**NPCC, 2022**).

The **HMICFRS Inspection** report into policing and mental health (2018) recognised that the police approach to people with mental health needs was generally supportive, considerate and compassionate, and recognised strong and well-established partnership working between police and other agency colleagues across the country. Effective partnership working is particularly significant for police working within MAPPA where understanding and supporting the mental health needs of managed individuals is important to the effective management of risk. Our study identified occasions where information sharing between partners could have been improved given that the decline in an individual's mental health was a risk factor regarding their further serious offending. For example, although inappropriate accommodation is a known stressor for mental health (Mind, 2022), we found examples where the police and other partners did not conduct suitable checks on accommodation before housing individuals, often because information about a MAPP individual relocating to a new area was not shared in a timely fashion. This risked placing them in unsuitable accommodation and potentially leading to a decline in their mental health, without a risk management plan review taking place.

We also found that on occasions, appropriate health professionals were not invited to attend MAPP meetings to help assess risk. The recent **joint inspection into MAPPA** (Criminal Justice Joint Inspection, 2022) recognised the importance of having attendees with the appropriate knowledge and expertise at MAPPA meetings. A recommendation was made that Strategic Management Boards should implement a standing panel for MAPPA Level 2 and 3 meetings with, as a minimum, appropriate representation from responsible authority agencies, children's social care services, mental health services and local authority housing services.

There were also noticeable gaps in SCR reports regarding the consideration of the protected characteristics of managed individuals, including information about mental health disabilities. This is a finding reflected across SCRs more broadly and indicates an important improvement that could be made in relation to data collection, reporting and information sharing within MAPPA SCRs. Police leaders, as part of the MAPPA Responsible Authority and local Strategic Management Board, also have an opportunity to influence the terms of reference for commissioned SCRs in this respect.

Considerations for multiagency working and information sharing regarding MAPPA managed individuals with mental health needs:

- Mental health conditions should be recorded along with details of how the individual's condition impacts on interactions with the police. Police practitioners should share concerns about an individual's mental health as soon as possible to enable the correct resources to be provided.

- When a MAPPA managed individual with particular mental health needs is to be relocated, the police should have clear information sharing procedures in place to allow receiving forces to work with housing to secure appropriate accommodation. The College of Policing provides relevant guidance in their information sharing **APP**.

- Forces should have clear information sharing procedures for making referrals to, and exchanging information with, partner agencies specialising in mental health.

- Escalation policies that clearly outline challenging partner decisions relating to mental health should be in place. Staff should feel these are supportive to them obtaining appropriate outcomes for the individuals they are working with.

Knowledge and Training

The HMICFRS inspection (2018) found that whilst forces are investing in mental health training, the quality of the training and the involvement from other services is often inconsistent. Mental Health needs to form part of core business. To help ensure this, forces should have policies, partnership protocols and training programmes in place (NPCC, 2020).

Some of the missed opportunities to recognise mental health highlighted in our analysis of the SCRs suggest that the level of Mental Health awareness and training received by officers could be improved. This was also found in **the HMICFRS inspection** (2018), where it was noted that police are overstretched and often don't have the skills and knowledge they need to support those with mental health problems.

The inspection report also commented that only a few forces were seeking the views of people with mental health needs (HMICFRS, 2018). This means forces were not using the lived experiences of those with mental health needs to structure and shape the quality of training and future services. "Those living with mental health problems know most and know best what helps whilst they are in crisis and those views should be paramount in everything the service does" (NPCC, 2020).

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Equity, Diversity & Inclusion (EDI)

'The police have an important role to play in combating discrimination against individuals and groups experiencing mental ill health and those with learning disabilities and promoting their social inclusion' (College of Policing, 2019).

Where disability was reported in SCRs, the most common were mental health disability[11] and learning disability. Sometimes it was not clear whether an individual had a specific mental health 'disability' or had a mental health need. Either way, it is important that police colleagues are able to identify that an individual may need extra support and that EDI considerations are promoted during their interactions with MAPPA individuals.

Our analysis identified a lack of reporting on the legally protected characteristics of individuals subject to MAPPA, including mental health disabilities. However there was evidence in number of cases that the individual had specific mental health needs. There was also a particular lack of information regarding the ethnicity of individuals managed under MAPPA. This information is important as it is known that people from minoritised groups, in particular those from black communities, have been found to be overrepresented in mental health services and are more likely to be diagnosed with mental health problems (**CJJI, 2021**).

It is therefore important that MAPPA practitioners have an understanding of how an individual experiences the world around them as they may experience their diversity needs differently from someone else (**HMIP, 2022**). There must be consideration of an individual's specific needs and characteristics and how these might intersect and impact on their choices and behaviours.

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Key considerations for MAPPA practitioners

Individuals managed under MAPPA can experience a wide range mental health needs. These may manifest themselves in a variety of ways and may fluctuate over time, for example, in relation to changes in medication or changes in lifestyle and circumstances. It is important to understand these needs, recognise changes in an individual's mood, thinking or behaviour and whether this may change the risk they present to themselves or others.

Engaging with specialist mental health practitioners as early as possible when specific mental health needs are identified should help provide appropriate support to supervised individuals as well as identify and manage any potential risks. This also provides support to the network of police and probation staff who are managing individuals.

Considering specific mental health needs in conjunction with other equity, diversity and inclusion factors relevant to managed individuals can help to better identify any specific and appropriately targeted support they may need.

Useful Resources:

The College of Policing has developed comprehensive **Authorised Professional Practice (APP)**, drawing together relevant information about policing and mental health in one place.

Effective practice guide Mental Health (HMIP, 2022): Although this guide is based on the inspection of the criminal justice journey for individuals with mental health needs and disorders within probation, much of the learning is equally relevant to police officers. The guide contains helpful reflection questions for practitioners to consider their own and their agencies understanding around and responses to mental health needs. It also provides a very helpful overview of 'key take-aways' regarding considerations for supporting the mental health of offenders throughout the criminal justice journey. The resource also has links to podcasts and video content detailing the lived experience individuals with mental health needs.

A common-sense approach to working with defendants and offenders with mental health and wellbeing needs (Criminal Justice, together for Mental Wellbeing) – Explains a range of different mental health illnesses and symptoms and ways to respond to people in crisis.

The 'Mental Health, Autism & Learning Disabilities in the Criminal Courts' website has some useful resources on mental health conditions, and how to support people experiencing vulnerability.

Police and mental health – How to get it right locally – gives practical advice to the police for communicating with people with mental health needs and includes examples of positive practice.

For Police Audiences only:

College Learn (former NCALT) Mental Health training modules. This replaces managed learning environment (MLE), previously known as NCALT – also hosts local learning, developed specifically to meet the individual needs of each force. Learning is available 24 hours a day, supporting everyone across policing to continue to develop the skills and knowledge needed to keep people safe.

Knowledge HUB – Mental Health: The Knowledge Hub has been created for UK policing and its public and private sector partners, to help you share information, discuss ideas and opportunities and encourage greater collaboration. The Knowledge Hub replaces POLKA which has now been decommissioned. To register and gain access to the Knowledge Hub, **click here.**

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