

# Mental health risk management board

A multi-agency group to coordinate actions around homicide and serious violence prevention where there are mental health indicators.

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## Key details

<b>Does it work?</b>	Promising
<b>Focus</b>	Prevention
<b>Topic</b>	<ul style="list-style-type: none"> <li>Crime prevention</li> <li>Intelligence and investigation</li> <li>Leadership, development and learning</li> <li>Offender management</li> <li>Operational policing</li> <li>Violence against women and girls</li> <li>Violence (other)</li> <li>Vulnerability and safeguarding</li> </ul>
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<b>Region</b>	Eastern

## Key details

<b>Partners</b>	Police Health services Local authority
<b>Stage of practice</b>	The practice is implemented.
<b>Completion date</b>	October 2022
<b>Scale of initiative</b>	Regional
<b>Target group</b>	Adults Children and young people Communities Families General public Offenders Victims

## Aim

The aims of the Mental health risk management board (MHRMB) are to:

- identify and manage strategic level risks around homicide and serious violence where mental health is a factor
- improve partnership working with key agencies involved in mental health, such as the sharing of learning and best practice
- improve the response to individuals suffering a mental health crisis ensuring a right care, right person (RCRP) approach

## Intended outcome

The intended outcomes of MHRMB are to:

- improve partnership working and information sharing with key mental health agencies
- improve response to individuals suffering a mental health crisis using the RCRP approach
- develop multi-agency trigger plans around individuals of concern who have indicators of homicide or serious violence
- have a targeted approach to homicide prevention where mental health is a factor
- have earlier intervention to risks of homicide and serious violence

## Description

### Context

Essex Police identified several highly prominent cases of serious violence and homicide where mental health had featured as a relevant factor in the escalation of behaviour leading to crimes. Therefore, the force sought to establish a joined-up, whole system approach with key health agencies. The new approach focused on the effective sharing of cohorts of individuals who have indicators of homicide or serious violence.

### Delivery

MHRMB was established in October 2022. It is co-chaired by police and health, and meets every six weeks. The MHRMB exists as a strategic level, multi-agency coordination group which discusses and agrees actions around risks regarding homicide and serious violence with mental ill health indicators. The MHRMB allows agencies to work together to better understand the risks and demands affecting their operating models, and ensures service from the right agency in alignment with the [RCRP](#) model.

The MHRMB has buy-in from:

- internal stakeholders at a chief officer level
- local health trust
- local authority
- ambulance service

- integrated care boards
- acute hospitals
- fire and rescue service
- probation service

The majority of the stakeholders attend the MHRMB, along with the Mental Health Strategic Lead in Essex Police who co-chairs the meeting. Staff from the force control room and the dedicated mental health team within public protection also attend from Essex Police. The mental health team arrange and facilitate the meeting. However, any agency can lead them. MHRMB meetings are held online via Microsoft (MS) Teams to allow easy and remote access for partners to come together. MS Teams also allows for sharing documentation through a dedicate MS Teams channel. This provides swift and effective communication between agencies.

Each MHRMB meeting features an alternating 'focus on' each agency. This rotating focus allows for the understanding of both demand and pressures being held within the mental health system and allows for the opportunity to work together to manage and mitigate these risks. An agreed terms of reference sets out the information sharing agreement and structure of the meeting. A multi-agency risk register (an online document) is used to identify gaps within the system that require a joint up approach to resolve risk.

Actions are recorded through an action tracker and meetings are recorded. Actions are disseminated prior to the meeting, and action owners held accountable to ensure they are progressed. Any incidents where actions are not progressed are escalated through a multi-agency format through the appropriate rank/role structure.

The MHRMB is supported by MHRMB subgroups. These subgroups act as tactical forums to discuss specific cases involving individuals of concern who fall outside of multi-agency public protection arrangements (MAPPA). These subgroups meet weekly to ensure continuous traction on the cohort of individuals of concern.

The MHRMB features a regular agenda item for chairs of the MHRMB subgroups to provide an update to the strategic group around those cases heard since the last board, what the level of partnership engagement has been, and any specific results from individual cases. This allows for the governance of these subgroups and the strategic oversight of the agreed tactical plans.

Overall, the MHRMB provides the opportunity for identification of learning which can be shared through internal 'learning the lessons' processes, and for the improvement of partnership working.

## Overall impact

Targeted improvement actions achieved to date include:

- The creation of a section 136 Mental Health Act multi-agency escalation policy (section 136 gives police emergency powers to take someone having a mental health episode to a place of safety). This has assisted in reducing the average time spent on a section 136 detention by half.
- The agreement of a section 135 Mental Health Act multi-agency procedure which sets out the roles and expectations of each agency. This enables pushback where partners are not fulfilling their roles. (Section 135 enables the police and healthcare professionals to enter a home to take someone having a mental health episode to a place of safety).
- The arrangement of multi-agency mental health training and communications. This has assisted the reduction in volume of section 136 detentions by 32% against the previous year – saving around 2500 policing hours.
- An improved information sharing agreement.
- The formalisation of MHRMB subgroups.
- An easy referral mechanism. Between April 2023 and January 2024 this has seen 250 referrals into the mental health team for individuals to be heard at the MHRMB subgroups. Some case examples of results from the subgroups are:
  1. The force's highest known service user was known to mental health services and would make constant threats to those he engaged with via 999. All health options were exhausted within the MHRMB subgroup meetings, which enabled police to explore the criminal justice route. The MHRMB oversaw this and ensured the application of a robust criminal behaviour order (CBO) to mitigate these risks and ensured the subject engaged with their mental health services.
  2. An individual known to mental health services had threatened to kill their relative. The risks posed by the individual were shared via the MHRMB. The mental health workers confirmed they were unaware of these threats and were due to discharge them. However, based on this information they would now reassess. The mental health workers also shared information that indicated the subject was in breach of their bail which allowed for further intervention.

3. A subject was detained under mental health powers which were due to conclude. The subject had assaulted several members of staff over several days. These incidents were reported to the force, however, due to the mental health detention no action had been taken. A MHRMB subgroup meeting was held, and actions were identified by the group. This meeting identified that the subject had capacity and the group liaised with the officers in charge to ensure these investigations were progressed diligently. This led to a dangerous individual being arrested, charged and remanded for these assaults.

## Learning

Essex Police highlight the following considerations for forces seeking to implement a MHRMB.

## Strategic

- Senior level support is required to ensure success. Officers at senior levels can then send the request to partner agencies about being involved in the MHRMB, highlighting the importance of collaboration to ensure buy-in.
- The identification of external stakeholder champions will assist with partnership engagement.
- The importance of seeking a co-chair from within health.
- An agreed terms of reference should set out information sharing agreements and the structure of the meetings.
- The tracking of any risks or actions is key.
- The rotation of 'focus on' each agency is key for understanding demand and pressures being held within the mental health system.

## Tactical

- The importance of developing pathways for nominals identified as either MAPPA or potentially dangerous person (PDP) eligible.
- MHRMB subgroups need to be conducted with both policing and trusted partners.
- Partners should contribute to tactical plans.
- A simple referral process is needed for both internal and external partners.

## Best available evidence

Currently, the [Crime Reduction Toolkit](#) does not include any best-available evidence on an intervention similar to the mental health risk management board, but it does include the best-available evidence on [mental health courts](#). You may be interested in the College's [Right Care Right Person toolkit](#).

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## Tags

Risk Mental health