

Offenders with mental health issues

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This module provides MOSOVO officers with guidance for dealing with an offender who is known or is believed to be experiencing a mental illness. It includes advice on a multi-agency approach to managing the offender in the community, supportive measures, hospital orders with or without restrictions and managing the risk of suicide.

Supportive measures

Offenders experiencing mental ill health should be given access to appropriate healthcare. Healthcare, however, should not be viewed by the police as an alternative to charging and prosecuting offenders. Where offenders or potentially dangerous persons (PDPs) are known or believed to have a mental illness, contact should be established with health, adult and children's social care services to ensure coordinated action.

Management of PDPs experiencing mental ill health should, wherever possible, take place within the [Care Programme Approach](#) (CPA). The CPA involves risk assessment and allows for a multi-agency approach which includes the involvement of criminal justice agencies, where appropriate. The CPA coordinator may be a nurse, social worker or occupational therapist. In some cases the risk posed by the individual requires police action in addition to that of other agencies.

The NHS also provides useful information on the CPA.

For further information see:

- APP on [mental health](#)
- [Mental health services](#)

Conditionally discharged restricted patients under the Mental Health Act 1983

Dangerous offenders who are experiencing a mental health disorder may be sentenced using a hospital order instead of a prison sentence. This requires their detention in hospital for treatment. They can subsequently be discharged conditionally into the community, subject to recall to hospital by the Secretary of State for Justice.

The Mental Health Casework Section of Her Majesty's Prison and Probation Service (HMPPS) is responsible for overseeing the management of these offenders. The Mental Health casework section (MHCS) applies the delegated powers of the secretary of state under section 41 of the Mental Health Act 1983 (MHA). MHCS only oversees those offenders on a section 37 or 41 and there may be MAPPA offenders who have received solely a section 37 order. Some patients are given escorted or unescorted leave as part of their treatment plan and to support their recovery. As such, MOSOVO officers will need to be mindful that such requests may come to a local MAPPA area to agree or endorse.

Conditionally discharged patients are usually supervised by both a psychiatrist and a social worker. It is the responsibility of the Secretary of State to be satisfied that the danger to the patient or to others is being minimised by effective supervision and appropriate community support. If appropriate, the Secretary of State can recall the patient to hospital. Social workers are responsible for submitting updates to the Ministry of Justice, reporting on compliance with conditions, current mental state and the current level of risk. Sentenced prisoners can be transferred to hospital under section 47 – the MHCS applies the delegated powers of the Secretary of State under section 49 in the same way as section 41 applies to those with a section 37 hospital order.

Detention of non-offenders under the Mental Health Act 1983

The MHA 1983 governs the admission of people to hospital against their will, their rights while detained, their discharge from hospital and their aftercare. While the police service cannot apply for this kind of detention, staff should be aware of its existence and applicability. People are normally detained in this way in the interests of their own health and safety or because other people may be at risk from the person's behaviour.

Dangerous and severe personality disorder programme

For details of the entry criteria, referral and assessment processes for the Dangerous and Severe Personality Disorder (DSPD) programme, see [Probation Circular \(2008\) Managing High Risk of Serious Harm Offenders with Severe Personality Disorder PC21/2008](#).

Managing the risk of suicide

MOSOVO offenders or PDPs experiencing mental health issues may present a high risk of suicide.

APP on [suicide and bereavement response](#) provides officers and staff with useful advice.

The possibility of suicide should be included in risk management plans. See [College of Policing \(June 2019\) Operational Advice: Managing the risk of suicide for persons under investigation for online child sexual abuse and exploitation](#).

In addition to the content of APP, the following issues should be considered when managing the risk of suicide by MOSOVO offenders or PDPs.

- Any arrest or other police intervention should take place in private, if possible, out of sight or earshot of family, friends, neighbours, colleagues and any member of the public.
- If any visitors to the police station ask to speak to the suspect, they should not be informed that the person is in custody without the written authority of the suspect. The individual's authority should be recorded on the custody record.
- Follow-up visits to the police station by the individual, or contact with them, should be used as an opportunity to check their welfare, and this should be documented.
- Any decisions relating to sharing information about the individual should consider the risk of suicide as one factor in the process of defensible decision making.

Tags

Sexual and violent offenders