

Integrated Access Partnership (IAP)
Standard Operating Procedure (SOP)



Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

Mental Health Link Officer (MHLO) Standard Operating Procedure

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Integrated Access Partnership (IAP) Standard Operating Procedure (SOP)

Objective

This standard operating procedure (SOP) provides guidance to IAP staff on the day-to-day operation of the MHLO.

Scope

This SOP relates to the MHLO and its direct interface with the MHSD.

While MHLOs work closely alongside IAP staff, management and decision-making accountability remains with ASP.

Operating Hours and Location

The MHLO will operate 24 hours a day, 365 days a year.

The MHLO will work alongside colleagues from the IAP, based at the MHSD in SWASFT's Bristol EOC. The MHLO will be based on a dedicated workstation on the MHSD and will interface with mental health staff operating around the desk.

Scope of the MHLO

The MHLO workstation will allow for access to the ASAP STORM system. The MHLO will work to a bespoke STORM interface, which will focus on mental health related police logs, especially in the following call types:

- Concern for welfare
- Missing person
- Suicidal
- Assist other services.

The MHLO will oversee police mental health related calls in the following areas:

- Bath and North East Somerset (BaNES)
- Bristol
- North Somerset
- Somerset
- South Gloucestershire.

Aims of the MHLO

- To act as a link between police, ambulance, fire, mental health services and out-of-hours primary care. Working in partnership to ensure that people's needs are met by the most appropriate agency at the time they need it.
- Actively reviewing STORM for live and incoming mental health related calls with a view to identifying the **policing purpose** in relation to such calls.

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- Where that purpose exists, to ensure that an appropriate police response is provided.
- Where that purpose exists but would benefit from assistance of ambulance or the IAP to coordinate such a response.
- Where that purpose can be potentially mitigated by intervention from triage, to investigate it.
- Where that purpose does not exist, to consult with the more appropriate agency and safely refer it.
- To maintain observation on such calls until they are resolved. To consider deployment if initial attempts to mitigate or refer fail – or if a situation escalates to a point where police presence is required.
- To close appropriate calls fully with outcomes.
- Utilising the National Decision Model, information from police calls, information from police databases, and appropriately shared information from other agencies to accurately determine risk and respond accordingly.
- To have full and detailed understanding of the various thresholds outlined in force procedural guidance. Understanding relevant legislation and the police role.
- Ensuring that police response is in line with those thresholds – both in terms of what police do attend and what police do not.
- Communication, liaison, discussion and dialogue with colleagues from the IAP, ambulance and the wider health system.
- Acting as a potential initial escalation point for ASP and decision-maker where there is disagreement.
- Communicating with deployed police officers/staff where appropriate (via phone or Airwave).
- Accurately create, update and maintain records which outline rationale, information, considerations and actions (utilising webSTORM) so that there is a detailed and accurate account of decision-making.
- To seek the earliest possible involvement of the IAP in police related mental health incidents – with a view to potential referral, information gathering or co-deployment.
- Maximising the use of SWASFT Mental Health Response Vehicles (MHRV).
- To liaise with and make best use of the police mental health tactical advisors.

Collaborative Working Between MHSD and the MHLO

The MHLO will work with staff on the MHSD. Wherever possible, the mental health clinical coordinator (MHCN) should look to allocate a dedicated member of staff to support the MHLO.

The level of clinical assessment and decision making provided to the MHLO will be proportionate to the role and responsibility of the allocated MHSD staff member.

In cases where dedicated staff are not available to work with the MHLO, an agreement will be established between the MHLO and the MHCN to confirm how work should be managed. This

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may be via a direct pathway between the MHLO and the MHCN to allow for prioritised allocation to staff around the MHSD.

Wherever possible, the MHLO should avoid distracting MHSD staff from working actively on the ambulance computer aided dispatch (CAD) system due to the implications this may have on ambulance dispatch.

The MHLO is able to support MHSD colleagues with incidents where there is a policing purpose present to ensure police attend.

Referrals

Referral from the MHLO to the MHSD

The scope for referral from the MHLO to the MHSD will be similar to calls from the MHPL, which includes:

- Request attendance of the MHRV. The decision about dispatching the MHRV will rest with the MHCN
- Asking for support to make an appropriate safety plans and avoid unnecessary police conveyance or dispatch. This could involve a remote assessment of the person in need.
- Request pertinent information. Staff will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, in line with the IAP ISA, which outlines that consent is not required in all situations.
- Request referral to the UAC.
- Ask advice about the suitability to use powers under Section 136 (consultation). Any advice surrounding the use of these powers must only be given by a registered mental health clinician.

Inclusion Criteria for Referral from MHLO to MHSD

- Mental health related police call
- Call within BaNES, BNSSG or Somerset
- Risks evident to the patient or others requiring intervention, or, the person in need is consenting to support.

Exclusion Criteria for Referral from MHLO

- Call is outside of BaNES, BNSSG or Somerset
- There are no clear and obvious mental health needs associated with the call
- The patient does not consent and there are no known real and immediate risks to the person.

Referrals that are accepted for support by the MHSD, whether this be for information sharing or more comprehensive direct intervention to the person in need, must be recorded on RiO. If the individual does not have a RiO record open, the MHSD must open one.

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Recording on RiO must always outline any information shared and the rationale for sharing. More comprehensive interventions, such as remote assessment or clinical advice, must be recorded in line with the standards set out in the IAP Overarching SOP.

Referrals that are not accepted by the MHSD should not result in new RiO records being opened. However, if a RiO record is open and available, it may be prudent to record that a request for information was declined with a brief rationale for this decision.

Referrals from the MHSD to the MHLO

MHSD staff can approach the MHLO for information and support relating to ambulance or wider IAP activity, including:

- Where police are required to support the MHRV or ambulance alone at the scene (this method should not be used in emergencies in place of existing 999 or other emergency protocols, such as use of Airwave, from scene)
- To interface with the MHPL via the MHCN to share information that may add value to the successful outcome of a MHPL call
- To establish police presence at a live and relevant incident
- To request pertinent information that may be held on police systems (relevant to the ASP geography) and is in line with IAP sharing protocols
- To discuss options and contingencies.

Referrals to the MHLO should meet the following criteria:

- There is a genuine policing purpose identified
- The request is related to mental health
- There are clear and evident risks that would not require consent from the person in need
- Information sharing is in line with IAP sharing protocols.

The MHLO should not substitute for IAP staff requesting emergency police support via 999.

Data Capture

ASP will also record and analyse the MHLO activity using data from STORM and police systems.

This activity will be collected and reviewed in line with other IAP performance.

Reporting and Management of Serious Incidents

Any serious or untoward incidents, including a suicide or unexpected death relating to the service, must be reported via the InPhase system for further investigation by the relevant organisation. This can be entered by a clinician based on the MHSD. These incidents will be reviewed at regular meetings in the first instance and the investigating organisation will be identified and agreed. ASP will have their own processes regarding reporting that do not involve InPhase. Any incidents that need escalation will be considered on a case-by-case basis and should be escalated in line with the Overarching SOP.

Monitoring & Change Register

The IAP SOP will be reviewed at least annually and more regularly to account for service changes and expansion.

Date	Version	Author	Change
27/06/2024	0.1	Matt Truscott Jon Owen	Initial draft completed
27/06/2024	1.0	Matt Truscott Jon Owen	V1.0 published
28/10/2024	1.1	Matt Truscott	Updated throughout to replace 'CC' with 'CN' Updated 'Introduction' Updated 'Aims of the MHLO' Updated process for interface with MHCN Removal of IAP Data Capture Form
07/03/2025	1.2	Ollie Crandon	Formatting amendments Removal of introduction