



His Majesty's Assistant Coroner Robert Simpson
West Sussex, Brighton & Hove

By email:

27/11/2024

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Dear HMAAC Robert Simpson,

Re: Inquest into the death of Ryan Ouslem

I write in response to the Regulation 28 report dated 24th September 2024, issued after the conclusion of the inquest touching upon the sad death of Ryan Ouslem.

We are grateful to you for providing us with a further opportunity to respond to the concerns that relate to Sussex Police, and hope this response provides you, and Ryan's family, with the information and reassurance from us that when concerns are highlighted, they are carefully considered and actioned as appropriate.

I address each of the Sussex Police related concerns below.

Mental Health training for Officers in Sussex Police

Following evidence provided by an officer during the inquest and our letter to you dated 18th September, you remain concerned that the current provision of mental health training has not been effective and is not repeated as often as required.

We have previously provided, by way of a statement from [REDACTED], Force Mental Health lead dated 17th September 2024, and our letter to you dated 18th September, the number of ways new & existing officers receive training relating to mental health and their powers and obligations when dealing with those in crisis. We include these with this response for ease of reference.

Our letter & [REDACTED]'s statement outline our existing offering and we do not look to repeat the content here but would ask that they are read in conjunction with this letter.

New Officer training

In addition to the training currently outlined by [REDACTED], we are also introducing, from January 2025, Mental Health First Aider training to all new recruits. This is comprehensive and consists of a number of packages that will be delivered as part of their induction course which is bespoke to their future role. Attendance is mandatory.

We attach the content of this training for your information as follows:

Appendix 1 – Wellbeing & Resilience PCEP Lesson Plan

Appendix 2 – Legislation – Mental Health Lesson Plan

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Appendix 3 – FAA L3 Mental Health Session Plan

Appendix 4 – PCDA Mental Health Lesson Plan

Appendix 5 – PCSOA Mental Health Power point presentation.

Existing Officer training

We recognise that the need for ongoing and refresher training is essential in this complex area, and whilst it cannot be expected that officers make clinical judgements, we do require them to understand where updated information and support can be obtained in relation to clinical decisions and the powers and processes available to them.

██████████ has explained in his statement the existing training currently provided to assist.

In addition, Response & Neighbourhood officers attend 5 Professional Development Days (PDD's) throughout the year, during which mental health training can be included. These mandatory training days are allocated as part of their shift pattern to ensure attendance. Virtual sessions are recorded and it is expected that those unable to attend through sickness or leave to review the recordings.

The content and subject matter of these PDD's is flexible, allowing the time to be used based on priority and any potential learning gaps that have been identified. To this end, mental health awareness training has been included, with specialist inputs being provided by our Mental Health team and our wellbeing lead.

Most recently, and going forwards, a detailed presentation has been included which covers poor mental health and the complexities faced by officers, serving as additional refresher training (**appendix 6**).

Existing officers therefore receive training on mental health at least once a year, often more frequently, as the result of various ways in which inputs are delivered. If they have been unable to attend any of the offered sessions, they are required to complete a national e-learning package, 'Mental Health and the Police' to ensure their knowledge remains current.

Monitoring individual attendance and training

We recognise that, when giving her evidence at Ryan's inquest, the tutor officer was unable to recall specific training that had been provided to her and understand the concern and lack of confidence in our training provision that this resulted in for yourself and Ryan's family.

This officer was deeply affected by Ryan's death and found providing in-person evidence distressing. Whilst we do not criticise that officer in any way, we believe this led to her vagueness and confusion.



As a result, we identified that we were unable to confirm exactly what training this officer had personally received, whether she had missed sessions or whether her training was current. As this was the case for this officer, we are also concerned it may be for others. This is something that we are very keen to address going forwards to ensure all officers are attending training that they are required to complete.

Historically, attendance at training is recorded locally, often by those delivering the training and there is reliance on supervisors to advise our training team who has and has not attended. This has made monitoring compliance and providing places to those who have missed training difficult.

Going forwards, we are expanding the roll out of our LEARN platform, our new learning management system. Currently, all training attended by new recruits is recorded to ensure they complete necessary modules. This is now being expanded to record and capture all training to all officers, allowing us to review completion and missed courses more effectively.

We expect to have current records entered and the system fully operation for all existing officers within the next 9-12 months. Our learning and development team, along with supervisors, will be able to access this system and ensure that required training for individual officers is both up to date and fully compliant. Where training has not been completed, places will be offered on the next course and the officer will be expected to watch the recorded session in a timely manner.

Mental Health Services and joint training with the police

You have raised concerns that under the new 'Right Care, Right Person' policy, the lack of joint training may lead to officers not understanding what information should be provided to ensure all relevant information is shared.

We absolutely agree that police officers still need to understand and be trained in mental health matters to ensure they accurately assess situations when calls for service are received or attending those who may be in mental health crisis, despite the new way of working.

To that end, our training provision, as outlined above and in our previous correspondence, will not diminish or be reduced.

We have carefully considered whether joint training with SPFT could provide anything additional which could assist officers when referring matters and providing information to them, however we do not believe it is workable step and the cost and logistics of doing so would not be proportionate at this stage.



However, following Ryan's inquest, discussions have been held with our SPFT partners to see if any support can be provided to either organisation from the other in relation to training. These discussions are ongoing.

Officers are currently required to contact the Blue Light Line (BLL) when dealing with an incident in which they believe mental health is a factor and will continue to do so with the introduction of the SPFT Rapid Response Service (RRS).

The BLL provides clinical advice and guidance to police officers who are dealing with an incident. The sharing of information takes place by telephone, when on-scene. Officers speak to a clinician during this call and are expected to share information about the presenting situation in line with data protection legislation, the National Decision Making model and the College of Policing Mental Health Authorised Professional Practice.

Officers will relay all information available to them, as well as the situation as it is presented with the aim of helping the clinician understand the totality of the circumstances. Officers will answer questions asked by the clinician to the best of their ability.

Police Officers are not, nor can they be expected to be, mental health clinicians and are unable to perform clinical assessments on individuals. They are reliant on the clinicians on the BLL to give appropriate clinical guidance and complete clinical decision making. The Authorised Professional Practice on Mental Health states: *'Police officers are neither trained nor equipped to carry out clinical assessments on the mental health or wellbeing of an individual (no matter how urgent the issue is) and it is not appropriate for them to fulfil the role of healthcare professional'*.

Officers are required to share all available permissible information about the presenting situation when utilising the blue light line. We recognise that officers may not know what is clinically relevant or not so are therefore encouraged to provide as much information as they can. The provision of detailed information allows the clinicians to receive the full picture of the incident as it is occurring and ask questions for further details on what they believe is relevant in the circumstances.

We put out regular briefings on the importance of using the Blue Light Line (the most recent can be found at **Appendix 7**).

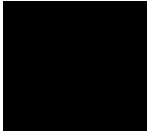
Further, our SPFT partners are developing a Standard Operating Protocol for the RRS to provide guidance to officers who contact them for advice & assistance. This be shared with us once completed and will be communicated to all officers. It will ensure officers are aware of the expectations placed upon them when contacting the BLL and how they can best support the clinicians with whom they are speaking.

I hope the additional information provided herein reassures you that your concerns have been addressed.



As an organisation, we remain committed to learning and improving our processes wherever we can and please do let me know if I can be of further assistance.

Yours Sincerely



Chief Constable 