

Our Ref: [REDACTED]

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20 December 2024

Dear Mr Potter,

I would like to start by expressing my sincere condolences to the family and friends of Mr Michael Crane.

On behalf of the Commissioner of Police of the Metropolis, I write to provide our response to the matters of concern addressed to the Metropolitan Police Service (MPS) in your Report to Prevent Future Deaths, dated 25th October 2024, following the inquest into the death of Mr Michael Crane.

The Coroner's "Matter of Concern"

"The MPS constable who gave evidence at the inquest, told me that:

- *if Mr Crane had been reported missing at the time he was in Charing Cross police station then there would have been more that officers could have done to keep him safe;*
- *the fact that officers had heard (directly from staff) that the Home intended to report Mr Crane missing within the next 30 minutes, did not mean that there was more that the officers could have done at the time; and*
- *there was not, either at that time or to date, any MPS guidance to frontline officers in relation to how to approach their powers under section 136 of the Mental Health Act or in relation to people who are likely to be missing but have not yet been reported as such."*

MPS Response:

Training and Guidance in Mental Health

The MPS recognises that staff will come into contact with people in crisis for a variety of reasons, including mental health. The MPS runs a scenario based approach to Public and Personal Safety Training (PPST), focusing on different interactions an officer is likely to face in the course of their day to day duties. It includes steps that can be taken to manage interactions as effectively as possible. This training is mandatory for all operational police officers. All new recruits receive eight days of training and all police officers receive two days refresher training each year.

Officers are directed to attend training centrally. Compliance is monitored, and attendance recorded through the corporate Learning Management System (LMS). This is an industry recognised computer-based system which holds individual training records for each officer in the MPS. In the event of an officer not attending training, this will be flagged to a supervisor and they will be directed to attend training. Prior to the LMS system going live in 2022, officers were directed by e-mail and when they completed their training, an alert was sent to HR for records to be updated on the central HR system known as the Police Standard Operating Platform (PSOP).

The MPS provides all police constables with a mental health input during their foundation training, albeit the content varies depending on the date of joining, and will reflect the current policies and legislation at the time the training was designed.

The following principles are woven into lessons and scenarios, and this training is delivered to all new recruits irrespective of which pathway they enter the MPS:

Tactical communication

This lesson is part of the recruit syllabus. Potential barriers to communication, including mental ill health, are contained within it. The Trainer Resource Pack comprises the following text:

*“**Mental Ill Health:** Officers are not expected to diagnose mental ill health in individuals that they come into contact with. Officers may however become aware, by a variety of means, that the person they are dealing with is believed to be experiencing mental distress or ill health.”*

Safety in mind

- A video is presented which has been created in conjunction with the London Ambulance Service and South London and Maudsley Hospital. It is aimed at, not only police officers, but others who may find themselves dealing with people in a mental health crisis. A discussion takes place regarding this input. It was created to coincide with the introduction of the Vulnerability Assessment Framework (VAF) following a report by Lord Adebawale.
- The VAF highlights how people may be vulnerable, for various reasons (not limited to mental health), and provides a list of indicators for officers to look out for when assessing vulnerability. This includes: Appearance, Behaviour, Communication (how are they communicating), Danger (to self or others), Environment (ABCDE assessment).
- It also includes the CARES mnemonic, which is how officers should approach vulnerable people (“Contain rather than restrain, Approach within view of the person, Reduce distractions, Explain what you are doing, Slow down your actions), and the role of the safety officer.
- The focus of the lesson is in dealing safely with people who appear to be experiencing a mental ill-health crisis and the subsequent handover to medical professionals.

Vulnerable person scenario

- The Scenario Based Training (SBT) annual PPST refresher training introduced in April 2024 includes a “vulnerable person” scenario. This focusses on dealing appropriately with a person in crisis (whatever the cause) and specifically includes CAMERAS (C: Contain the person, and avoid or restraint if possible, A: Continuously update the ambulance, M: Monitor the person's vital signs, E: Explain what you are doing to the person and their family, and use friends and family to help reassure them), CARES and the VAF in the associated “time on task” activities.
- The SBT approach, including the vulnerable person scenario, are due to be introduced to recruit PPST in 2025.

In early 2019, the MPS reviewed the mental health training that was delivered to officers and developed a bespoke one-day training package. The content was based on the College of Policing Authorised Professional Practice (APP), the London Crisis Care Pathway and the MPS Mental Health Toolkit. It incorporated relevant legislation (including the Mental Health Act 1983) and the voice of the service user, lessons learnt; and tested learning through a series of animated scenarios. It encouraged officers to implement their learning as well as seeking to highlight the perspectives of service users and mental health professionals. This training was concluded in April 2020 and has been delivered to 10,300 officers.

The College of Policing have developed APP which can be accessed online by all police officers. It is the official and most up to date source of policing practice. It covers a range of policing activities including an APP for mental health. It covers: strategic considerations; mental vulnerability and illnesses; mental health and detention (including Police Powers under Section 136 of the Mental Health Act 1983); mental capacity; mentally ill patients who are absent without leave from recognised care; safe and welfare checks and crime and criminal justice.

The MPS had a Mental Health Toolkit up to July 2024. This was a living document containing guidance for officers on how to deal with all aspects of people who are mentally unwell or have mental illness. This has now been superseded by the Mental Health Share Point page which provides guidance and is also interactive. It contains sections on all topics of policing and mental health and has links to the associated legislation.

Use of Powers under section 136 of the Mental Health Act 1983

Section 136 of the Mental Health Act 1983 (s136 MHA) is the most commonly used piece of legislation by officers at mental health incidents.

It is a preserved power of arrest that allows for an officer to detain someone that they believe to have a mental disorder and to be in ***immediate need of care or control*** and to remove them to a place of safety.

The power to remove a person requires three conditions to be fulfilled before police act:

1. The person must appear to the officer to be suffering from mental disorder.
2. They must appear to the officer to be in immediate need of care and control.
3. The officer must think that it is necessary to remove the person in their own interests or for the protection of others.

The police officer is not expected to make a diagnosis of someone's mental state

As previously mentioned, the training is very clear on what the expectations are of police officers when dealing with an individual suffering mental ill health. The s136 MHA power provides officers, who believe in good faith that someone is mentally ill and requires immediate care or control - to remove them to a place of safety where they can be examined by a registered medical practitioners and be interviewed by an Approved Mental Health Professional (AMHP), who can make any necessary arrangements for the individual's treatment/care.

The officers dealing with Mr Crane acknowledged that Mr Crane had been at hospital for his mental health earlier that day, that he was inappropriately dressed for the weather conditions and that he was 'hearing voices'. However, they formed the view that whilst Mr Crane did appear to be suffering from some kind of mental disorder (hearing voices), he was not in immediate need of care and control, and they did not deem it necessary to remove him to a place a safety. The conditions of use for s136 MHA therefore were not made out. The fact that officers did not invoke their powers under s136 MHA does not mean there was inaction on their part.

The officer that provided evidence at the inquest indicated that he understood his powers very well in accordance with the law and treated Mr Crane with empathy and care.

Missing Persons Guidance

The College of Policing/APP 2017 definition of a missing person is:

"Anyone whose whereabouts cannot be established will be considered as missing until located and their wellbeing or otherwise confirmed."

Under this definition, the circumstances of an individual's whereabouts simply being 'unknown' could result in the expectation that police are responsible for locating them, regardless of the circumstances. This is impractical, with unnecessary deployment being potentially damaging to the individual (e.g. breach of privacy), or by limiting the overall capability of police to respond effectively to missing persons (e.g. due to high levels of unnecessary and preventable demand).

To manage this, when an individual is reported missing, we must first consider whether there was any reasonable expectation or necessity for police to be informed at all. Mr Crane was not reported missing to Police and his whereabouts were largely known during his time away from the care home.

The officers were aware that Mr Crane had been at the hospital that morning. They also considered that he was dressed inappropriately for the weather conditions and noted that he was referring to 'hearing voices'. However, they formed the view that he was generally coherent and there were no grounds to detain him under s136 MHA. One of the officers telephoned the care home, who advised that they had not reported Mr Crane missing but that they intended to do so in about 30 minutes' time. The officers noted that Mr Crane was becoming more and more anxious to leave the police station and they allowed him to do so, as they had no policing powers to detain him.

Even in the event that Mr Crane had been reported missing, the officers options were extremely limited. They had already formed the view that he did not meet the criteria for s136 MHA to be used and as Mr Crane was an adult, there were no other policing powers available to them. The care home were informed where Mr Crane was and provided no further details to the officers as to any risk Mr Crane may have posed to himself/others or any further details about his mental health that could have raised the risk to him.

If there was heightened risk to Mr Crane, it was for the mental health professionals or care home to make this clear throughout the multiple touch-points across the agencies on 15th or 16th January and this includes the best opportunity of all when the officer called to inform the care home they were with Mr Crane at the Police Station.

Please do not hesitate to contact me should you require any additional information or clarification regarding the contents of this response.

Yours sincerely,



Deputy Assistant Commissioner

