

Box 3

Sections 1 & 2

There is a clear medical history of Kaine being previously diagnosed with Paranoid Personality Disorder (PPD). Considering this medical history and requests from Kaine and family members regarding his deteriorating mental state. There were clearly missed opportunities from the GP, Mental Health teams, psychiatrists and other agencies signposted in Kaine's care from February to July to prescribe suitable treatment.

There was a failure in collaboration in the above departments, and in the management of Kaine's health, which led to a poor level of care and meaningful treatment. There was enough evidence and requests for help that should have required face-to-face meetings with Kaine in order to conduct a thorough assessment of his mental state. Considering his substance misuse, there were difficulties in performing treatment. However, we believe there were missed opportunities to assess and re-prescribe Olanzapine.

Section 3

On the 2nd July 2022, Kaine called the police with threats that he was going to kill people unless they attended. Police arrived on scene and Kaine presented as agitated, unsettled and erratic. He was described as incoherent, 'talking nonsense', but was compliant and non aggressive. He was sweating profusely, but lacked other symptoms of ABD. Kaine confirmed he had taken cocaine and alcohol, which can explain his presentation. Police were respectful, sympathetic and compassionate to Kaine's needs at this point. Following a RIO check, police were aware of his Paranoid Personality Disorder and considering his signs of paranoia, an ambulance should have been called, but instead they called the Street Triage Team to get assistance in the confirmation of s136 Mental Health Act.

The Street Triage Team called EMAS following the RIO check. There was also a check carried out for bed resources, and a bed was available in the local mental health suite. Before the Street Triage Team arrived, there was a plan to detain Kaine under 136.

Upon arrival of the Triage Team, the evidence heard and seen in court suggests that neither a thorough, nor appropriate Mental Health Assessment was conducted by the Mental Health Nurse, despite having the opportunity to do so.

EMAS arrived and Kaine willingly entered the ambulance. Most of the checks were conducted, following concerns of his physical health. His erratic arm movements prohibited some health checks. Kaine was in tachycardia and had an elevated respiratory rate. At this point, there were no clear signs of ABD.

The evidence heard in court highlights there was no consultation between EMAS, the mental health nurse and the Police to determine the best course of action for Kaine. This resulted in a decision by the Street Triage Team not to detain Kaine under section 136, but to return him to his accommodation at the YMCA in Hucknall. This decision did not factor in the full assessment of the police who arrived first on the scene or the paramedics assessment. The decision by the Street Triage Team following an inadequate assessment, lack of engagement with Kaine, Kaine's family, EMAS and the officers at the scene was a gross failure.

Section 4

In the early hours of the 3rd July there were two calls made to the emergency services requesting medical help following threats by Kaine to end his life. The calls were categorised by EMAS as level 3, and the family member was told of a wait of up to 8 hours due to current demand on EMAS. The family member was advised to visit Kaine if they were concerned that he could commit self harm.

Due to concerns for Kaine's health, the family member called the emergency services again and the Police were requested to conduct a category 2 welfare check. Police arrived at Kaine's property at the YMCA approximately 90 minutes later.

Police entered the property and Kaine presented in an agitated state. He was pacing and erratic in his arm movements. He was speaking in incoherent sentences and 'talking nonsense'. Kaine's room was in disarray. The flooring was pulled up in places, the wardrobe had been moved and placed in an unusual place. Police also noted white powder, believed to be cocaine, and nitrous oxide cannisters were present in the room.

Kaine was compliant and not aggressive, he was however very paranoid, expressing paranoid thoughts and expressed thoughts of suicide. There were no concerns for his physical health, but the state of his mental health was a concern. Kaine himself asked if he needed sectioning under the Mental Health Act and the officers agreed that he needed help. There were no concerns that he would need restraining and Kaine was compliant and willingly agreed to accompany the officers to seek further help. At this point the officers were compassionate, caring and empathetic to Kaine's needs.

He was asked to enter the police car to attend hospital, and put on his seat belt as requested by the officer. At this point Kaine mentioned broken glass in the footwell of the car and became paranoid that the police were not genuine. Kaine took off his seat belt and moved to exit the vehicle. The police officer shut the door to contain Kaine. Following a short discussion the door was opened slightly and Kaine asked for clarification that they were police officers. The police showed Kaine their warrant cards, but Kaine did not believe them. At this point, Kaine tried to exit the car but the officers contained him just inside the car and handcuffs to the front were applied. The police officer explained to Kaine that she was going to 136, but later explains the full reasons for the Section 136 and that they were going to detain him. The police were unaware that the correct conveyance is an ambulance and instead called for backup to help with detaining Kaine. The police did state in court that if they were aware of the Section 136 policy they would have used the correct conveyance to a safe place.

Within a few minutes extra Police arrived. There was no initial communication that Kaine had been detained under the Mental Health Act between the officers arriving on the scene. There was a lack of clear communication between officers and Kaine, which escalated in shouting by officers which resulted in Kaine becoming more resistant. There appeared to be very little management of the situation with Police acting independently of each other.

Police then pushed Kaine inside the Police car and due to Kaine kicking and resisting, a decision was made to use leg restraints. Three leg restraints were used to varying degrees of success. Kaine was still resisting and tactical strikes were administered by police including tactical baton strikes to Kaine's legs to gain control of Kaine in the police car. It was decided that restraining Kaine in a car was futile and a police van was requested to transport Kaine. Kaine was then taken to the pavement and attempts were made to move the handcuffs to the rear, but were unsuccessful. Alongside the restraints and hand cuffs many officers were applying force to help restrain Kaine and gain control. Throughout the episode there was little management of the situation by an experienced officer or through communication to the police control centre to a supervisor.

Restraint was proportionate to the amount of resistance from Kaine. However the increasing time in restraint and Kaine's resistance to this should have been a concern. Decision is then made to move Kaine to the police van. Kaine resists and starts to bite his own fingers. Tactical strikes to Kaine's face are administered to stop the biting which are successful. Decision is made to move the handcuffs to the rear to stop a repeat of this action. Due to the resistance tactical strikes are administered by several officers, independent of each other as they move to the police van. Kaine is moved to the cage of the van with the intention of attending King's Mill Hospital. However within a few seconds the van stops as Kaine is bashing his head against the cage.

Police call EMAS to travel out, but no communication of section 136 or the use of restraints is mentioned. Call categorised at level 5. A sprinter van is also called to help transport Kaine to place of safety. Still no awareness of policy and correct conveyance amongst any police for a section 136 which is a gross failure.

Kaine is moved from the police van to the pavement. During this Kaine spits at police officers and a spit guard is applied. During the removal of Kaine from the van, there is a clear decline in his physical health. This is quickly picked up by some police officers as a sign of ABD and a medical emergency is announced. Kaine is transported to the pavement. His airways are checked, but he is breathing heavily, sweating profusely and appears clammy and cold to the touch. Restraints are still in place but there is very little resistance from Kaine to the restraints and his head appears floppy. Support of the head is provided. Despite the level of communication of the police, there is still no attendance, guidance or support from a superior officer.

EMAS arrive and Kaine is moved to the ambulance. Paramedics are able to conduct some tests, but the occasional flailing of Kaine's arms stops all tests being administered. His heart rate is tachycardia and his breathing was short and sharp. They scored him 14/15 of the GCS score and score of 6 in the NEWS assessment which is a huge concern and requires immediate medical attention. Restraints and spit guards are still applied, due to the safety of the police and paramedics, but he is still no longer resisting. A call is made to the QMC to pre-alert and the resus department is readied for Kaine's arrival.

Section 5

QMC pre alerted and Kaine arrives. Medical assessment alert staff to the seriousness of Kaine's condition. Sedatives are applied in stages to avoid overdose and further complication. Restraints are removed within 1 hour of arrival once the sedatives have taken effect. Following tests, Kaine has high levels of acidosis, Doctors are aware of the care needed, blood pressure is too low and potassium levels are extremely high this restricts the ability to provide an anaesthetic and therefore use of dialysis machine. Kaine's blood pressure is critically low and a Kaine has a cardiac arrest. He is resuscitated but succumbs to a fatal cardiac arrest at 09.46 and further resuscitation is futile.

Section 6

Kaine was overlooked by agencies due to drug use.

No rigorous communications between GP, Mental Health Team, Drug Team or any signposted bodies. This resulted in Kaine being lost in the system with no effective or practical treatment available. This was gross failure in the care of Kaine.

There was a significant deterioration in Kaine's mental health between February and July.

There was a gross failure in dissemination of information and training across all agencies. In particular the police with regards to vital information from the policy of section 136 and training in ABD and how to spot it.

Management and leadership failures in all departments, in regards to dissemination of information, adequate training, especially in regards to joint policy and how these documents are agreed and disseminated, used for effective training and the ability in each organisation to perform their roles and duties.

Clear leadership was needed on scene for serious police incidents. Supervisor needed at scene and not police control centre. There was ineffective communication between the scene and the control centre.

Clear lack of management of detaining and restraint of Kaine by officers and supervisor. Consideration of use of restraints and time in restraints was required, especially considering the resistance.

Box 4 - Questionnaire

1. Yes

a) Yes. Police power to overrule and implement section 136 despite mental health nurse input. Reluctance to section based on physical nature and Kaine's request not to

b) Yes. Failed to do adequate assessment, no engagement with Kaine. Despite clear opportunities for mental health teams to assess or engage

2. No - not adequate training or guidance for team or review of actions post event .

3. Some signs which overlap with use of cocaine and alcohol difficult to differentiate

4. No

5. Yes, as previously mentioned an adequate on scene mental health assessment should have been performed allowing a full mental health act assessment to be done if detained under 136

6. Yes

7. No

8. a) No

b) No

c) Yes poor communication, insults, confusion

d) Yes failure

e) Yes there should have been an ambulance

f) No – the use of restraint appropriate considering situation. Communication and control could have been better

g) Yes not appropriate vehicle

h) Yes -lack of communication between officers. The individual force justifiable, combined force uncontrolled

i) No

j) No

9. No signs of ABD until removal from van

10. No shortcomings or failures

11. Yes

12. No, they were unaware

a) Yes

b) Gross failing in regards to training, dissemination of information, communication with supervisor

visa versa

13. Yes

14. Yes