COMMUNITY MENTAL HEALTH TEAMS AND THE RESPONSE TO MISSING PATIENTS

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missing people

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CONTENTS

1. Introduction

This research seeks to find out how Community Mental Health Teams (CMHTs) react when one of their patients in the community goes missing, whether they ever discharge missing patients, and what happens when missing patients return.

This report has two aims. The first is to share good practice examples of how CMHTs respond when someone goes missing and when they return. The second is to investigate the working relationship between CMHTs and the charity Missing People and how this can best serve the missing person and their family.

Missing People

Missing People, the national charity established in 1993, provides a lifeline for vulnerable missing people and the families and carers left behind. The charity provides free 24-hour confidential support, help, advice by phone, email, text and online, including the opportunity to reconnect. Missing People also coordinates a UK-wide network of people, businesses and media to join the search for the estimated 250,000 people who go missing each year.

If you believe that you are a missing person, are in crisis or unsure of what to do a specialist team at Missing People is here to listen and support you. We can help you talk things through and pass a Message Home in confidence should you wish to do so.

The charity can't trace your calls, texts or emails. We're here to work with you, to explain your options and try to get you the help you need. Your safety and wellbeing is our priority.

For advice and support, help and options, or to pass a Message Home, call, email or text 116 000. It's free, 24 hour and confidential.

www.missingpeople.org.uk

2. Policy and research context

The mental health policy landscape

There has been significant political commitment to putting mental health and wellbeing on a par with physical health. However, given in light of wider economic challenges, Mental Health Trusts have experienced real terms cuts in recent years. A BBC News Freedom of Information request in 2013 found that, from 2011 to 2013, Mental Health Trusts had their funding cut by 2.3 per cent in real terms while referrals to Community Mental Health Teams went up by 16 per cent. (BBC News, 2013a).

At the time of writing the General Election has recently taken place and the new Conservative Government is being formed. The Conservative party's 2015 manifesto commitments to increase funding for mental healthcare and introducing access and waiting time standards have the potential to improve the picture for mental health within the national healthcare landscape. (Conservative party, 2015).

Community Mental Health Teams

A Community Mental Health Team is "*a central component of most local services for people with mental health problems. Composed of professionals from a wide range of disciplines, they attempt to provide an effective local mental health service that prioritises those whose problems are severe and long term*". (Onyett et al, 1995: 206).

Community Mental Health Teams (CMHTs) started in 1978 and were a clear force from the 1980's mirroring the decline of beds in psychiatric hospitals and the rise of community care (Lester and Glasby 2010:78).Their numbers grew tenfold from 1987 to 2006 (Lester and Glasby 2010:83). From 1999-2001 there was specialisation in the teams including Assertive Outreach Teams, Crisis Resolution Teams and Early Intervention Services.

There are a number of advantages with the teams. Thornicroft and Tansella (2004) suggest that they improve engagement with services, increase user satisfaction, increase met needs and improve adherence to treatment. There are also potential disadvantages. Among these are that they can be non-demand led (Clark 2008) and be understaffed and subject to burn out. (Wessely 2012 and Prosser et al. 1997). There is also the crucial issue of people in the community managing their own medication (Drugs and Therapeutic Bulletin, 1994).

CMHTs are run and managed within Mental Health Trusts, which are the NHS bodies charged with providing health and social care services to people with mental health problems. (NHS Choices, 2015).

Missing persons in the UK

UK police forces receive more than 300,000 missing person reports each year. These reports relate to an estimated 103,000 to 252,000 individual people. (UKMPB, 2014). Not everyone who goes missing is reported to the police; two-thirds of young runaways are believed to go unreported, and police cannot always help to trace family members who have lost contact. (Rees and Lee, 2005). The police remain, however, the lead agency for missing persons in the UK. Police practice is guided by ACPO Guidance (2010) and forthcoming Authorised Professional Practice from the College of Policing. The UK Missing Persons Bureau – part of the National Crime Agency – is the national and international hub for UK missing persons, and provides support and advice to police forces. The Bureau recently published guidance for providers of care to adults (including healthcare providers) entitled '*Missing from Care: A multi-agency approach to protecting vulnerable adults. A national framework for police and care providers.* (UKMPB, 2014)[1].

National strategy around missing persons is guided by the 2010 Cross-Governmental Strategy, and overseen by a national Strategic Oversight Group. The Strategy notes that the police should not and cannot be the sole agency with responsibility for missing persons, and that the must be jointly addressed and local partnerships developed to "*help move away from process and agency boundaries and focus on identification of high risk individuals and prevent vulnerable people going missing*". (Home Office, 2010: 13). The Strategy goes on to state that "*local agencies need a clear understanding of their respective roles and responsibilities and need to work together locally to ensure that the best arrangements are in place to deliver this."* (Home Office, 2010: 16).

Mental health and missing

There is no consensus on the number of missing people who have mental health problems. Estimated numbers range from 31 per cent (Biehal et al. 2003:11) to up to 80 per cent (Gibb and Woolnough 2007:1.) There are three main reasons for this. Firstly, the police do not always record and report missing incidents involving mental illness in the same way, and national data are not collated and reported. Secondly, somebody can have a mental health concern

[1] Available from: http://missingpersons.police.uk/en/resources/downloads

without it being officially diagnosed or known about by their families, meaning that it may not be reported to police when they are missing. Finally, the missing incident itself could be the first indication of a mental health problem. (Holmes and Diamond, 2011; Holmes, 2014).

Research evidence shows that many people who are missing with mental health problems want support while away. (Stevenson et al. 2013). Including self-diagnosis, 85 per cent of the Geographies of Missing People project's sample of formally missing people had mental health problems. (Stevenson et al. 2013). Slightly over half (56 per cent) did seek some sort of help while they were away, and they tended to want someone sympathetic to talk to rather than specific help on practical matters. (Ibid.). Many of the missing people interviewed had been cautious about approaching formal organisations for help. Twenty four per cent of the sample sought medical help including going to a hospital, and the research recommends that health care providers need to become more aware of missing people and what they, as institutions, can do to help. (Ibid.).

Because of numbers involved and the pressure caring professionals are under it would be easy to slip into a formulaic way of handling missing incidents involving people with mental health problems in the community. The UK Missing Persons Bureau, in the document '*Missing from Care: A multi-agency approach to protecting vulnerable adults*', warns against this pointing out that no two missing people are the same. (UKMPB, 2014). The Bureau also emphasises the need for a multi-agency approach when someone goes missing in the community. (Ibid.). As will be seen, this report comes to similar conclusions and recommendations.

Returning from a missing incident

There is strong evidence that both missing people and their families want and need support when the missing incident is over. Only 22 per cent of returned adults interviewed by Stevenson et al. had received support from external services when they were found. (Stevenson et al. 2013: 95).

In its Manifesto for Missing People, the charity Missing People is calling on the new government "*to ensure that every adult who returns from being missing is offered a return interview to find out what help they need, and then support to access it.*" (Missing People, 2014a: 8). Such an interview would enable those supporting the missing person to understand what the missing person has been through but and would also enable support to be put in place to prevent further missing incidents. (Holmes, 2014). Return interviews can also help hospital staff and police understand where the missing danger areas are in the community, and uncover whether the missing person has been a victim of crime whilst away.

In practice, it is extremely rare for missing adults to be offered return interviews as standard. At the time of writing, there is a small number of services under development but the charity Missing People is not aware of any existing independent return interview services for adults.

Families also express the need for additional support. Missing People's regular Family Feedback Surveys aim to find out how the families of missing people see the quality of the service they obtain. In 2014 more than half the families who took part (58 per cent) said they would have been 'very' or 'fairly' likely to use aftercare support had it been available. (Missing People, 2014b).

3. METHODOLOGY

Research questions asked under the Freedom of Information Act

This research is based around four questions sent to the Mental Health Trusts[2] of England and Wales in the context of the 2000 Freedom of Information Act. These were piloted with five Trusts then circulated to the remainder, and were written as follows:

1. How do your Community Mental Health Teams in their various forms react when a patient receiving their services in the community has been reported missing to the police?
2. Under what circumstances, if any, would they react by discharging someone who had been missing?
3. How do your Community Mental Health Teams react when a patient receiving their support in the community is found or returns home after being missing?
4. Does your Mental Health Trust have any written guidance (such as policies and procedures or guidance) about how the Community Mental Health Teams should proceed when a patient from the community goes missing or returns after being missing? Is it possible to share a copy of such guidance?

The request was sent to 57 Trusts. Responses were received from 46 Trusts (81 per cent response rate). Of the 11 that did not respond, two felt they were not appropriate for inclusion and the remainder did not send a reply.

Interviews with Missing People staff

Interviews were conducted with five members of Missing People's Services Team. The role of this team is to provide caller-led confidential support to missing people and their families as well as to help missing people reconnect with their families or agencies including the police and other statutory services. The interviews explored the extent to which the responses of CMHTs did or did not fit with the interviewees' experiences of a mentally ill person in the community going missing. The interviews also explored improvements that might be made to the multi-agency response provided when a community-based patient goes missing.

Limitations of the research

- The Trusts' responses describe policy rather than practice when a patient goes missing. This report acknowledges that good written procedure requires good implementation to be effective.
- The fullness of the answers varied from Trust to Trust. For example, a Trust could state that "*various relevant parties*" were called when it was found that the person was missing, rather than being more specific. The good practice examples in this document are therefore not exhaustive.
- Some of the Trusts did not respond. The research could be skewed towards more positive practice – though it is impossible to know if this is true and, if so, by how much. Since most Trusts did respond it is likely that the picture obtained is fairly accurate.
- Some of the public policy documentation provided by Trusts directly or partially answers the questions posed. Sometimes policy information is given about hospital in-patients going missing and there is nothing directly about patients in the community. Such information was used with caution on the basis that it was given in answer to the question.

[2] This report refers to Trusts as the research response unit, and CMHTs as the service provision operators.

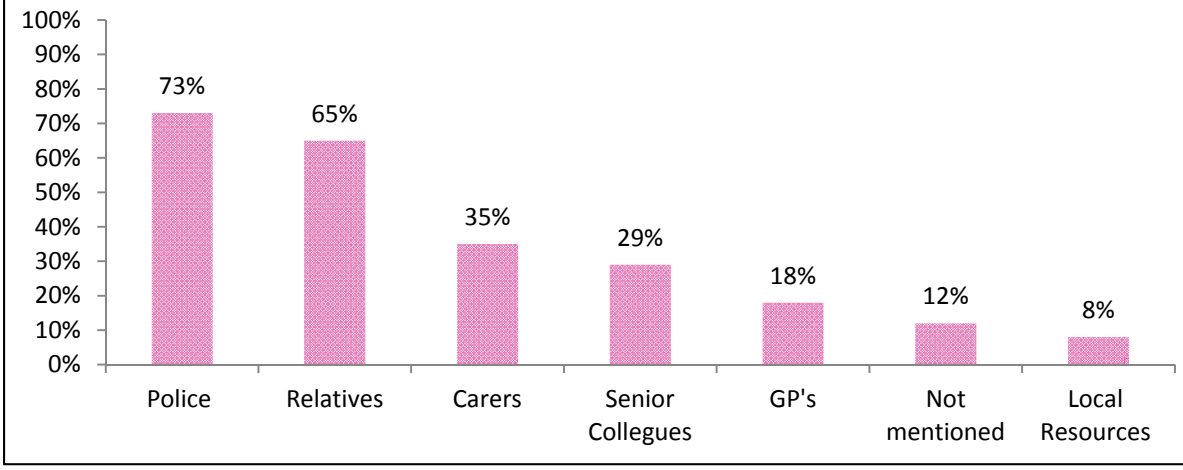
4. RESEARCH FINDINGS

Research question 1

How do your Community Mental Health Teams in their various forms react when a patient receiving their services in the community has been reported missing to the police?

Community Mental Health Teams (CMHTs) frequently contact third parties when a patient goes missing. One CMHT pointed out that it was they rather than the police who tended to discover that a person in their care had gone missing. Figure 1 below illustrates how often different agencies were contacted.

Figure 1: Who do CMHTs alert when someone goes missing?



The police (73 per cent) and relatives (65 per cent) are recorded as being contacted most often when someone under the care of a CMHT goes missing. Some Trusts do not think it is good practice to contact the family *automatically* in case this breached confidentiality. In cases where the police are involved, it may be more appropriate for the police to contact the family in the first instance.

> ***"Incidents are reported through our local incident reporting system and ongoing liaison with their carer or relatives and local police team is maintained"***
>
> FOI response

When it comes to the question of to whom the CMHT offered support when a patient goes missing, 35 per cent of Trusts said they supported the families and 16 per cent said they supported other carers. It usually is not considered part of the team's job to do this so it is relevant that these figures are so high.

Risk assessments for patients can potentially change when a person goes missing. Three Trusts had different policies for people going missing depending on what their risk level was before the missing incident. Thirty six per cent of Trusts mentioned that they would consider altering the risk assessment level during the missing episode if required.

A written log of activity undertaken by the CMHT during a missing incident can ensure that all the relevant parties have the most recent information about the incident as it progresses. Such a log was mentioned by 39 per cent of the Trusts. In addition to this 57 per cent of Trusts mentioned that there was a regular meeting with the police. This was considered vital by many of the Trusts so that the most up to date information could be exchanged as efficiently as possible.

Trying to reach the missing person by telephone was mentioned by 12 per cent of CMHTs with an additional six per cent saying that it might be tried depending on other factors. Stevenson et al. found that 23 per cent of the people in their research had mobile phones on them when they went missing. (Stevenson et al. 2013: 65).

Missing People's experience of working with Community Mental Health Teams

During research interviews, most of the Missing People staff members said they had come across the situation where they had supported a missing person who was under the care of a CMHT. One said it was at least once a month, another that is was "*fairly often and fairly regularly*" and another that it had been increasing over the six years they had been working as a paid member of staff. One of the interviewees pointed out that they were not contacted directly by the CMHTs to work on the case. Afterwards other interviewees were asked about this and it was a situation they had not come across either.

One interviewee said she probably supported the families of a missing person who were themselves linked to a CMHT more often than she was aware of. None of the staff members were aware of a regular policy among CMHTs across the country signposting families to the charity. One interviewee said that there has never been much direct contact between the charity Missing People and the CMHTs although they thought this desirable. CMHTs could support the charity's publicity and search efforts by guiding the appeal in terms of regional distribution and content, and could signpost families or carers in need of support to the charity's 24/7 provision.

Missing People could potentially support CMHTs in their bid to find patients in the community who had gone missing using Missing People's Support Partner Network. The network, which aims to help safeguard and reconnect more vulnerable missing adults and children, provides a system through which appeals for missing people can be shared when it is not appropriate to publicise a person's disappearance in the public domain. Partners, including hostels, youth centres and mental health projects, sign an agreement to share missing person appeals only with their staff and volunteers.

Good practice examples: responding to missing incidents

The context of the missing incident

Many Trusts indicated that it is important to be aware of the context of a person's disappearance to ensure that the CMHT and police can respond in the correct manner

- One Trust mentioned the importance of having sound knowledge of what has been happening to the missing person. This includes important past events and more recent developments. For instance, a missing person's behaviour could be influenced by those they are close to. There could be a crisis concerning family and/or friends.
- Another Trust raised the point that the time of day the person went missing could influence the shape of the missing journey. For instance at night transport options could be fewer.

- Another emphasised there could be different patterns within the missing incident depending on different characteristics of the missing person. For instance an elderly person going missing could have different characteristics from someone who was younger.

People to contact

When the person goes missing CMHTs may need to contact various people and organisations.

- Several teams were keen to point out that each case involves a person and needs to be responded to in a tailored way. It is important to work with local police forces to agree politics and procedure. As the UK Missing Persons Bureau states: "*No two missing people are the same – consequently it is vital to find out as much as possible before initiating a particular response*." (UKMPB, 2014: 11).

- Many Trusts also made the observation that all staff involved with the care of the missing person need to have a discussion as soon as possible after the missing incident has occurred. That way they can make sure all their knowledge is pooled. Some also cited the need to have access to more senior staff to take full advantage of their knowledge and support.

Places to check

There were many suggestions from Trusts about possible places where the missing person could be or that might have clues to his or her whereabouts. The police have the responsibility to look for the missing person but all pertinent information about the missing person can inform their investigation, and help safeguard the missing person.

- One Trust mentioned the need to get to know the leisure pursuits of people who might go missing. These places may have clues to their whereabouts. One Trust pointed out that churches, mosques and other religious buildings may have information if the person has a religious faith and/or a contemplative personality.

- Another stressed the importance of having a linked relationship with homeless charities and shelters. It may be useful to include them in multi-agency meetings. This echoes the UK Missing Persons Bureau recommendations. (UKMPB, 2014).

- One Trust emphasised the need to contact local hospital Accident and Emergency Departments.

- One Trust warned that if the missing person is suicidal and there are railway tracks within the local community then they would call the British Transport Police. Another stated that water features and cliffs need to be examined as soon as possible and checked regularly.

- Sometimes it may be necessary to check out the missing person's house but several Trusts warned that there are laws about entering people's properties if the person is not there. However the UK Missing Persons Bureau make the point that under section 135(2) of the 1983 Mental Health Act entry can be made under the terms of a warrant. (UKMPB, 2014).

Joint working and information sharing

The CMHT needs as much relevant information about the missing person as possible, both in terms of past history and in terms of the current incident. They also need to make sure that other parties, especially the police, have the data they need.

- Good practice from some CMHTs (and recommendations by the UK Missing Persons Bureau, 2014) suggest that an information pack should be created and held for all high risk patients as soon as they enter care containing:

  - A recent photo of the patient
  - The patient's personal details
  - The patient's mobile phone number
  - The medication they take and when they take it
  - Whether they rely on alcohol or some other non-prescribed drug
  - The patient's next of kin, relatives and powers of attorney
  - Whether the patient has a driving licence or access to transport
  - Contact with other agencies
  - A list of commonly frequented places

- Some Trusts pointed out that the police need to be given as many possible details about potential risk so they can best locate, identify and safeguard the missing person. At the same time the police should only have information that will help them find the missing person. Some Trusts warn that confidentiality must be respected (except in very exceptional circumstances).

  "We would also add and assist with any pertinent information about known whereabouts and associates"

  FOI response

- Several Trusts call for meetings between the CMHT, the police and all interested and relevant parties to take place on a regular and frequent basis, to agree policies, responsibilities and practices during the missing incident.

Research question 2

Under what circumstances, if any, would your Community Mental Health Teams react by discharging someone who had been missing?

Eight Trusts (17 per cent) said they would never discharge a missing patient.

"Clinical staff would not knowingly discharge a missing person from their books"

FOI response

Many Trusts were extremely careful to point out that discharging a person is a very large step when, if ever, they thought it was appropriate. Twenty six Trusts (57 per cent) said it was unlikely that a missing patient would be discharged from the care of the CMHT whilst missing but there were circumstances in which it could take place. Of those that would consider discharging a missing patient, eight specifically mentioned that a Multi-Disciplinary Team meeting would be required to approve that decision.

"Decisions regarding discharge in such situations would be rare and would be taken after full consideration by the multi-disciplinary team"

FOI response

There were 13 Trusts (28 per cent) which gave one or more reasons why they would discharge in certain circumstances. Some of these reasons are displayed overleaf:

Good practice examples: the decision to discharge

- Some Trusts were clear that deciding whether and when to discharge a missing patient was not a decision made through a set formula or procedure, but instead would be based on the individual. This includes no set timescale. The once again agrees with the UK Missing Persons Bureau when it states "*No two missing people are the same*". (UKMPB, 2014:11).

- One Trust stated that discharging can happen after all avenues to contact the missing person have been exhausted. For another Trust, if there is a possibility of discharge, there must be a meeting where the missing person's mental state at the last time of contact is assessed. For other Trusts it is important to examine the missing person's past history of going missing.

- More than one Trust pointed out that, before making any decision to discharge someone who has gone missing, it is important to liaise with that person's family and also with known associates and the police. Others state that no decision ought to be made until the Multi-Disciplinary Team have a meeting.

- Another Trust pointed out that in some cases a service user will disengage from services themselves. In such cases a multi-disciplinary team review meeting would take place. There would be a plan of care to address any outstanding needs of the service user. It will be checked that all possible information will be available. Before any decision is made the missing person's GP will be consulted.

- Another Trust stated the need for a record to be kept about the potential for the discharged missing person to access the services in the future. Everyone concerned with the missing person needs to be involved so that all relevant information can be collated.

Research question 3

How do your Community Mental Health Teams react when a patient receiving their support in the community is found or returns home after being missing?

Thirty nine percent of Trusts mentioned 'supporting' the missing person when they came back from being missing. Fifty five per cent said they would directly assess the returned person's mental health and 25 per cent mentioned assessing their physical health. Twenty per cent said they would support the family or carers in this context.

"If the patient had been discharged from the team's caseload then further involvement would be decided by the support requested in referral and the assessment that followed" FOI response

A large number of Trusts (27, or 59 per cent) mentioned that they would review the risk level of the former missing person when they returned from being missing. Eight (17 per cent) Trusts mentioned that there is a risk review or general reassessment, done in partnership with the returned person. Twenty (43 per cent) mentioned that there is a general review when the missing person comes back. This can overlap with the risk level review. Nearly all of these reviews went over the reasons why the missing person went missing, and most reviewed what had happened while the person was missing.

> ***"A period of unexplained absence would be considered a significant event so a review of risks and care would be undertaken and an appropriate plan of care put in place to meet the patient's needs on their return"***
>
> FOI response

In terms of care after the missing incident all of the interviewees from Missing People's Services team thought that there was a clear case for Missing People being more involved. Some thought that in terms of a return interview some returned people may feel easier talking to someone who was an independent professional who they did not have an existing relationship with rather than someone with a link to their past.

One interviewee pointed out that Missing People is already taking steps to increase the charity's work into aftercare as well as supporting people during the missing incident. Missing People is currently developing a service to provide support to previously missing people and their families to help them come to terms with their experiences and to help reduce the likelihood of them leaving again. The pilot service, which is funded by the Big Lottery Fund Wales, will become operational in Wales in August 2015 and will include developing links with CMHTs.

Good practice examples: responding to return

Laws and rights

Unless they are detained under the 1983 Mental Health Act, or in trouble with the law, adults have a legal right to go missing. It is essential that they and their carers know about and respect their rights.

- Several Trusts pointed out that a missing person must be aware of their rights, and that a returning person may need support to understand their rights. An interpreter may be necessary if the person speaks little or no English, or sign language.

- Another Trust stressed it is up to the missing person whether the family and certain professionals are informed that he or she has come back.

- A common theme among the Trusts was that the police should only transport a located patient if all other options are unavailable. Travelling in police vehicles can be a traumatic experience and the person can think they are being arrested. The UK Missing Persons Bureau agrees with this, stating "*every effort must be made that the individual is not taken to police custody for 'safety' by detention under S136 of the Mental Health Act*". (UKMPB. 2014:20)

Planning and providing support on return

The formerly missing person will need to be supported in a variety of ways as soon as they return.

- One Trust made the practical point that it is important to have some food and drink ready for the returning person and a change of clothes. For one Trust, in order to protect the returning person, their clothes need to be checked for sharp or otherwise dangerous objects.

- Several Trusts underlined that physical health as well as mental health needs to be checked. As well as being important in its own right it has a strong link to someone's mental wellbeing. Another emphasised that, if hospitalisation is appropriate, the hospital

needs to know as far in advance as possible so they can prepare for the admission.

- Many Trusts were aware that it was important not to pressurise the missing person to talk about the incident but, at the same time, the missing incident must be as fresh in their mind as possible so it can be understood. One Trust saw the need for a clearly defined limit of how long it should take doctors and other professionals to begin to examine and monitor the returned person.

- Many Trusts underlined that there is no substitute for the missing person saying in their own words why they went missing and why they came back. As one Trust stated, "*it is a case of working with someone and not merely on their behalf*".

- One Trust pointed out that where the meeting is held can be important for its atmosphere. It might be better to hold it in the missing person's house if that makes them feel more comfortable.

- Another made the point that plans must be put in place if the formerly missing person does not co-operate with the processes of re-linking them with mental health professionals.

- It is useful to have a list of all necessary information when a missing person returns. One Trust provided a useful summary of this:
  - The day and time the missing person returned or was found
  - If the person was found then the location where they were found
  - The place or places where the missing person has been whilst missing
  - The exact involvement of the police
  - What is their mental state upon return?
  - What is their physical state on their return?
  - Were there any incidents when they were away that were notable because of their danger?
  - The trigger for the missing incident in the first place

- Another Trust has a useful list for when a person who has been missing many times returns:
  - Why does the missing person themselves think they have gone missing more than once?
  - How much concern is there about the missing episode?
  - What needs to be put in place to avoid further missing incidents?

- Another Trust points out that the missing person's family may well also need support.

Research question 4

Does your Mental Health Trust have any written guidance (such as policies and procedures or guidance) about how the Community Mental Health Teams should proceed when a patient from the community goes missing or returns after being missing? Is it possible to share a copy of such guidance?

A question that emerges from this research is the extent to which policies concerning being missing from hospital and policies concerning people going missing from the community should have similarities and to what extent they should differ. There is a case for making both available in their entirety separately. That way both groups can be responded to as quickly and sensitively as possible.

A considerable number of Mental Health Trusts (29 out of 46, 63 per cent) shared some kind of missing policy document when they replied to the Freedom of Information questions. Ten of the 29 (34 per cent) only shared a hospital inpatient policy. This demonstrates that sometimes missing policies to do with psychiatric hospitals are more developed than that of people going missing in the community. However, nine of the ten Trusts that only provided a hospital policy nonetheless answered the FOI questions directly. This suggests that they had policies or conventions to do with people going missing in the community but these maybe were not so formalised.

5. Conclusion & recommendations

The role of Community Mental Health Teams (CMHTs) has become central to the provision of mental health services and, like their hospital-based counterparts, CMHTs face the challenge of patients going missing. These research findings suggest that many Trusts have put in place policies and procedures for CMHTs to follow when a patient receiving support in the community goes missing. Planning for these incidents, in collaboration with statutory and voluntary sector partners, is a key way for CMHTs to address the issue. Best practice suggests that CMHTs should not automatically discharge missing patients, but should be proactive in their efforts to pre-empt, prevent and respond to missing incidents.

Going missing may be an important indicator that someone's mental wellbeing is decreasing, and time away from treatment may exacerbate this. This is emphasised in the 2010 Government Strategy: "*Frontline staff, be they police officers, children's services or health workers, need to understand and recognise going missing as an indicator of vulnerability*." (Home Office, 2010: 17). Assessment on return is vital to ensure that returned adults have access to appropriate care and support to address this vulnerability and may, in turn, prevent future missing incidents.

The research emphasises the need for Mental Health Trusts and CMHTs to work jointly with police and other agencies in order to support missing patients on their return.

This research project has generated seven key recommendations, which are listed below.

1. All Community Mental Health Teams should proactively work with local police colleagues, and follow the UK Missing Persons Bureau's guidance on protecting vulnerable adults missing from care

This recommendation echoes the statement in the 2010 Government Strategy that "*Local level partners will want to put in place partnership arrangements and proactive plans to respond when a child or vulnerable adult goes missing*." (Home Office, 2010: 16). Proactive liaison with local police force colleagues will ensure that CMHTs are following the most appropriate guidance, planning within the local context, and preparing appropriately to respond to missing incidents. Such liaison will also guide the development of local policies and procedures.

The UK Missing Persons Bureau framework '*Missing from care – A multi-agency approach to protecting vulnerable adults*[3]' should be at the heart of Mental Health Trusts' approach to dealing with missing patients. CMHTs should, where appropriate, follow the guidance therein, including collecting relevant information about patients in advance of missing episodes, sharing information appropriately with police, and establishing effective lines of communication.

Missing People is calling on the government to introduce statutory guidance to clarify the responsibilities of different agencies in responding to missing adults. (Missing People, 2014a). This echoes the 2010 Strategy's statement that *"hospitals, mental health services and care homes for vulnerable adults have responsibilities to work with police and wider partners to risk assess and put in place*

[3] Available from: http://missingpersons.police.uk/en/resources/downloads

effective strategies to prevent and reduce the numbers of missing episodes." (Home Office, 2010: 24).

2. All Mental Health Trusts should introduce a policy to guide the response to missing and returning community-based patients, distinct from the inpatients policy

Mental Health Trusts should have a separate policy for people going missing in the community. There are some ways in which being missing in the community is different from people going missing from hospital (for instance people will be less likely to be subject to an order under the 1983 Mental Health Act). Whilst all missing incidents must be dealt with on a case by case basis, effective policies and procedures will ensure that best practice is adopted.

3. All Community Mental Health Teams should signpost patients and their families to Missing People

CMHTs should be aware of the services Missing People can provide to vulnerable missing adults, and should make patients aware of these services where appropriate. CMHTs should also signpost families of missing patients towards Missing People so they can access the free, confidential emotional and practical support offered by the charity. Police and CMHTs may be stretched for time in offering long term support for families, but Missing People can fulfil this role and has over 20 years' experience providing practical and emotional support. Missing People must make available appropriate resources and information to CMHTs.

4. All Community Mental Health Teams should ensure that a route back into services is pre-agreed for any missing patient who is discharged

When a missing patient returns there is an important opportunity to assess their wellbeing and to ensure that they are referred into appropriate services. When a missing patient is discharged from a CMHT, the CMHT should agree and maintain (for a reasonable period) a care plan that allows for the patient to re-enter the service. This will ensure consistency of care, and reduce the risk of an unnecessary and unhelpful gap in support.

5. All returned missing adults should be offered an independent return interview

Return interviews for returned missing adults can collect information that could be shared with care providers, including CMHTs, to ensure appropriate referral to appropriate support and to inform a return assessment. Return interviews are appropriate for all missing adults and are best provided by an independent provider. (ACPO, 2010).

Missing People is calling on the government to ensure that every adult who returns from being missing is offered a return interview to find out what help they need, and then support to access that help. (Missing People, 2014a). This echoes the UK Missing Persons Bureau recommendation that return interviews should be conducted, within 72 hours, for all missing or absent episodes. (UKMPB, 2014).

In order for this to be effective, return interviews must be able to generate meaningful referral or action. Missing People is calling on the government to introduce statutory guidance about the responsibilities of different agencies in responding to missing adults, to include the need for post-missing support to prevent these vulnerable people from going missing again. (Missing People, 2014a).

The more that good practice is shared, the more it will benefit the vulnerable missing adult and their families and carers. Some Community Mental Health Teams may be doing this already in which case it is about building on what has already been done. In order to facilitate this process this research will be publicised to the Community Mental Health Teams and others who are concerned about the issue.

One route for doing this would be the well-established national and regional policing networks coalesced around the missing persons area of work. These include the national Strategic Oversight Group and Missing Adults Working Group, as well as the UK Missing Persons Bureau, regional police force missing persons meetings and the bi-annual Missing Persons Conference sponsored by COMPACT.

This is a relatively neglected area and more knowledge is needed about the extent of the problem and how best to support missing adults who are living with mental health problems and their families and carers. Police forces would also benefit from improved data collection and analysis of the prevalence of mental health problems in missing people.

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