



**METROPOLITAN
POLICE**

PROFESSIONALISM HQ

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Date: 8th April 2021

Dear Mr Irvine,

I am responding on behalf of the Commissioner of Police of the Metropolis to your Regulation 28 Report to Prevent Future Deaths, dated 29th January 2021. Your report was sent following the conclusion of the Inquest into the tragic death of Thiago Araujo who died on 5th February 2020.

The Metropolitan Police Service's (MPS) Directorate of Professional Standards' Specialist Investigation Unit (DPS SIU) conducted an investigation into police contact with Mr Araujo prior to his death on 5th February 2020. A Death or Serious Injury (DSI) report was completed following a determination by the Independent Office for Police Complaints (IOPC) that this investigation should be conducted by the MPS.

The investigation found that Mr Thiago Araujo had been suffering from deteriorating mental health and had been reported missing by his father on 5th February 2020. Mr Araujo was believed to be in possession of sodium nitrate which he intended to harm himself with. Mr Araujo was declared a high-risk missing person by the MPS and an active search was instigated. Sadly, Mr Thiago was found deceased at a family address approximately one hour after the initial missing person report was recorded.

The MPS concluded that no officers had breached any policy guidance or legislation and at the time no individual or organisational learning opportunities were identified.

The MPS has acknowledged and reviewed all six matters of concern that you have raised and has sought to address matters five (5) and six (6) as the appropriate lead agency. The response to these two matters is as follows:

In evidence the community recovery team indicated that a factor in their inaction was the knowledge that arranging a section 135 mental health act 1983 warrant and assessment would take two weeks. Such an assessment requires actions by an approved mental health practitioner from the local authority, two section 12 mental health act approved doctors, the assistance of the Metropolitan police and the local Magistrates Court to secure a warrant. A delay of 14 days in securing a mental health act assessment is in my opinion unacceptable.

Any delay in securing a Mental Health Act warrant and subsequent assessment would be for the relevant Mental Health Trust to respond to in detail, as the warrant application process is not conducted by the MPS. However, I believe it would assist HM Coroner, by explaining the processes in place for securing police assistance in such matters.

The Mental Health Act 1983 (Codes of Practice), stipulate that responsibilities for arranging Mental Health Act Assessments lie with Local Authorities, who must ensure there are sufficient Approved Mental Health Professionals (AMHP) available to carry out their roles under the Act. This includes assessing patients to decide whether an application for detention should be made.

There are a number of elements the AMHP should arrange before a request is made to the police to conduct a Mental Health Act Assessment (MHAA). A request for police attendance is organised by the co-ordinating AMHP service submitting a Form 435A ('Requesting Police Help with a Mental Health Act Assessment') via the MPS Secure Forms Portal. Prior to accessing the form, the AMHP is provided with details of the information required to complete the form, ensuring sufficient detail is given to assist the MPS with their request. The information shared by the AMHP within the Form 435A enables the police to complete the necessary risk assessments and allocate resources. Following an escalation of risk by either the AMHP or the police, the matter can be escalated for a more urgent response provided by an Emergency Response Police Team (ERPT). Where the AMHP has reason to believe that someone is in imminent risk of endangering themselves or others, or they have an immediate concern for the individual's welfare, they are informed to telephone 999 immediately.

Where an immediate risk has not been identified, the AMHP responds to two triage questions confirming whether a warrant has been obtained and where the location for the assessment is. The AMHP is then requested to provide dates for the assessment to take place. The police from the relevant geographical area will review the request and search police indices for further information and intelligence about the individual to be assessed, and the location of the assessment. Within 48 hours of receipt of the request, the MPS will then contact the AMHP with a decision about police attendance. The assessment date and time is discussed and agreed with the AMHP depending on the information contained within the risk assessment. However, it is also dependent on the AMHP ensuring that all other elements are in place which could impact on the timeliness of the date of the MHAA.

The risk of harm will always be taken into account when assessing and prioritising these cases.

The current MPS policies and procedures governing the framework, operational and tactical guidance for Police Officers and Staff, were updated in May 2020. The guidance specifically assists Basic Command Unit Operations' Room Staff involved in the preparation and planning of warrants under section 135(1) and 135(2) of the Mental Health Act with responding to AMHP requests.

In the days leading to Mr Araujo's death his family became aware that he had made an online purchase of sodium nitrite which was to be delivered to his father's home. Despite raising these issues with Camden and Islington NHS Trust, the Metropolitan Police and employees of the post office there appeared to be no process available to the family to escalate their concerns to prevent delivery of this package.

The interception of communications (including postal services) is governed, in general terms, by the Investigatory Powers Act 2016, supported by the Codes of Practice associated with this

In summary, an authority obtained under this Act is only granted by the Secretary of State in circumstances defined by Code 4.10, and is necessarily limited to such matters as in the interests of national security and preventing or detecting serious crime. It is therefore

regrettable that there would be no lawful powers by which the MPS would have been able to intercept Mr Araujo's package.

The use of this and other lawful, unregulated substances and suicide kits to complete suicide is an issue that is being monitored nationally by police forces, the Home Office and the National Confidential Inquiry into Suicide and Homicide (NCISH). The MPS has direct communication with the NCISH on a frequent basis. Reducing access to 'means' is a key component in the prevention of suicide. Unfortunately, given the availability and accessibility of many other potentially effective methods, restricting access is likely to have limited success. Existing efforts to reduce the propensity of suicide ideation and suicidal behaviours are often preferable.

Additional Information

The MPS is committed to learning from deaths by suicide.

A dedicated team is developing a Suicide Prevention Policy Document and Toolkit. The publication of this policy is a key step in developing our co-ordinated strategy to suicide prevention. The policy intends to draw together information on suicide prevention, support services, risk indicators, contacts and best practice. A draft external Suicide Prevention Policy is due to be submitted through the MPS's internal policy development process. The policy will be accompanied by a toolkit providing easy to access guidance and advice, from signposting support services to identifying key partners.

An investigative standards document, which forms part of the toolkit, is under development and is designed as an easy to follow 'key points to consider' document for police first responders. This will enhance knowledge and understanding across the entire MPS and build on the additional guidance that is already used by some teams where death by suicide is considered higher risk.

The MPS Suicide Prevention Team is committed to improving the training and guidance available to all officers and staff within the MPS.


In Conclusion

I wish to express my condolences to the family of Mr Araujo. The MPS is committed to supporting all vulnerable individuals and working with other professionals to assist them in getting the appropriate help where necessary. The measures described above allow the MPS to focus on ensuring the appropriate exchange of information takes place to provide the MPS with a greater awareness of factors indicating a risk of suicide.

I trust this provides the reassurance that the MPS has considered the matters of concern you have raised.

Please do not hesitate in contacting me should you have any queries.

Yours sincerely




Deputy Assistant Commissioner