



Mental health and policing

Improving crisis care

Key points

- Too many people in mental health crisis have been detained in police custody when they need urgent mental healthcare instead.
- People with mental health problems are up to ten times more likely to become victims of crime than the general population.
- Close partnership working can prevent a crisis escalating and significantly improve an individual's wellbeing and recovery.
- The police and mental health providers need to clearly understand each other's legal powers, roles and responsibilities.
- Triage models should be locally determined according to context and need.
- More work is needed to support multi-agency information sharing.
- NHS commissioners need to work with providers to ensure that there are enough health-based places of safety.
- NHS commissioners should ensure that sufficient services are in place for 24/7 provision to meet local need.

Introduction

Across the country, police forces report increased contact with individuals experiencing mental illness. Around 50 per cent of detainees passing through police custody are said to have mental health problems;¹ 70 per cent of the prison population has one or more mental health conditions;² and detainees are at higher risk of suicide than the general population.³ Too many people in mental health crisis have been detained in police custody cells, when they need urgent mental healthcare and treatment instead.

This joint briefing by the Mental Health Network (MHN) and the Association of Chief Police Officers (ACPO) highlights emerging good practice to deliver improved care for people in mental health crisis. It demonstrates our organisations' commitment to the **Mental Health Crisis Care Concordat** ('the Concordat').⁴



Background

A number of reports influenced the development of the Concordat, including:

- an independent inquiry by Mind, which found variable access to crisis care services around the country⁵
- a joint review by Her Majesty's Inspectorate of Constabulary, Her Majesty's Inspectorate of Prisons and the Care Quality Commission (CQC), which highlighted the issue of people in crisis being detained by police officers and taken to custody cells, often because of a lack of capacity in the health system⁶
- the Independent Commission on Mental Health and Policing, which looked at cases where individuals had either died or been seriously injured following police contact⁷
- the CQC's 2014 *Review of the Mental Health Act*, which reported high levels of detention of people from BME communities and their over-representation on inpatient wards⁸
- the same CQC report, which highlighted that the number of people detained or treated under the Mental Health Act had risen by 12 per cent in the last five years.⁹

The Mental Health Crisis Care Concordat

Launched in February 2014, the Concordat commits national organisations to work together to support local systems across England to achieve systematic and continuous improvements in crisis care for people experiencing a mental health crisis.

There is a commitment for local Concordat partnerships to stop the use of police stations as places of safety, apart from in exceptional circumstances, and an ambition for a fast-track assessment process for individuals whenever a police cell is used.

The joint statement:

"We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

"We will work together, and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

"Jointly we hold ourselves accountable for enabling this commitment to be delivered across England."

“The number of people detained or treated under the Mental Health Act has risen by 12 per cent in the last five years.”

Mental health and policing

– ‘core business’

People with mental health issues can come to the attention of the police as witnesses, victims, suspects of crime or as members of the public. A survey of Metropolitan Police officers indicated ‘daily or regular’ encounters with victims (39 per cent), witnesses (23 per cent) and suspects (48 per cent) with mental health conditions, and 67 per cent of officers had encountered unusual behaviour attributed to drugs and/or alcohol.¹⁰

If undetected and unaddressed, mental health problems, like physical issues, can escalate and then account for a population which is over-represented in terms of police time. This includes repeat callers who are vulnerable, confused and distressed, as well as a small number who participate in acts of low-level crime and who end up in a high-secure unit or in prison as their health deteriorates.¹¹

The police are often the first public service to interact with an individual with mental health problems and can play a key role in directing people to appropriate health and social care services in a timely manner.

Places of safety

If the police have concerns that a person in a public place has a mental health crisis and requires immediate care or control in their own best interests or for the protection of others, that person can be taken to a place of safety for up to 72 hours, under the provision of the Mental Health Act (Section 136). The recent reviews of Section 135/S136 and the Mental Health Act Code of Practice contains key proposals to:

- amend legislation so that children and young people aged under 18 are never taken to police cells
- ensure police cells can only be used as a place of safety for adults experiencing a mental health crisis if the person’s behaviour is so extreme they cannot otherwise be safely managed elsewhere
- reduce the maximum length of detention under S135 and S136 to 24 hours from 72 hours, with the possibility of an extension if necessary
- expand the remit of Section 136 to apply anywhere except for private homes (for example, to include railway tracks).

People in crisis are often taken to custody cells because of a lack of capacity in the health system. NHS commissioners are required by the Mental Health Act to commission sufficient health-based places of safety to meet the demand in their area. A map of current services can be found on the **CQC website**. The Department of Health expects to see, by 2014/15, the use of police cells as places of safety reduced by 50 per cent from the 2011/12 figure.

Key statistics

Victims of crime

- People with mental health problems are up to ten times more likely to be victims of crime than the general population.¹²

Prevalence of people with mental health problems in contact with the criminal justice system

- Around 70 per cent of people in prison experience one or more mental condition.¹³
- People in contact with the criminal justice system are at higher risk of suicide than the general population.¹⁴
- In 2012/13, nearly two thirds of those who committed suicide within two days of release from custody had mental health problems.¹⁵

Children and young people

- Children and young people who end up in custody are three times more likely to have a mental health problem than those who do not.¹⁶
- Approximately 40 per cent of all young offenders reoffend.¹⁷

Places of safety

- In 2012/13 almost half (seven out of 15) of those who died in or following police custody had mental health problems.¹⁸
- In 2011/12 more than 9,000 people were detained under Section 136 and taken into police custody, while 16,035 were taken to hospital.¹⁹ In 2013/14 6,667 people were taken into custody.

Police and mental health providers – developing good practice

The support that different professionals give one another, particularly at the moment when people need to transfer from one service to another, can significantly impact on an individual's well-being and recovery. Close partnership working can prevent a crisis escalating and ensure that people get the right care and treatment they need.

In the following section we highlight some of the initiatives and examples of good partnership working between mental health and police services.

Triage pilots

Triage services are partnerships between NHS organisations and the police. Although the format of these vary, mental health nurses support police officers while they are on patrol and by providing telephone advice, assist officers when they are responding to emergency calls and give advice to staff in police control rooms.

In the nine pilots funded by the Department of Health, early findings suggest:

- better advice and support for officers, enabling officers to make an informed decision as to when they decide whether or not to detain a person in crisis
- immediate contact with mental health services supports people access to appropriate health-based places of safety instead of police cells
- appropriate and vital information sharing about individuals, to help keep them safe and get them to the right services, with a proper follow-up to check that they get the help they need
- the number of people being detained under Section 136 has dropped by an average of 20 per cent. The West Midlands has seen a 36 per cent decrease, and Oxfordshire a 38 per cent decrease.

Evaluation of the pilot schemes will be concluded in 2015.

In addition to the nine pilots, another 17 police forces in England and Wales are running a triage service.

Case study: Thames Valley Police working in partnership with Oxford Health NHS Foundation Trust

Thames Valley Police operates triage in Oxfordshire. A mental health professional and police officer work together seven days a week between 6pm and 2am. They are deployed to incidents within Oxford and can assist with incidents elsewhere by telephone.

One hundred and four 'Section 136s' have been averted between January and December 2014. Of those people who have been detained, a greater proportion have gone on to require further mental health support, with only a small number being discharged without the need for follow-up appointments.

The majority of cases involve individuals within their own home. Triage services are able to help, advise and provide important health-related intelligence to assist police officers in the quickest and most appropriate response to this vulnerable group of people.

Service user feedback has been positive and police officers have reported that since working with mental health professionals they are more confident in being able to effectively and appropriately manage incidents.

The formal evaluation of triage services could helpfully outline the key considerations for implementing different models across different populations and demographics.

“Close partnership working can prevent a crisis escalating and ensure that people get the right care and treatment they need.”

Case study: Hampshire Constabulary, Isle of Wight NHS Trust, Southern Health NHS Foundation Trust

Serenity (formerly 'Operation Serenity') continues to develop five strands of work:

Street triage

Serenity was the first police/mental health street triage to 'go live' in the UK, starting as a pilot on 1 November 2012. Since then, the following has been achieved:

- the use of s136 has reduced by 50 per cent
- the use of police custody as a place of safety has been completely eliminated
- the accuracy of s136 has risen from 20 per cent to around 75 per cent (percentage of s136 detainees 'converted' to an admission)

Police control room nurse

From January to April 2013, mental health nurses were placed in the police control centre during evenings and weekends (where evidence showed the highest number of mental health-related calls took place). Nurses (with access to data and with expertise in risk management) provided support directly to people in crisis, and advised police colleagues to provide the most appropriate response. Of 160 calls received:

- 2 per cent resulted in detention under the Mental Health Act

- 40 per cent of calls were resolved by referral to community services
- 32 per cent of cases prompted 'Hospital at Home' services.

Health commissioners are now preparing to embed this on a permanent basis.

Multi-agency training

All 3,500 frontline police officers across the entire Constabulary, as well as ward nurses, community nurses, fire officers, social workers, troubled families staff, police control room staff and academic guests, have now attended a one day training package on mental health crisis response.

Web-based 'crisis response' mentor

An innovative, web-based tool is about to be launched that provides responders with 60-second bursts of video that answers over 220 operationally critical questions so that responders can get it right in the exact moment they need to.

Integrated recovery programme

An innovative, joint approach between mental health practitioners and police is being developed to manage high intensity users of services. This technique is going to be academically assessed by the University of Brighton during 2015.

Case study: Street triage pilot – Devon Partnership NHS Trust and Devon and Cornwall Police

Devon Partnership NHS Trust provides a street triage pilot service to Devon and Cornwall Police (currently Devon area only). This service links with the liaison and diversion service providing a joint remit of a daytime liaison and diversion service and a night-time street triage service across Devon.

The street triage nurse is based within the police command and control centre to triage calls and provide telephone advice and information to police when they have a request for a call-out to a person that may have mental health issues. Where appropriate, the nurse will attend with police response units to carry out triage, screening assessment and give information and advice. This supports decision making and appropriate liaison, referral and signposting according to the identified need.

Alternative health-based places of safety

Health-based places of safety are usually located in a mental health hospital or an emergency department, but appropriately equipped and staffed care homes can also be used.

In October 2014 the Home Office announced a scheme to trial an alternative to police custody places of safety. The Richmond Fellowship, a voluntary sector organisation, will be exploring options with Sussex Police and Sussex Partnership NHS Foundation Trust to use alternative accommodation to police custody as a place of safety to take someone in distress for a mental health assessment.

Liaison and diversion services

The Department of Health announced in January 2014 an extra £25 million of funding for mental health nurses and other mental health professionals to work within police stations and courts. The funding supports trial sites to test a new model in liaison and diversion services to ensure quality is consistent across England regardless of where someone is based.

Following an assessment of a person's vulnerability, including mental health, the outcomes will be shared with police and the courts to inform charging and sentencing decisions. Individuals are supported to get earlier treatment and support with the aim of reducing re-offending, reducing health inequalities, improving physical and mental health, and increasing the effectiveness of the criminal justice system. Further to evaluation of ten trial sites. NHS England will roll out the model to an additional 13 schemes by April 2015. If a business case submitted to the Treasury in Autumn 2015 is approved, the model will be extended across England by 2017/18.

Mental health training

The Concordat recommends that each statutory agency should review its mental health training arrangements and agree priority areas for joint training between NHS, social care and criminal justice organisations. Many agencies are already delivering training to ensure consistent messages about legislation and agreed roles and responsibilities of each organisation. Some partners are working to improve awareness of the Mental Health Act and the rights service users, families and carers have when the Act is used.

Case study: Mental health and learning disability training – Northamptonshire NHS Healthcare Foundation Trust

Northamptonshire Healthcare NHS Foundation Trust has led the production of a mental health and learning disability training DVD for all involved agencies, including the courts, police, probation and social services. All agencies have recorded a ten-minute presentation about their agency's role and key information relevant to supporting people with mental health and learning disabilities. During induction and training sessions all agencies watch the mental health information clip alongside their own organisation's clip.

Case study: 'Safety in Mind' – South London and Maudsley NHS Foundation Trust, Metropolitan Police and London Ambulance Service

A new training DVD, funded by the Maudsley Charity, shows the story of a young man in mental health crisis, how the Section 136 process should work and the roles and responsibilities of each agency. To ensure the training is beneficial to all, the DVD demonstrates the extreme, with restraint being used and the role of each organisation within that process. The DVD is supported by Lord Adebawale, Professor James Reason, Professor Hugh Montgomery and others, who all contribute on the DVD.

Mental health partnership boards

Partnership boards are being established across the country, bringing together a range of professions (police, mental health services, local authority, A&E and ambulance) to support joint working to deliver improved outcomes for individuals in crisis. These groups bring together multi-agency experience to develop:

- strategic oversight
- operational responsibilities and processes
- effective processes
- clear care pathways.

They are increasingly the place where Concordat action plans are being agreed locally. Working groups often sit beneath the board and discuss in more detail any issues raised by multi-agency working and how to resolve these.

Information sharing

All agencies have a duty to share essential, 'need to know', information for the good of the patient and the safety of staff, so that the professionals or services dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or to others.

If the same person presents to police, ambulance or emergency departments repeatedly, all agencies should have an interest in understanding why and knowing how to support that person appropriately to secure the best outcome.

The Concordat says that within the requirements of data protection legislation, a commonsense and joint working approach should guide individual professional judgements.

Some have argued the need for national oversight and clarity about the health and criminal justice legal framework regarding confidentiality and disclosure, as legislation can appear contradictory for front-line practitioners working in different agencies. Where possible, service users can confirm in their crisis care plans or advance statements what information they would like to be shared with other professionals to support them to manage in the event of a crisis.

Case study: Improving service user experience – Lancashire Care NHS Foundation Trust and Lancashire Constabulary.

Lancashire Care NHS Foundation Trust and Lancashire Constabulary, in collaboration with the local authorities, have produced a series of **Mental Health Act information videos** to support service users, carers and staff understand the powers, roles and responsibilities within the Act and the safeguards for service users who are subject to the Act.

Police and mental health services have rolled out a service user feedback form as part of the Multi-Agency S135/136 Protocol. This supports understanding of service user experiences.

What is the 'need to know' information?

Alongside basic contact detail information for the individual and their carer/relative, 'need to know' information might include:

- whether the person is already engaged with his/her GP and/or mental health services and the name of the team and any involved professional
- whether they have a mental health crisis plan or other advance statements
- any clinical information, for example, prescribed medication, psychological therapy
- any presenting risk factors (for example, self-harm, suicide, physical aggression, confusion, impaired judgement, self-neglect, missing from home)
- any relevant health information, such as the person having diabetes.

(Taken from the Concordat.)

A grey area is how and what information can be shared between agencies to prevent a crisis occurring.

London is currently working towards a Pan-London Vulnerable Adult Information Sharing Agreement. So far the Metropolitan Police, NHS England and the London Borough of Havering have signed up.

Access

The Concordat has ambitions for mental health services to be available 24 hours a day, seven days a week. This might include a 24-hour local helpline staffed by mental health and social care professionals, GPs and other professionals, and for crisis resolution and home treatment teams to be accessible 24 hours a day, seven days a week.

The 2014/15 NHS Mandate contains a requirement for NHS England to ensure there are adequate liaison psychiatry services.²⁰

Case study: North West London Mental Health Transformation Strategy 2012–15

Eight clinical commissioning groups and two mental health trusts are working collaboratively to improve mental urgent assessment and care. Plans include:

- aligning mental health and primary care services between 8am and 8pm
- extension of home visiting for crisis resolution work providing 24/7 cover, 365 days a year
- simplification of the 'way in', with a single telephone number available 24/7, 365 days a year.

Preventing future crises

Close working between police and mental health services has led some areas to recognise that a number of people experience repeated crises, each of which requires a response from the police and other emergency services. Many of these people do not meet the criteria for acute inpatient admission and will benefit more from community-based support.

Appropriate transport

Improving the care experience for people in mental health crisis also involves the ambulance service. The Independent Commission on Mental Health and Policing in London²¹ highlighted different responses that ambulance services gave to physical medical emergencies compared to mental health emergencies, and that people with mental health problems were being inappropriately transported in police vehicles rather than an ambulance or health vehicle. To support parity of response, in April 2014, NHS ambulance services in England introduced a national protocol for the transportation of Section 136 patients. This provides agreed response times and a standard specification for use by clinical commissioning groups.

Following continued escalations by the three police forces operating in London, NHS London has appointed a project management company to review transportation involving mental health. This is with a view to working up a new solution to commission an appropriate service in the future.

Case study: Identified points of contact and access – Humber NHS Foundation Trust and Humberside Police

'Identified points of contact' within acute mental health and Humberside Police provide a prompt response for any partnership working issues raised by police officers and mental health staff.

Referrals from police are accepted into East Riding single point of access (mental health) service and crisis resolution and home treatment (CRHT). CRHT aim to prioritise requests made by police where they are in attendance with an individual who is presenting in a mental health crisis. This is to support officers on the ground with decision making and management of the situation, looking at alternatives to using S136.

Processes and communications are well established between police and CRHT, enabling 24-hour access to places of safety within health premises.

The police custody suite has only been used on three occasions within the last 18 months, this being to safely manage high levels of risk to others.

Case study: The London response

London NHS Strategic Clinical Networks have published their integrated strategy to improve mental health crisis care services in London.²² The strategy involves health, police, housing, social care, employment support and substance misuse and makes recommendations for commissioning standards. These include commissioning for:

- a 24-hour telephone helpline
- 24-hour psychiatric services in London A&E departments
- mental health crisis training for GPs, practice nurses and community staff
- crisis houses/residential alternatives
- 24-hour crisis resolution and home treatment teams, 365 days a year.

Case study: Neighbourhood project in Manchester

Greater Manchester West NHS Foundation Trust is working closely with Greater Manchester Police to improve the joint pathway for people with mental health crises.

The aim of the neighbourhood project is to reduce the frequency of repeat crisis calls by identifying this cohort and finding appropriate community-based support for them. Weekly meetings between the neighbourhood policing team and mental health practitioners:

- identify people with a history of repeat crises and emergency service contact (based on police and mental health information)
- provide training and consultation to improve the police capacity to recognise and engage with such people (particularly for police community support officers)
- identify local community resources and services that could provide support and a social network for people in this group.

The approach is based on the Recovery Model, which has found that service users often identify supportive social networks and access to meaningful activity as the key factors in maintaining good health. Evaluation is based on monitoring subsequent police and mental health contact (both planned and unplanned) and feedback from police and mental health practitioners and service users.

“Weekly meetings between the neighbourhood policing team and mental health practitioners identify people with a history of repeat crises and emergency service contact.”

Summary

NHS England's planning guidance,²³ published in late December 2014, draws attention to the Crisis Care Concordat and describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported. It also expects clinical commissioning groups to increase their spending on mental health services in 2015/16. These are encouraging steps and we look forward to seeing how the proposed commitments will be translated in practice to improve mental health crisis care services.

This briefing highlights some of the emerging good practice between the police and mental health providers. It demonstrates that by focusing on early intervention, partnership working can substantially reduce the number of people being subjected to mental health legislation. Benefits include:

- less distress for service users
- better use of professional skill mix
- cost savings for police, healthcare and local authority services
- improved signposting and provision of appropriate interventions for individuals.

For further information about the issues covered in this briefing, please contact Claire Mallett, Policy Manager, Mental Health Network, claire.mallett@nhsconfed.org or T/DCI Frankie Westoby, National Mental Health Policing Portfolio Staff Officer to Commander Christine Jones and MPS Mental Health Team, at frankie.westoby@met.pnn.police.uk

“By focusing on early intervention, partnership working can substantially reduce the number of people being subjected to mental health legislation.”

Our recommendations

- More work needs to be done to support multi-agency information sharing on the front line.
- NHS commissioners need to work with providers to ensure there are sufficient health-based places of safety to meet local demand.
- Commissioners need to ensure that sufficient services are in place for 24/7 provision to meet local need.
- The formal evaluation of the triage pilots should outline the key considerations for implementing different models of triage across different populations and demographics.
- The outcome of the Home Office pilot should inform the role the voluntary sector can play in providing alternative places of safety for individuals in crisis.

Key conclusions

- The police and mental health providers need to understand each other's legal powers, roles and responsibilities.
- Close multi-agency working, support and increased understanding of roles is essential, but professional boundaries need to be maintained at all times.
- Triage models will need to be locally determined according to context and need.
- Regular multi-agency meetings are needed to discuss interface issues, both strategic and operational.
- All parts of the care pathway need to be in place to support individuals to get the right therapeutic care when they are in crisis.
- Joint work needs to be developed between health and the police for repeat callers in crisis.

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The Mental Health Crisis Care Concordat:
www.crisiscareconcordat.org.uk

Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from across the statutory, independent and voluntary sectors.

We work with Government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

The Network has 72 member organisations, which includes 92 per cent of statutory providers (NHS foundation trusts and trusts) and a number of independent, third sector and not-for-profit organisations. Our membership also includes housing associations to reflect the link between mental wellbeing and safe, affordable accommodation.

For more information about our work, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

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