

Police and mental health

How to get it right locally





ASSOCIATION OF
CHIEF POLICE OFFICERS

As the National Policing lead for Mental Health and Disability, I really welcome this guide which offers practical advice to officers and staff when interacting with people with mental health problems, and provides examples of some of the innovative police practice from around the country. The findings and recommendations contained in the report *At risk, yet dismissed* highlight where police practice could be improved to better support and encourage victims with mental health problems to report crime; this guide is an excellent resource that can be used to support forces and partner agencies in developing their policies and practices to achieve this.

Chief Constable Simon Cole, National Policing Lead for Mental Health and Disability



The *Police and mental health* guide was first launched in 2010. This revised and enhanced guide builds upon an excellent must-read resource for both operational officers and managers. It contains highlights from enlightening new research (*At risk, yet dismissed*) as well as practical guidance that will enrich officers' knowledge and understanding, enabling them to be much more effective in their interactions with people with mental health problems. It contains examples of excellent good practice covering local initiatives, liaison and diversion, training and support schemes which can be emulated to ensure good practice towards mental health is rooted and routine in all areas of policing. I cannot recommend the guide highly enough.

**Kevin Huish, Custody & Mental Health Lead,
Police Federation of England and Wales**

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1 | Introduction

As a police officer, many of the people you deal with day-to-day will experience mental health problems. This guide will help you with these interactions in a number of ways:

- It explains why people with mental health problems may have difficulties interacting with the police.
- It provides practical advice to help you communicate effectively with people with mental health problems.
- It showcases existing good practice from around the country to help you think about how you might improve support for people with mental health problems in your area.

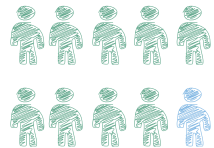
One in four people experience a mental health problem in any given year and many will come into contact with the police either as victims of crime, witnesses, offenders or when detained under Section 136 of the Mental Health Act. People with mental health problems are more likely to be victims of crime than others (see summary of *At risk, yet dismissed* research on page 6), and up to 90 per cent of prisoners and two fifths of those on community sentences have mental health problems.¹

As a police officer you have a crucial role in working with and supporting people with mental health problems. You may be the first to respond to urgent situations involving people with mental health problems, and have to make quick decisions to assess the situation as well as the needs of the individuals involved, ensuring their safety and that of the general public.

Number of people who experience mental health problems




Overall population




Prisoners



Community sentences

 general population

 people with mental health problems

Because of that, it is crucial that you can recognise and assist people with mental health problems, and are trained and supported to do so. But you do not need to be a mental health expert or tackle these issues alone. You will need to work with a wide range of agencies, such as health services and voluntary sector services, to ensure an appropriate response which meets the needs of individuals with mental health problems.

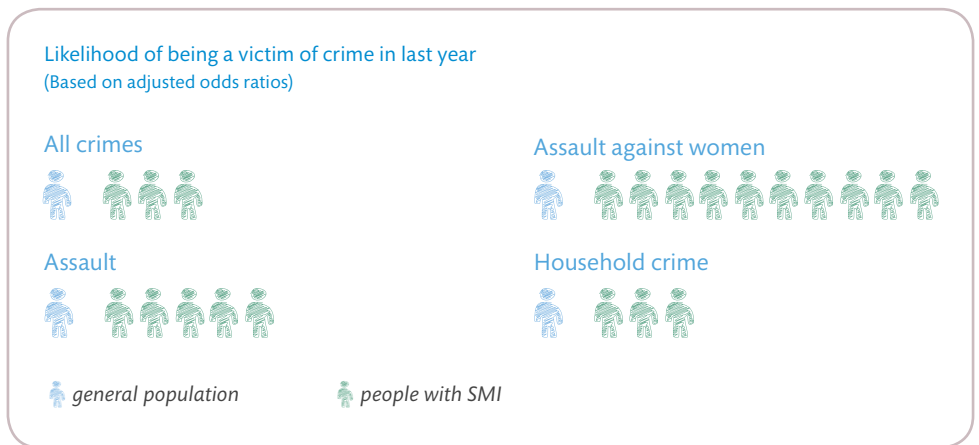
Engaging with the issue of mental health can seem daunting, but there are many examples of good practice from your colleagues in police forces across England and Wales to learn from. This guide, developed with the support of the Association of Chief Police Officers (ACPO) and the Police Federation, is designed to help and builds on a good practice resource produced by Mind, the mental health charity, in 2010. In particular this guide highlights people with mental health problems as victims of crime, a group which has not had enough attention. (For more information about working with offenders with mental health problems please see the resources from Together and Rethink Mental Illness listed in the 'Other guides and resources' section of this guide.)

2 | Key findings from *At risk, yet dismissed*

In 2013, we published the research report: *At risk, yet dismissed: the criminal victimisation of people with mental health problems*.² We surveyed a random sample of 361 people with severe mental illness (SMI) to find out if they had been a victim of crime, and interviewed a further 81 who had been a victim in the past three years to ask about their experiences of the criminal justice system and other relevant services.

The full report (available at www.victimsupport.org.uk/atriskyetdismissed) contains detailed information about the experiences of victims with mental health problems in court and with other services, as well as the impact that crime had on their lives.

- The survey found that people with SMI experienced very high rates of crime:
 - People with SMI were three times more likely to be a victim of any crime than those without.
 - People with SMI were five times more likely to experience assault than those without.
 - Women with SMI were ten times more likely to experience assault than those without.



- Victims with SMI are very vulnerable to repeat victimisation and to suffering different types of crimes. 43 per cent experienced more than one type of crime in the past year, and they were seven times more likely to experience three or more different types of crime in a year than the general population.
- The impact of the crime was much greater for victims with mental health problems. They were more likely to suffer social, psychological and physical adverse effects as a result.
- Victims with SMI did report their experience to the police but were much less satisfied with them and less likely to report fair or respectful treatment.

"I felt awful. I felt crushed to pieces, like my mental health deteriorated."

Victim of assault, burglary and rape

Positive and negative experiences of police contact

Interview participants told us about the quality of their interaction with the police, describing both positive and negative experiences, with many experiencing both on different occasions.

"The police were so nice and so supportive that I actually started crying. [The police officer said] 'Don't worry chap, we'll get an ambulance', and he touched me physically and calmed me, he didn't restrain me, but very gentle contact."

Male victim of assault and antisocial behaviour

"The police just wouldn't believe me. I was just starting to get this really horrible niggling feeling that you know, didn't matter what [police officer] was saying to my face but behind my back she was like, 'yeah, she's not right, you know, it's a bit dubious about her because she's under the mental health team'. And the fact that they weren't doing anything, I thought they're not taking it seriously."

Female victim of partner violence, antisocial behaviour, threats and harassment

The impact of getting a poor response was substantial for many participants and could exacerbate the distress they were already experiencing because of the crime. It could also mean they did not get the help they needed, or it prevented them from going to the police again in the future.

A number of key factors shaped the quality of these experiences:

1. Response to disclosure of mental health problems

When people disclosed a mental health problem, their experience was more positive if the police showed empathy and understanding, responded sensitively, and made reasonable adjustments where appropriate. Negative experiences included officers making insensitive or judgemental remarks, responding poorly to distress and not providing appropriate support for their needs once they became aware of them.

2. Being validated and taken seriously

Having experiences acknowledged, confirmed and believed was appreciated by participants. However, some had their experiences denied, challenged, or downplayed because of their mental health problem. Some said they felt blamed for the incident, for example being told that they must have done something to provoke the perpetrator or being told to change their behaviour after the crime, implying some culpability.

3. Receiving client-centred support

Being asked about their needs, being involved in decision-making and being kept informed was valued by participants. Having a named police officer as a main point of contact helped to foster a trusting relationship. However, many participants said that they were left in the dark about their case, including not being kept informed about progress, having difficulties with contacting police officers, not being aware of their rights, and receiving incorrect information.

4. Police taking appropriate action

Participants welcomed the police investigating crimes, collecting evidence, arresting perpetrators and supporting them with safety, as well as follow-up support such as receiving visits from Police Community Support Officers (PCSOs) after the crime. Many participants felt the police failed to take action, reporting a lack of investigating, inadequate or delayed responses, and police not pursuing the perpetrator or following up.

5. Joined up working

Participants wanted the police to liaise with other services – making contact with services already supporting them or putting them in touch with other services that could help, such as Victim Support. The effects of the crimes on their mental health sometimes left them feeling unable to make direct contact with services themselves. Unfortunately participants often described agencies working in isolation or being rapidly referred from one agency to the next and not being able to get the help they needed.

Factors that helped reporting

- Police being easily accessible, eg having a visible presence in the community.
- The influence of friends, family and professionals.
- The seriousness of the crime and its impact.
- A desire to protect others or prevent re-occurrence.

“I’ve told our community officer, these new PCs, they’re wonderful. They listen. He always pops in if he’s around to make sure everything is fine.”

Victim of antisocial behaviour

Factors that prevented reporting

- Having previously had a negative experience with the police.
- Fear of being blamed or not believed because they had mental health problems.
- Fear of being sectioned.
- The impact of the crime, for example feelings of shame or distress.
- Fear of, or loyalty to, the perpetrator of the crime.

“I thought well, last time they couldn’t do anything. [...] I just felt well, nothing come out of it after a serious assault, what’s the [point]?”

Victim of assault and theft from person

3 | Communicating effectively with people with mental health problems

When people with mental health problems come into contact with the police, it is likely that they will have already been through a distressing experience, which will often exacerbate their symptoms. They may also be wary about interacting with the police due to fear or previous negative experiences.

It is important that you can communicate effectively with them, in order to help them overcome their distress and to ensure that their case is dealt with appropriately.

These are the key things to remember:

1. Explain who you are, what your role is and what they can expect from you.
2. Acknowledge and respect how they are feeling.
3. Listen sensitively and actively.
4. Use responsive body language.
5. Use a calm and reassuring tone.
6. Ask short, simple and open questions.
7. Reflect back information and summarise issues to show you have been listening.
8. Be honest and transparent about what is going on.
9. Provide a named officer they can contact.
10. Provide regular updates on what is going on and why decisions have been taken.

How to help someone in distress

There are a number of basic rules that should help you to communicate effectively with people with mental health problems in distress.

- Present advice as a series of options rather than a command.
- Avoid focusing on negative options or language.
- Acknowledge a person's anger rather than trying to defend yourself – even if the anger is directed at you or your actions.
- Ask whether the person usually receives support from anyone and whether you can get in touch with that person for them.
- Refer to other services that could help the person (see the 'Other guides and resources' section at the end of this guide).

Tone and language

How you speak to someone in distress may have an effect on how they feel. You should consider how the other person will interpret the way you interact with them.

- Use a reassuring tone and display responsive body language – retain eye contact, nod and use utterances to show understanding.
- Listen sensitively – allow the person to talk freely and don't interrupt. If they cry or break down, let them express their feelings without rushing:
"Take your time; it must be difficult to cope with everything at the moment."
- Acknowledge how the person is feeling – but use statements that are neutral or supportive:
"I am very sorry that you have experienced this..."
"This sounds like an upsetting/a frustrating situation for you..."
- Validate and assure – you can tell them that many people also have similar experiences. If they have told you about a specific mental health problem you could say:
"Lots of people experience mental health problems."
"There are different types of support available which people find helpful."
- Avoid statements that may appear to belittle someone's feelings, like:
"You'll feel better tomorrow."
"Don't worry about it."

What should I do if the person becomes angry or abusive?

Occasionally people may become aggressive or threatening.

- Acknowledge the anger rather than trying to defend yourself, even if the anger is directed at you or your actions.
- If someone becomes offensive or abusive, then politely but assertively interrupt them to state that you find the language or tone unacceptable and request that they moderate their tone or language.
- Ensure that you give them a chance to stop being abusive or offensive so that the conversation can continue.

What should I do if the person is experiencing hallucinations and delusions?

- Remember that these events are real for that person and can be very frightening and distressing for them.
- Do not dismiss, minimise or argue with the person about their hallucinations and delusions.
- Communicate that you understand and accept that they experience these events but do not pretend that you experience them too.
- Where possible, show that you empathise and understand some of their feelings, for example if they are experiencing anxiety.
- Communicate in an uncomplicated and succinct manner, repeating things if necessary.
- After you communicate something allow plenty of time for the person to process the information and respond.

4 | Local examples of good practice

Many police forces around the country are running positive and innovative schemes to improve the way they interact with and support people with mental health problems in their communities. We have included a range of these schemes in this guide to show you practical ways you can improve the support you provide and to inspire new schemes and approaches.



Third party schemes

An important way to build public confidence in the police is to facilitate effective third party reporting schemes. Victims and witnesses with mental health problems can be reluctant to report crimes directly to the police owing to fear, mistrust or negative past experiences. Third party reporting helps overcome this barrier, increasing reporting rates, making your job easier and improving community safety.

Tower Hamlets Council introduced a third party reporting scheme after the *Stephen Lawrence Inquiry Report* highlighted a need for independent reporting sites for racially motivated crimes. However, the scheme now aims to encourage reporting by all victims who may be reluctant to contact the police directly, including people affected by racial and faith hate incidents, disability hate crime, age-related incidents, crime against gypsies and travellers, newcomers and crime against the lesbian, gay, bisexual and transgender communities.

The Third Party Reporting Centres are located in a number of community organisations across the borough, including some disability-specific organisations. Reports of crime can be forwarded to the police and/or council, if requested.

Local Minds across Cumbria function as third party reporting centres, which can liaise with the police to help identify and investigate crimes against people with mental health problems.

Outcomes

- People with mental health problems more likely to report crimes.
- Improved links and relationships between police and local services.

Appropriate Adult schemes

In some areas, local mental health organisations are commissioned by local authorities and health services to provide the Appropriate Adult scheme in police stations. Appropriate Adults have the right skills to support individuals and help ensure productive interviews.

Proactive engagement with these schemes will ensure you have independent expertise on hand when required and can create enduring beneficial relationships with the mental health community.

Hillingdon Mind provides the Appropriate Adult scheme for Hillingdon Police. A team of 25 volunteers responds to calls every day of the week, whenever an adult with mental health problems or learning disabilities is arrested. The volunteers also respond to calls to assist victims and witnesses with similar needs. In 2012-13 the team responded to over 260 calls and spent over 600 hours in police custody suites supporting people.

Hillingdon Mind also feels that local police officers' attitudes have changed substantially as a result of contact with the scheme.

Outcomes

- More productive custody interviews and investigation process.
- Support to handle distressed detainees appropriately.



Voluntary sector placements

A simple and low-cost way to improve police understanding of mental health is to arrange voluntary sector placements for student officers or probationers. Direct contact with mental health service users is hugely beneficial for individual officers – and the wider knock-on effects for positive police and community relations are invaluable.

In Northamptonshire, **Rushden Mind** has an arrangement to host around six police trainees per year, who muck in like regular volunteers for one or two days. After the placement the trainees make a presentation to the rest of their class, to share the learning. All the trainees have reported they learn more with the local Mind than in formal training.

“Our service users and the trainee police officers find these meetings enjoyable and it definitely helps promote better mutual understanding.”

Rob Aston, CEO Rushden Mind

In **Essex**, all student police officers complete community placements, including placements at local mental health organisations. The three-day placements are an opportunity to shadow staff, get to know service users, and become familiar with their experiences and concerns. Officers receive feedback from the placement providers and record their learning in a log. They also present to other student officers about their experiences so that this learning can be shared.

Cumbria Constabulary has placed student officers with local disabled groups. This was considered by the police and the groups to be highly successful. It allowed the groups’ members to meet police officers and build confidence through being able to speak to and approach them. It also provided police officers with an insight into different types of disability which in turn gives them the confidence to communicate and engage with people with a disability.

Outcomes

- Improved understanding of mental health among officers.
- Improved relationships between police and local services and service users.

Surgeries and drop-ins

Mutual mistrust between the police and people with mental health problems can often prevent effective policing – victims and witnesses are reluctant to come forward, while incidents involving offenders or people in crisis can easily escalate. Setting up regular police surgeries or dropping in to existing support groups at local voluntary organisations can help overcome these barriers.

This can be built into regular working patterns as an essential part of community engagement, particularly for officers working in Safer Neighbourhood teams.

Dorset Mind runs 'Mind Out', a service for lesbian, gay, bisexual and transgender people with experience of mental health problems.

Police officers regularly attend sessions to give crime prevention advice, improve relations, and encourage reporting of any incidents.

"We have officers coming in every week and some have built up great personal relationships with many of our service users. They really are a friendly face, which helps people feel safer."

John Hyde, Dorset Mind

"Dorset Police understands that engagement with the Dorset Mind group is extremely important, so our local Safer Neighbourhood officers attend on a weekly basis to offer support and get involved in group activities. This has enabled us to break down barriers resulting in increased confidence and increased reporting of crimes, incidents and intelligence gathering."

Sergeant Anna Harvey, Dorset Police

Outcomes

- Higher reporting rates.
- Increased community confidence in the police and better community intelligence gathering.



Support card schemes

When someone with a mental health problem comes into contact with the police, either as a victim, witness or suspected offender, they may often be in acute distress. This can make it difficult to communicate effectively with them or assess any additional support needs, which can escalate a crisis situation further.

Lancashire Constabulary has developed the 'E Card', an emergency information card, which aims to assist people with disabilities to communicate with police or other emergency services. It is credit card sized and has space for the person's name and photo, medical condition, details of an emergency contact person, and other useful information such as communication needs or requirements in an emergency. The E Card is free of charge and distributed via various channels including NHS mental health teams and **Chorley South Ribble** and **Blackburn Mind**.

Around 10,000 people are already making use of the E Cards and they continue to prove popular with individuals and other support services across Lancashire.

Outcomes

- Upfront information about potential support needs of victims, witnesses or offenders.
- Officers better equipped to respond effectively and appropriately.

"I have been told face-to-face by people with experience of mental distress that the E Card has given them more confidence that if they come into contact with the police, they will receive a more understanding, patient and equal service because they have something that they can present to police officers."

PCSO James Holland,
Lancashire Constabulary



Innovative practice: The Public Psychiatric Emergency Assessment Tool

Karen Wright and Ivan McGlen, researchers from the **University of Central Lancashire**, have worked with **Lancashire Police** to develop a tool for police officers to use when assessing the immediate needs of people in mental health crises who are presenting a risk to themselves or others in a public place.

The **Public Psychiatric Emergency Assessment Tool (PPEAT)** acts as an aide-mémoire for officers based on the ABC tool commonly used in first aid. It is a credit card sized card for officers to have with them at all times, and a training pack to support its use has also been developed.

The ABC tool prompts officers to make an accurate record of information from a range of observations and thereby provide a structured, meaningful and non-judgemental account of a situation to mental health professionals receiving the individual at a place of safety. This in turn supports mental health professionals to make informed assessments and to try and ensure that appropriate and sensitive interventions happen for the person experiencing mental health problems.

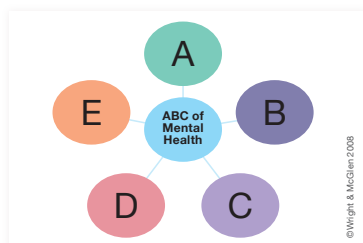
This method has since been incorporated into emergency department, paramedic and pre-registration nursing training in Lancashire. The researchers recently trained a number of police officers in the capital with a view to rolling this out to all London Metropolitan Police officers.

Outcomes

- Officers have a standard procedure to follow which increases confidence and consistency.
- Improved communications between police and health services.

“As police officers, we have powers under the Mental Health Act to detain people. We should take a structured and professional approach in our use of those powers for the benefit of the person we are dealing with.”

**Inspector Dave Croll,
Lancashire Police**



- A Appearance and atmosphere:** what you see first including physical problems such as bleeding.
- B Behaviour:** what individuals in distress are doing, and if this is in keeping with the situation.
- C Communication:** what individuals in distress say and how they say it.
- D Danger:** whether individuals in distress are in danger and whether their actions put other people in danger.
- E Environment:** where they are situated, and whether anyone else is there

Joint working between the police and mental health services

Leicestershire Police have two officers based in a local hospital, where the psychiatric unit is located. They work with patients and staff at the unit to deal with incidents occurring on the ward, such as patient assaults or thefts. Once a month they run a beat surgery called 'Cuppa with a copper' where patients can access the officers and have the opportunity to share concerns, report incidents or gain advice.

Being based at the hospital has helped to improve multi-agency working between the police and mental health professionals, fostering trusting relationships and providing opportunities for effective information sharing. The police officers and mental health professionals collaborate regularly on issues of safeguarding, for example working together to try to ensure that a patient remains safe and supported when they return to the community.

The officers also provide training and guidance to student officers and are a single point of contact and expertise on mental health for other officers in the force. The initiative has helped to break down barriers and build positive relationships between mental health patients and the police, particularly for those patients whose only previous contact with the police was when being detained under Section 136 of the Mental Health Act, something which can be very distressing.

"It's been a really good step forward for the police. We have broken down a lot of barriers and improved relationships with both patients and mental health staff. Being based at the hospital gives patients reassurance and peace of mind. We make ourselves available, work hard to build relationships, take appropriate actions when necessary and offer support. This gives patients reassurance and demonstrates that we take them seriously."

PC Karl Rudham, Leicestershire Police

The Triage Car is an innovative partnership between Leicestershire Partnership NHS Trust and Leicestershire Police which aims to provide mental health care as soon as possible and potentially reduce offending. Running since January 2013, it sees mental health nurses accompany police officers to incidents where members of the public are in some form of mental health crisis and gives expert advice to police officers on the spot. The scheme aims to avoid people with mental health problems being detained in the wrong environment, and helps to make sure people receive the treatment they need. It can also reduce demands on police time.

Since the pilot started, the Triage Car has seen a reduction in the number of people detained under Section 136 of the Mental Health Act by around 40 per cent, and is saving the partner organisations at least £9,700 a month. The triage scheme is now being rolled out to several other police forces with funding from the Department of Health.

“We have prioritised the way we deal with people with mental health issues for several years, working constructively with our partners in Leicestershire Partnership NHS Trust, the probation service and University Hospitals of Leicester NHS Trust. The results are providing a better service to people with mental health issues and the wider community, while reducing the demands on police and saving money.”

Chief Inspector Pete Jackson, Leicestershire Police

Outcomes

- Improved relationships and joint working between the police and local services.
- Individuals getting rapid access to support from police or health services.
- Increased confidence and understanding for police and service users.



Award-winning blog: Mental Health Cop

Mental Health Cop is the award-winning blog from Inspector Michael Brown of **West Midlands Police**. He set up the blog in 2011 to provide an online space where police officers could access clear and reliable advice and information on how to deal with incidents involving people with mental health problems. The blog is a mixture of professional guidance; awareness raising for service users, their families and other professionals about the role of the police; and part “polemic” about how “we could all contribute to doing this better”.

The blog contains over 350 articles on issues ranging from the detention of people under the Mental Health Act, the victimisation of people with mental health problems, to the mental health of police officers themselves, and it also signposts readers to other useful resources.

The blog, which won the **Mind Digital Media Award** in 2012, has thousands of followers including police officers, health and social care professionals, campaigners, charities and service users and encourages communication and collaboration across different agencies. The blog can be accessed here: www.mentalhealthcop.wordpress.com

“I set out to support frontline police officers with information to help them make better decisions about their responses to crisis events and I know that several police forces have linked their intranets to the blog as operational guidance and training material. But I have been delighted to find the blog has far wider appeal – I know from emails and comments that it has been useful to paramedics, all kinds of mental health professionals and to relatives or carers, but most importantly to service users who have been able to use this information to assert their legal rights to treatment and care. That is the most important thing to me.”

Inspector Michael Brown, West Midlands Police and mental health blogger

MentalHealthCOP

A VENN DIAGRAM OF POLICING, MENTAL HEALTH AND CRIMINAL JUSTICE

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LATEST POST



Parliamentary Debate

POSTED BY MENTALHEALTHCOP - NOVEMBER 28, 2013

On Thursday 28th November 2013, the House of Commons discussed policing and mental health issues in a backbench debate. Brought by cross-party trio of MPs it lasted for 90 minutes in Westminster Hall and covered all of the major subjects of significance. Due credit should absolutely be given to Madeleine MOON (Labour MP for Bridgend), James ... [Continue reading](#) =

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FEATURED POSTS



SCOOP IT! – Policing, Mental Health and Criminal Justice

POSTED BY MENTALHEALTHCOP - AUGUST 15, 2013 - [LEAVE A COMMENT](#)

I have found a new social media toy to play with and I think it's quite exciting as it will supplement what I already do and save me some time, if I've understood it correctly – Scoop It! It turns out that far more people have heard of this than I realised(!) and are already ... [Continue reading](#) =



PARAMEDIC SERIES: Introduction

POSTED BY MENTALHEALTHCOP - MARCH 3, 2013 - 11 COMMENTS

This is the first in the PARAMEDIC SERIES of blogs. To see all of the others, refer to the index: There was a recent suggestion by a Police and Crime Commissioner of physically siting police and fire services in the same buildings to facilitate greater interoperability and overlap in the use of equipment / resources. ... [Continue reading](#) =



The Mind Awards – We Won!!

POSTED BY MENTALHEALTHCOP - NOVEMBER 19, 2012 - 25 COMMENTS

Right!! – I recently started drafting a post, to be ready for next week – the one year anniversary of the blog. Given unexpected developments on the South Bank in London last night, I'm going to bring it forward slightly and combine it with a celebration of the blog's first major, national recognition at last ... [Continue reading](#) =

ADDITIONAL THOUGHTS

THE MARK HANSON DIGITAL MEDIA AWARD: On Monday night at the British Film

THE MARK HANSON DIGITAL MEDIA AWARD WINNER

This blog is one part professional resource for police officers, one part awareness raising for service users, their families and other professionals about the role of the police as 'street corner psychiatrists'; and one part polemic that we could all contribute to doing this better: by ensuring community for those who live with mental health disorders and, all too often, with stigma.

It is about the venn diagram of policing, mental health and criminal justice.

MENTALHEALTHCOP



THE ADEBOWALE REPORT



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2012 DIGITAL MEDIA AWARDS



Media Award Winner 2012



THE GUARDIAN PROFILE

Training initiatives

There are a number of exemplary training programmes across the UK helping police officers to work better with people with mental health problems.

Humberside Police has completed Mental Health First Aid Training (MHFA) specially devised and delivered by **Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)** in partnership with **NHS North Lincolnshire**.

The half-day training gave officers information to raise their awareness and understanding of the needs of people with mental health problems and how to offer them support. Officers were also provided with an overview of local mental health services to encourage better understanding and improve collaborative working between the police and mental health services.

“MHFA helps to remove the fear and myths relating to mental health and gives people the confidence to deal with someone who may be experiencing distress. The feedback from police officers is that they found it extremely beneficial – professionally and also personally.”
Carol Duff, Intensive Community Therapies Team Leader, RDaSH

Dyfed Powys Police and **Hywel Dda Health Board** collaborate in training police officers in mental health awareness. Student officers complete a day's MHFA training delivered by staff at the local acute psychiatric ward, followed by a placement within local mental health facilities or at a relevant voluntary sector organisation. This provides officers with the opportunity to interact with service users and gain a better understanding of their experiences and needs. It also encourages closer working relationships with mental health services and community services.

Police Community Support Officers (PCSOs), Custody Officers and staff also attend a half day MHFA training and all officers (up to and including the rank of Inspector), PCSOs and Special Constables complete an e-learning package – *Mental Ill Health and Learning Disability Awareness* – written by the College of Policing.

Essex Police has developed a one-day mental health awareness training course that all police officers are required to complete. The training aims to raise awareness and improve the confidence and expertise of officers. It provides an overview of the different types of mental health problems, identifies the sorts of behaviour which might indicate

that someone has mental health problems and explains how to deal with crisis situations, such as suicide or psychotic events. The training provides police officers with the opportunity to reflect on their personal attitudes towards mental health problems and evaluate their professional approach.

“The day after I received this training I attended a call to someone with bipolar. The training I received really helped inform my approach and helped resolve the situation far better than other similar calls I have attended in the past.”

Participant in the training

The force is also currently looking at developing a DVD which will include interviews with service users talking about their experience of having mental health problems and how they would like to be treated when in distress or crisis. The aim is to also clarify some of the complex areas around mental health legislation, provide a better understanding of roles and responsibilities within mental health services, and encourage more effective multi-agency working.

Student officers at **Suffolk Police** receive training input from Dr Brendan O’Mahony, an experienced forensic psychologist and Registered Intermediary. The training looks at how impaired cognitive functioning (eg thinking, attention, memory and anxiety) caused by mental health problems can impact on their interaction with the police, focusing mainly on police interviews. Students also learn about the function of the Registered Intermediary and how the intermediary is a special measure available for people with mental health problems.

Outcomes

- Officers have a better understanding and increased confidence around mental health.
- Officers gain practical skills for dealing with people with mental health problems.



Places of safety schemes

The police have powers under section 136 of the Mental Health Act 1983 to take individuals who are suffering from mental health problems in a public place to a 'place of safety' for their own protection or the protection of others.

Legislative codes of practice state that police stations should only be used in "exceptional" circumstances. However, a recent joint inspection carried out by Her Majesty's Inspectorate of Prisons (HMIC), the Care Quality Commission and Healthcare Inspectorate Wales, found that in 2011-12 more than 9,000 people were taken into police custody under section 136. In 81 per cent of the 70 cases investigated in detail, the most frequent reason for detention was the perception of a risk of suicide or self-harm.³

People detained in police custody under section 136 are subject to the same processes and procedures, and kept in the same style of cell, as those arrested for crimes. These cells are not equipped to support the needs of those with mental health problems. The continued use of police cells as places of safety diverts police resources from fighting crime and criminalises people with mental health problems, potentially causing further distress.

West Midlands Police and **NHS West Midlands** delivered health-based place of safety solutions for those detained under section 136 in between September 2010 and April 2011 for all Primary Care Trust (now Clinical Commissioning Groups) areas. This involved ground-breaking use of the Ambulance Service, agreed pathways into A&E services for those who required them and a comprehensive protocol which has become a model of national practice. This programme has resulted in over 95 per cent of people detained by West Midlands Police under the Mental Health Act accessing NHS services rather than being detained in a cell.

"We estimate that these programmes have in effect delivered the equivalent of 50 police officers' time back to frontline duties because processes are either far faster or do not necessarily involve the police remaining with patients and staff where it is not necessary."

Inspector Michael Brown, West Midlands Police

Prior to publishing their first force-wide mental ill health policy, **Greater Manchester Police** gathered support from partner agencies as part of a consultation recognising that responding to vulnerable people requires good partnership working. Multi-agency task and finish groups were established to resolve highlighted issues and to agree 'best practice' ways of working. For example, whilst there were already health-based places of safety available in each of their divisions, in order to avoid stigmatising people with mental health problems by conveying them to hospital in police vehicles, the Ambulance Service agreed to reduce their response times so people are conveyed with dignity, with police support when required. Over 34 agencies were consulted prior to the force policy being published and the joint approach to resolving identified issues helped in the successful implementation of the policy and new ways of working.

Outcomes

- Police forces are better equipped to support people experiencing a mental health crisis.
- People experiencing a mental health crisis are directed to appropriate support.



Effective multi-agency working

The Ealing Community Multi Agency Risk Assessment Committee (MARAC) is a meeting where information is shared on complex/high risk cases between various local stakeholders including the police, social services, housing, mental health services and voluntary sector agencies.

Jointly chaired by the Metropolitan Police Service and Ealing Council's Safer Communities Team, the monthly meetings provide the opportunity for sharing relevant information about victims, witnesses and perpetrators. This enables agencies to discuss options for increasing the safety of the victims and witnesses and addressing perpetrators' behaviour, turning this into a coordinated action plan which is then regularly reviewed to ensure progress.

Any agency can refer a case to the community MARAC and the lead from the referral agency is then responsible for keeping victims and witnesses informed of progress, ensuring that other agencies carry out agreed actions and keeping the panel up-to-date on the progress of the case. The meetings enable effective multi-agency working and communication, and improve accountability and encourage innovative ways of working. Owing to the success of the community MARAC in Ealing, this model is now being rolled out to all North West London boroughs with a view to establishing it across the London Metropolitan Police Service next year.

"The group really does try to 'look out' for the victims and/or potential victims. We can issue actions to a number of partner agencies and organisations, all with a view to safeguarding vulnerable adults and protecting the community. Accountability is key and actions set are reviewed at the following meeting, to ensure plans set in place are progressing and risks are minimised."

Chief Inspector Dan Thorpe, Joint Chair of Ealing Community MARAC

Outcomes

- Effective multi-agency working between police, health services and voluntary sector.
- Comprehensive and joined-up support for individuals with mental health problems.



Working in partnership with voluntary sector organisations

Greater Manchester Police has collaborated with the charity **Self Help Services** on a pilot project called The Sanctuary. Launched in September 2013 and funded by the Greater Manchester Police and Crime Commissioner and a local mental health trust, The Sanctuary is an 'overnight, every night' service providing a place of safety and support to adults feeling at crisis point and living with mental health problems.

With their consent, the police can refer people to the scheme and the local ambulance service has agreed to transport them there. At The Sanctuary they receive assistance from experienced staff and volunteers with personal experience of mental health problems who provide a range of support including a space to talk and help with coping after the initial crisis. The Sanctuary has space for up to five clients at any one time and also offers support over the phone and signposting to other services. The pilot is being evaluated by The University of Manchester.

Greater Manchester Police also works in partnership with **Samaritans** and is currently trialling a new scheme which enables officers to refer people (with their consent) who have social support needs, including mental health problems, not considered high enough to meet the criteria for social services support. The Samaritans then work with the person to put together a care plan so they can provide them with emotional support when they feel most vulnerable. This scheme provides police with another care pathway, helps to free them up to focus on other work, and ensures that vulnerable people receive support appropriate to their needs.

Outcomes

- Officers have confidence in referring people with mental health problems on to other services.
- People with mental health problems access good support after contact with the police.

Improving support for people with dementia

In March 2012 the Prime Minister launched the Dementia Challenge⁴, a programme of work designed to deliver major improvements to the lives of people with dementia, their families and carers, building on the National Dementia Strategy.⁵

One of the key areas of the challenge was creating dementia-friendly communities which would enable people living with dementia to remain independent for as long as possible, and to have choice and control over their lives through all stages of their illness. This requires involvement from a range of organisations including the police, and the Association of Chief Police Officers (ACPO) is a member of the Dementia Friendly Communities Champion Group which is working with the Alzheimer's Society and the Dementia Action Alliance on this programme of work.

The Alzheimer's Society has been delivering dementia awareness training to officers from the **West Yorkshire Police** force. A number of neighbourhood policing teams in the Leeds area and elsewhere have received the training which outlines what dementia is, the different types of the illness, what it means for people who have it, why people with it behave in the way that they do and how it impacts on the lives of those living with the illness, their carers and families. It aims to increase awareness and knowledge among officers so that they are able to understand the signs of dementia and how they might best support and interact with someone who has it.

Police officers valued the training input saying that it provided them with the opportunity to ask questions, discuss recent experiences and consider how they might have dealt with these more effectively. There is already some early evidence that officers are dealing with situations involving people with dementia differently since attending one of these sessions. This work is part of the Dementia Friendly Communities Programme.

Neighbourhood Return has been set up as a first response service to help address the issue of people with dementia getting lost, by recruiting a network of volunteer searchers across the country. The scheme aims to find missing people quickly and reduce their risk of harm, and provides carers with greater peace of mind and builds community support for people with dementia.

When a person with dementia goes missing, volunteers are contacted and will go out and search for them. Volunteers liaise with the police where appropriate (for example where someone is deemed to be at particular risk) and the police will take over the search if the missing person cannot be found in the first few hours.

It was created by the **Oxford Health NHS Foundation Trust**, in collaboration with **Oxfordshire Police** and a number of other voluntary and statutory agencies, and is now part of the **Neighbourhood and Home Watch Network (NHWN)**. Having received funding from the National Lottery Silver Dreams Fund it now operates in Oxfordshire, Buckinghamshire, Berkshire, Milton Keynes, Northamptonshire and Waltham Forest. If additional funding can be secured, it is hoped that it will be rolled out to other areas of the country.

Outcomes

- Improved understanding of dementia among officers.
- More appropriate and understanding support for people with dementia.



Appendix 1 | Glossary of mental health terms

Advocacy

Process of supporting and enabling people to express their views and concerns, access information and services, it defend and promote their rights and responsibilities and explore choices and options.

Aftercare services

For patients who have been detained because of their mental health and for those on Community Treatment Orders.

Anxiety disorders

People with anxiety disorders find it difficult to control their worries. Their feelings of anxiety can be strong, constant and enduring when there is no real threat, and this can interfere with their everyday life. They may also have panic attacks.

Bipolar affective disorder

A mood disorder once known as manic depression, it involves severe mood swings (high/manic episodes and low/depressive episodes) that are far beyond what most of us experience in everyday life.

Care coordinator

A named individual who is designated as the main point of contact and support for a person who has a need for ongoing care. This can be a nurse, social worker or other mental health worker; whoever is deemed appropriate for the person's situation.

Child and Adolescent Mental Health Services (CAMHS)

NHS-provided mental health services for children and young adults, up to school-leaving age.

Community Mental Health Team (CMHT)

Supports people with mental health problems in the community. CMHT members include community psychiatric nurses (CPNs), social workers, psychologists, occupational therapists, psychiatrists and support workers.

Community Psychiatric Nurse (CPN)

A nurse who specialises in mental health, and can assess and treat people with mental health problems.

Crisis House

Crisis houses offer intensive short-term support, allowing people to resolve their crisis in a residential (rather than hospital) setting. Referrals can be made by CMHT or crisis resolution and home treatment teams. Some crisis houses allow people to self-refer.

Crisis services

Mental health crises include suicidal behaviour or intention, panic attacks, psychotic episodes or other behaviour that seems likely to endanger oneself or others. Crisis services provided by the NHS and local social services respond to these types of situations.

Crisis Team/Crisis Intervention Team

Mental health professionals whose job is to work with people with mental illness who are experiencing a crisis. The aim of the team is to bring about a rapid resolution of the problem and prevent admission to hospital.

Crisis Resolution and Home Treatment (CRHT) Team

Consists of mental health professionals with the aim of providing people with the most suitable, helpful and least restrictive treatment possible, in order to prevent or shorten hospital stays.

Dementia

Dementia is not a specific disease. It is an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.

Depression

A term used to describe a range of symptoms, characterised by very low mood, which doesn't go away quickly and which interferes with everyday life. It can include feelings of hopelessness, low self-esteem, lethargy and sleep problems, and suicidal thoughts.

Guardianship

Where a local authority, friend or relative is appointed to make decisions on behalf of a person with mental health problems to protect their welfare or that of other people.

Independent Mental Health Advocates (IMHA)

IMHAs provide information on rights that a person has under the Mental Health Act. Information on IMHAs and how to contact them should be given to a person if they are admitted to hospital or accepted into guardianship.

Mental Capacity Act (2005)

Legislation aimed at protecting and providing a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. 'Capacity' is the ability to understand and take in information, weigh up the relative pros and cons and reach a sensible decision about the issue.

Mental Health Act (1983)

Legislation governing the compulsory admission and treatment of people with mental health problems in England and Wales. People are usually admitted to hospital as informal patients, meaning they have agreed to go. Compulsory admission may occur when someone has severe problems that pose a risk to them or others.

Mental health crisis

An acute or very severe episode of mental distress requiring urgent support. This includes suicidal behaviour or intention, panic attacks and extreme anxiety, psychotic episodes (loss of sense of reality, hallucinations, hearing voices) or other behaviour that seems out of control and that is likely to endanger them or others.

Panic attacks

Sudden unpredictable and intense attacks of anxiety and terror which are often accompanied by unpleasant physical symptoms such as trembling, shortness of breath and dizziness, often resembling a heart attack.

Personality disorders

Personality disorders involve patterns of thinking, feeling and behaving that are more difficult to change and people can experience a more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Psychiatrist

A medically trained doctor who specialises in mental health problems and is trained to deal with prevention, diagnosis and treatment and can prescribe medication.

Psychologist

A professional who is interested in how people think, act, react, interact and behave. Psychologists who have undergone specialist training in the treatment of people with mental health problems are called clinical psychologists.

Psychotic disorders

These involve distorted awareness and thinking. Symptoms can include agitation, over-activity, lowering of inhibitions, over-familiarity, sleeplessness and irritability. Hallucinations (hearing, smelling, feeling or seeing something that isn't there) and delusions (unlikely beliefs that are held despite evidence to the contrary) are common symptoms.

Registered Intermediary

These professionals are recruited and accredited by the Ministry of Justice. Their details are recorded on the Intermediary Register. They assist vulnerable victims and witnesses with communication and understanding so they can give their best evidence.

Schizophrenia

A psychotic disorder which affects how people think, feel, behave and how they perceive their own intense thoughts, ideas and perceptions. It can develop slowly and people may become withdrawn, lose interest in things and possibly have angry outbursts. They will often have symptoms of psychosis.

Sectioned

When someone is admitted, detained and treated in hospital under compulsion. The legal authority for admission to hospital comes from the Mental Health Act, usually because of an inability or unwillingness to consent. It refers to the use of a 'section' or paragraph from the Mental Health Act as the authority for detention.

Service user

Someone who uses or has used services related to their mental health.

Appendix 2 | Organisations and helplines

Mind Infoline • 0300 123 3393 • info@mind.org.uk

Information on types of mental health problem, where to get help in your area, medication and alternative treatments, advocacy.

Mind Legal Line • 0300 466 6463 • legal@mind.org.uk

Legal advice on mental health, mental capacity, community care human rights and discrimination/equality.

Victim Support • 0845 30 30 900 • www.victimsupport.org.uk

Free and confidential help to victims of crime, witnesses, and anyone else affected across England and Wales.

Samaritans • 08457 90 90 90 • www.samaritans.org

Support and advice for people experiencing a crisis.

Alzheimer's Society • 020 7423 3500 • www.alzheimers.org.uk

Advice and information on supporting people affected by dementia in England, Wales and Northern Ireland.

Neighbourhood Return • www.ourturn.org.uk

Helps find lost people with memory problems quickly, and gets them home safely.

Self Help Services • www.selfhelpservices.org.uk

A user-led mental health charity providing primary care mental health services and self help initiatives to people across the North.

NHS Choices • www.nhs.uk

Information on local services, including mental health services and emergency departments.

NHS Direct • 111 • www.nhsdirect.nhs.uk

Information and advice on a wide range of health issues via telephone, email and the internet.

Local borough council websites • [www.\[insert name of borough\].gov.uk](http://www.[insert name of borough].gov.uk)

Will provide a directory of council services in your borough.

Appendix 3 | Other guides and resources

National Policing Improvement Agency

Responding to people with mental ill health or learning disabilities

www.acpo.police.uk/documents/edhr/2010/201004EDHRMIH01.pdf

The Advocates Gateway • www.theadvocatesgateway.org

Practical, evidence-based guidance for advocates on vulnerable witnesses and defendants

Mind

A mental health toolkit for prosecutors and advocates

www.cps.gov.uk/Publications/docs/mind_toolkit_for_prosecutors_and_advocates.pdf

Rethink & The Prison Reform Trust • www.mhldcc.org.uk

Mental Health & Learning Disabilities in the Criminal Courts

Information for magistrates, district judges and court staff

Together

Working with defendants and offenders with mental health problems

www.together-uk.org/wp-content/uploads/downloads/2011/11/accommonsenseapproach.pdf

Appendix 4 | References

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- 4 Department of Health (2012). *Prime Minister's challenge on dementia: Delivering major improvements in dementia care and research by 2015*. London: Department of Health.
- 5 Department of Health (2009). *Living well with dementia: A National Dementia Strategy*. London: Department of Health.

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Mind • www.mind.org.uk

Mind, 15-19 Broadway, London E15 4BQ
020 8519 2122

We're Mind, the mental health charity for England and Wales.
We believe no one should have to face a mental health problem alone.
We provide advice and support to empower anyone experiencing
a mental health problem. We campaign to improve services, raise
awareness and promote understanding.

Registered charity number: 219830

Victim Support • www.victimsupport.org.uk

Victim Support, Hallam House, 50-60 Hallam Street, London W1W 6JL
020 7268 0200

Victim Support is the independent charity giving free and confidential
help to victims and witnesses of crime in England and Wales.
We speak to more than a million victims of crime every year and provide
practical help and emotional support to those who need it after suffering
crime. We also support more than 200,000 people giving evidence in
every criminal court in England and Wales through our Witness Service.
To ensure we can give victims the best help available, our staff and
volunteers run specialist projects tackling antisocial behaviour, domestic
violence, human trafficking and other types of crime.
We also speak out as a national voice for victims and witnesses and
campaign on their behalf for more rights and better treatment.

Registered charity number: 298028

