

MENTAL HEALTH AND POLICING

INTRODUCTION

In its annual report for 2020-2021 the Dyfed-Powys Police and Crime Panel resolved to undertake an inquiry into how the Police and Crime Commissioner for Dyfed-Powys addresses the issue of Mental Health and Policing. The panel has chosen to investigate this issue as dealing with persons who have mental health issues places a significant burden on operational police officers and is a drain on the financial resources available to the Commissioner. Police engagement with those who have mental health issues is not limited to those who perpetrate crimes or are the victims of such crimes. Often the police are called to 'non-crime' incidents where the focus is on safeguarding an individual who is experiencing a period of mental distress. Indeed the police have statutory powers under the Mental Health Act to remove a person to a place of safety if they consider their safety is at risk due to their suffering from a mental disorder.

BACKGROUND

Police and Crime Panels were formed in 2012 at the same time as Police and Crime Commissioners. Their role is to scrutinise and support the work of the Commissioners and they consist of a mixture of local councillors and co-opted members. In the case of the Dyfed-Powys Panel it has 12 councillors (3 from each of the unitary authorities in the force area) and 2 co-opted members. We would stress at this point that the role of the panel is to scrutinise the work of the Commissioner, its role is not to scrutinise the work of the police themselves.

To undertake this piece of work the panel formed a sub-group consisting of

Mrs Helen Thomas (co-opted member) – Chair

Cllr Ken Howell (Carmarthenshire)

Cllr Lloyd Edwards (Ceredigion)

Cllr Stephen Joseph (Pembrokeshire)

Cllr Les George (Powys)

OUR OBJECTIVE

Our objective in carrying out this work is to understand what the Police and Crime Plan has said about policing and mental health, how this has been implemented and the impact that it has had. The outcome we hope to achieve is to satisfy ourselves that the approach taken by the Commissioner represents best practice and served to safeguard the vulnerable in the force area. To achieve these aims we have

- Considered information supplied by the Commissioner
- Considered a report issued by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services.
- Sought the Views of stakeholders
- Considered how other Commissioners have approached the issue
- Looked at other sources of information

THE POSITION IN DYFED POWYS

The Police and Crime Plan for Dyfed-Powys for 2017-2021 contained several priorities. Priority 2 'Safeguarding the Vulnerable' has the following to say about mental health issues

"To support both victims and offenders with mental ill health I will:

- Work with partners to improve our understanding of the demands associated with mental ill health and to develop a more cohesive response to mental ill health related incidents;
- Advocate a reasonable and proportionate response by front-line staff when dealing with people experiencing mental ill health;
- engage and work with people with lived experience of mental ill health to improve our understanding of the issues they face;
- and Support the Chief Constable to ensure that people suffering from mental ill health are treated in a health facility and not detained in custody. "

In his report to the Panel in July 2019 the Commissioner made the following key points

“The Commissioner maintains oversight of the Force’s response to mental health via attendance at the Strategic Mental Health Group and data provided through the Performance and Outcomes Board on a quarterly basis. Forces collate data on detention transport to places of safety and report this to the Home Office within the annual data return. Dyfed-Powys Police also review all mental health assessments which take over 10 hours to be completed.”

“He [the Commissioner] regularly visits mental health groups across the Force area to hear the experiences of people with mental ill health and their views on policing and crime issues. These engagement activities are ongoing, and as well as helping to inform the Commissioner’s understanding of mental health issues on a grassroots level, the Commissioner also occasionally supports the work of mental health support services through financial contributions.”

“The recent needs assessment completed on behalf of the Commissioner identified that access to mental health services is one of the top issues faced by all OPCC commissioned services when referring clients onto specialist services. As this is a core requirement for health to deliver, it is not intended that the Commissioner becomes a default for funding services where gaps exist in statutory services. The Commissioner has however committed to continue to lobby partners and Ministers regarding the poor access and provision of local mental health services for both offenders and victims”

“The Commissioner has awarded a grant of £6,920 to Eiriol Mental Health Advocacy to investigate the reasons leading to re-offending by prison leavers who suffer with mental health issues. Its intention is to break the cycle of re-offending, preventing new crimes by providing bespoke one to one advocacy services. This ensures each individual receives the right tailored support at the right time, prior to and at the point of release. “

In addition

to the above we have noted that

- The former Chief Constable Mr. Mark Collins was the policing lead for mental health across England and Wales
- Dyfed -Powys Police have adopted a triage scheme to help ensure those in mental distress are appropriately dealt with

THE VIEWS OF THE HMIC(F)RS

In its November 2018 report 'Policing and Mental Health – Picking up the Pieces' the HMICFRS looked at how the police approached people with mental health problems and found that they were generally 'supportive, considerate and compassionate'. However, the report expressed concern that the police were often having to pick up the pieces of a broken wider mental health system. Inspectors were concerned that

- There is insufficient early intervention and primary care to prevent the need for a crisis response by the police
- People with mental health problems need expert support whenever they need it, not just during office hours
- The Police should not be responding to mental health problems to the degree they are as they often lack the necessary skills.
- The police alone cannot solve these issues, other statutory mental health services need to stop relying on the 24/7 availability of the police.

More specifically in relation to Dyfed – Powys the report noted that in 2017 just over 4% of calls logged raised mental health concerns.

The report went on to note that in 2017 and 2018 the four Welsh police forces had carried out exercises to try and assess the level of demand being placed on the police in respect of mental health related incidents. Over a single day in October 2017 mental health related calls accounted for 12% (118 out of 965) of all calls received and officers spent an average of three and three-quarter hours dealing with each incident. Approximately 60% of those who had contacted the police were already known to mental health services.

The same exercise was repeated over a 24 hour period in April 2018. Mental health related calls again accounted for just over 12% (112 out of 908) of total call volume and officers spent on average 3 hours dealing with each incident. 50% of the people to which the calls related were already known to mental health services.

It was estimated that the total cost of dealing with the 112 incidents during the April 2018 exercise was £7,161.00 equating to a potential annual cost across all four forces of £2,613,765.00.

One issue that the report highlighted was that of hidden and repeat demand. Hidden demand is difficult to quantify as it may involve an officer spending time with people in crisis in hospital or transporting them to a place of safety. Sometimes it can be as simple as waiting with someone until a hospital bed becomes available. Repeat demand arises where a small group of individuals generate a disproportionately high level of calls. The report cited the experience of the Metropolitan Police Service in 2017 where just 5 individuals called the police over 8000 times at a cost of £70,000 to the service, just to answer the calls.

Whilst the report did make recommendations to police forces on how to improve how they engaged with people who have mental health problems, for this sub-group the key message from the report was that these are issues which the police cannot, and should not, be expected to deal with to the extent they are doing so.

THE VIEWS OF STAKEHOLDERS

With wider public consultations problematic during the pandemic the sub-group resolved instead to seek the views of key stakeholders, specifically the social services departments of the 4 unitary authorities in the force area, Hywel Dda Health Board and a third sector organisation (MIND).

Responses were received from Carmarthenshire and Ceredigion County Councils and MIND. The key points identified were

- There is inadequate support generally for persons with mental health issues due to insufficient funding
- Improved links with the NHS and social services would help build a cohesive system

- A collaborative approach towards preventative services would be beneficial
- At an operational level the police generally work well with mental health professionals and their contribution is valued.

In addition we also made contact with, and received information from, the West Wales Care Partnership.

HOW OTHER COMMISSIONERS HAVE APPROACHED THIS ISSUE

We have looked at the Police and Crime Plans for the three other Welsh police force areas as well as the plans for the three most comparable force areas in England, namely Lincolnshire, Norfolk and Cumbria. As might be expected the various plans differed in approach and content. However, all made at least some reference to this issue, the plans for South Wales and North Wales taking a similar approach to that in Dyfed-Powys. It could be argued that the plans for Gwent and the three English force areas placed slightly less emphasis on this issue, although all the plans we reviewed recognised the importance of close partnership working with other agencies and the need to move away from the use of police cells as places of safety under the Mental Health Act.

OTHER SOURCES OF INFORMATION

In preparing this report we have also considered publications from a variety of other sources including

- National Police Chiefs' Council
- Mental Health Commission of Canada
- Sainsbury Centre for Mental Health
- Welsh Government (in particular the Part 9 Statutory Guidance under the Social services and Well-being (Wales) Act 2014)
- University of Sydney, New South Wales

The key themes we have drawn from these sources are

- The importance of appropriate training for those tasked with engaging with persons who have mental health problems
- The importance of close collaborative working between the police and mental health professionals

- The importance of the timely use of preventative mental health services to reduce crisis demand and repeat demand.
- The efficient and effective use of available resources to ensure that mental health services are available to those that need them when they need them
- The opportunities that the use of technology enabled care may present to boost preventative services and divert demand away from the police.

We have particularly taken note of the Part 9 Statutory Guidance given its direct application in Wales. The guidance relates to the establishment of partnership arrangements under the 2014 Act, in particular Regional Partnership Boards, with the aim of promoting co-operation between local authorities and relevant partners in relation to adults with needs for care and support.

Of relevance to this report are the West Wales Regional Partnership Board (operating under the name 'West Wales Care Partnership') and the Powys Regional Partnership Board. Whilst legislation prescribes the mandatory membership of these boards, provision exists for the co-option of other relevant partners. Paragraph 30 of the guidance specifically refers to the police as a partner who could be considered as appropriate for co-option.

Given that the role of Regional Partnership Boards includes ensuring effective working between partners and the effective and efficient use of resources we believe it would be desirable for either the OPCC or the force itself to seek co-option onto the two boards in the force area to ensure that the role of the police is fully taken account of at a strategic level when the future of mental health services are discussed, and key decisions made.

The Welsh Government's CONNECT project, which utilises technology enabled care to improve the provision of care for older people is currently being implemented in the force area under the leadership of the West Wales Care Partnership. This group considers that the CONNECT model has the potential to provide a template for service delivery which could help reduce the current demands on the police in respect of those with mental health needs, especially hidden and repeat demand. This in our view is another good reason for the Commissioner or the force to seek co-option onto the relevant Regional Partnership Boards.

CONCLUSION

It is apparent that all too often the police are drawn into situations involving engagement with persons who suffer from mental health problems, when that engagement should be carried out by properly qualified mental health professionals. It is not the role of the Police and Crime Panel to scrutinise the work of the Health Service or Local Authorities and we recognise that they too are beset by increasing and conflicting demands and financial pressures. However, it does appear to us that if there is to be any chance of the burdens on the police outlined above being passed to those better qualified to handle them, then it will require even greater co-operation between relevant agencies at a strategic level and a willingness to consider adopting new and innovative ways of working.

Overall, we are satisfied that the Police and Crime Commissioner has given due regard to this issue in his Police and Crime Plan and that his priorities have been implemented by the force. It is difficult to say whether this represents best practice as there is always scope for improvement, but the approach taken in Dyfed-Powys certainly seems on a par to that taken in comparable force areas in England and Wales.

As a group we therefore make the following recommendations

- That in his next Police and Crime Plan the Commissioner again places an emphasis on the work the police do in relation to those with mental health problems. However, we would like to see the Plan contain more information about the nature and extent of that involvement and the financial implications that arise as a result. We believe that this would help increase public understanding of how police resources are utilised and inform the wider debate on the proper resourcing of mental health services.
- That the Commissioner continues to build on his existing good work with partner agencies by exploring the possibility of co-option (either for himself or the force) onto relevant regional partnership boards. We believe that this will facilitate collaborative working at a strategic level and hopefully contribute to a more efficient and effective use of police resources.

- That the Commissioner, in conjunction with the police force and partner agencies, explores whether the CONNECT project would offer a template for service delivery which would help reduce the demands on the police in relation to persons with mental health problems.
- That the Commissioner continues to maintain oversight of the force's response to mental health, with particular emphasis on
 - (a) Appropriate training
 - (b) Street triage teams
 - (c) The use of police cells and vehicles as places of safety