



36. The police and mental health

Summary

The police are commonly a first point of contact for a person in a mental health crisis. Every year, for example, some 11,000 people are taken to a police station as a 'place of safety' under the Mental Health Act. Up to 15% of incidents with which the police deal are thought to have some kind of mental health dimension.

Relationships between police forces and health and social services can be difficult. Police stations are rarely used by mental health services as places from which people can be diverted to appropriate care and support. People with drug problems in police stations are seldom referred to mental health services for any mental health problems that underlie their substance use.

The development of community and neighbourhood policing creates an opportunity for the police to take a more active role in identifying people at risk of more serious offending who may benefit from mental health care and other services.

Police officers need more and better training in mental health issues. Mental Health First Aid is a potentially useful approach to training that would fit the role of the police in dealing with mental health-related crises.



The Police – an overview

Workforce

- As at 31 March 2008 there were 141,859 full-time equivalent (FTE) police officers in the 43 police forces of England and Wales
- 24% of officers are female and 4% are of minority ethnicity
- There were also 95,255 full-time equivalent police staff in supporting roles, including Police Community Support Officers (PCSOs) who made up 16% of this total
- 31,460 police officers are dedicated to London's Metropolitan Police, around one fifth of the total police officers (Home Office, 2008)

Duties

Police officers conduct a range of activities, from general patrol duties and keeping the peace to conducting investigations and interviewing suspects, victims and witnesses of crimes. The police have a responsibility for presenting cases for the Crown Prosecution Service (CPS) and providing evidence in court and other hearings. Additionally they have a role in developing and maintaining community relations.

Police officers are often the first to be called to any incident of a person experiencing a mental health crisis. Although they currently receive very little training in mental health awareness and recognition, they spend a significant amount of their time interacting with people with mental health problems. Unpublished research undertaken within the Metropolitan Police suggested that 15% of incidents they dealt with on a daily basis were mental health related.

Organisation

Although independent entities, all police forces are subject to a measure of central oversight by the Home Office. In addition, they are aligned to a number of key bodies, including:

The Association of Chief Police Officers (ACPO): 'an independent, professionally led strategic body. In the public interest and, in equal and active partnership with Government and the Association of Police Authorities, ACPO leads and coordinates the direction and development of the police service in England, Wales and Northern Ireland. In times of national need ACPO - on behalf of all chief officers - coordinates the strategic policing response'.

Her Majesty's Inspectorate of Constabulary (HMIC): 'through the inspection of police organisations and functions, it is the aim of HMIC to promote efficiency and effectiveness of policing in England, Wales and Northern Ireland and to ensure: agreed standards are achieved and maintained; good practice is spread; and performance is improved. Also to provide advice and support to the tripartite partners (Home Secretary, police authorities and forces) and play an important role in the development of future leaders'.

Independent Police Complaints Commission (IPCC): 'the IPCC's job is to make sure that complaints against the police are dealt with effectively. It sets standards for the way the police handle complaints and, when something has gone wrong, we help the police learn lessons and improve the way they work'.

National Police Improvement Agency (NPIA): 'driving improvement and leading-edge practice where it matters, fostering self-improvement and helping to shape the future of policing; delivering and developing critical essential services and infrastructure to support policing day-in and day-out; and providing accessible, responsive and joined-up solutions, enabling the police services to put more time into front-line police work.'

The operational role of the police in mental health

Legislative background

The police have a number of significant operational policy drivers to work with when they come into contact with people with mental health problems. In the 1980s, two significant pieces of legislation shaped the role that police perform in this situation: the Police and Criminal Evidence Act (PACE) 1984 and the Mental Health Act 1983 (to be updated from November 2008 by the Mental Health Act 2007). Both continue to form the policy and legislative foundation of the way the police work with people with mental health problems.

A large volume of police work relates to initial contacts and interactions with people who have a mental health problem or who are emotionally vulnerable. Under the Police and Criminal Evidence Act, police can arrest (under Section 26) and search (Section 32) someone they consider to be in need of possible police intervention, either as the result of a public request, from an agency such as a local authority, or their own identification and awareness.

Where an individual is suspected of having a mental health problem and is in need of immediate care or control, the police can use Section 136 of the Mental Health Act 1983 to take the person from a 'public place' to a 'place of safety' for up to 72 hours. Where the person is not in a public place, the police may use Section 135 of the Mental Health Act to gain access to a person's home or property by force following the granting of a court warrant.

The IPCC and Royal College of Psychiatrists are shortly to publish a report and guidance on the use of Section 136 by the police.

The Crown Prosecution Service (CPS): the Crown Prosecution Service is responsible for prosecuting criminal cases investigated by the police in England and Wales. It advises the police on cases for possible prosecution; reviews cases submitted by the police; determines any charges in all but minor cases; prepares cases for court and presents cases at court.

In addition to these bodies, organisations representing different ranks of police officers, for example the Police Federation and the Superintendents Association are all actively involved in the development of national policy.

Places of safety

Under the 2007 Mental Health Act, once an individual has been taken to a 'place of safety', they should be assessed by an approved clinician (formerly a registered medical practitioner), who ideally is approved by Section 12 of the Act, and by an approved mental health practitioner (AMHP) (formerly an approved social worker).

Recent guidance from the Department of Health (DH, 2008) made changes to the use of Section 136 when Section 44 of the new Mental Health Act 2007 came into effect on 30 April 2008. The new legislation allows a person to be taken from one place of safety to one or more different places of safety during the 72 hour maximum period. They may be taken between places of safety by a police officer, an approved social worker (until approved social workers are replaced in this role by approved mental health professionals) or someone authorised by either of them.

The guidance also states that police stations should only be used as 'places of safety' in 'exceptional circumstances'. This is particularly important in relation to the contingency plan (known as Operation Safeguard) for using police cells in response to the prison population reaching its operational capacity.

An estimated 11,000 people are detained in police stations as places of safety each year. Many police forces say they have no alternative to using police stations as places of safety due to the absence of appropriate facilities within health settings. Ideally, a 'place of safety' should be a hospital rather than a police station yet just 6,400 people are detained in this way in hospitals annually. Police stations are often crowded and chaotic places and station cells appear a far cry from a place of safety.

The Department of Health has noted the concern that holding a person with a severe mental illness in a police cell for an assessment may create a feeling of criminalisation and incite instability. However, often hospitals

feel that they are ill-equipped to cope with mentally unstable people who need to be held securely for assessment at the request of the police. While the Department of Health noted that 'NHS bodies and local social services authorities will need to ensure that their staff are aware of the change and that it is reflected in local policies', there has been as yet no central provision of funding or guidance on shifting places of safety away from police stations to other localities.

Opportunity for development: Places of safety

Use of police custody as a place of safety should only be used as a last resort. Assessment suites should be established in all areas to provide places of safety for individuals detained under section 136 – and staffing levels agreed with PCTs to ensure their effectiveness.

Mental health care in custody

With a few local exceptions, medical provision within police custody is commissioned by local police forces. In police custody, health care is conducted under the supervision of forensic medical examiners (FMEs). Forensic medical examiners are responsible for assessing whether a detainee is fit for questioning by the police. FMEs who have approval for assessment under Section 12 of the 1987 Mental Health Act are also responsible for assessing whether a person should be detained under the Mental Health Act.

In addition to the services provided by FMEs, some police custody suites have access to assessment services provided by registered mental nurses and other mental health professionals, either through direct commissioning by the police, or in partnership with local PCTs.

Staff from Youth Offending Teams (YOTs) also frequently have a presence within police custody suites in order to assess young people who have been arrested. In many cases (although not all) these staff will have links to Child and Adolescent Mental Health Services (CAMHS) teams based in the community.

There are frequently limited or negligible diversion and referral options in relation to mental health linked to police custody. While very few diversion schemes are based at police stations (most are court-based), there is evidence to suggest that such schemes need to interact as a matter of routine and good practice with the police, who are normally the first criminal justice agency to come into contact with people with mental health problems in crisis.

Lord Bradley's Independent review of the diversion of individuals with mental health problems from the criminal justice system and prison, announced by the Secretary of State for Justice, Jack Straw MP, at the end of 2007, will report in late 2008. This review is also likely to emphasise the importance of the police's role and function in the work of liaison and diversion activity.

Linked to the Bradley Review, the Care Services Improvement Partnership is currently conducting a national audit of mental health diversion provision linked to police custody.

Opportunity for development: Diversion

There is an opportunity for greater involvement of PCTs in the provision of health services within police custody. This would enable more effective and equitable access to health care, and increase the opportunity for effective diversion to services in the community.

The health and social care needs of individuals leaving police custody frequently remain unaddressed. There is an opportunity for services to work in partnership to provide advice and support for such people.

Substance misuse

As part of the Drug Interventions Programme commissioned by the Home Office, Drug Arrest Referral Schemes have been established nationally to identify offending drug users at the point of arrest and where appropriate refer them to community based treatment provided by local Drug Action Teams (DATs).

The Home Office notes on the DAT website that:

“Drug action teams are partnerships combining representatives from local authorities (education, social services, housing), health, probation, the prison service and the voluntary sector... The DATs ensure that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. DATs take strategic decisions on expenditure and service delivery within four aims of the National Drugs Strategy: treatment, young people, communities and supply. Their work involves: commissioning services, including supporting structures; monitoring and reporting on performance and communicating plans, activities and performance to stakeholders”.

The provision of mental health care through DATs and drug arrest referral initiatives frequently remains ad-hoc and locally variable.

Opportunity for development: Dual diagnosis

Given the high prevalence of co-morbidity (or dual diagnosis) that exists with many of the people with whom the police interact in the community, it is logical that mental health be included in DATs and arrest referral initiatives. This would ensure that a more comprehensive service can be provided to the individual and that any underlying mental health condition that may be contributing to drug or alcohol problems is identified and addressed.

Community and neighbourhood policing

All areas of England and Wales now have access to a dedicated neighbourhood policing team which provides communities with a visible and accessible police presence. Work is now being undertaken nationally to ensure neighbourhood policing is embedded into core policing activity and that effective partnerships are established with partner agencies in health, social care and housing.

These teams are responsible for tackling issues of concern in the local area, especially lower level and 'quality of life' offences (such as minor civil disturbances, noise and graffiti) and are made up of a mixture of uniformed police and Police Community Support Officers (PCSOs). The latter help the police to focus upon lower level crime, attending to matters not requiring police powers and providing visible reassurance to the public.

The neighbourhood team model is also being developed in some areas to enhance the

opportunities for more coordinated service provision for individuals with mental health problems. An example is the Diamond District initiative currently under development in some London boroughs where local authorities and the Metropolitan Police are jointly commissioning community police teams with attached mental health and social care support staff.

Opportunity for development: Community and neighbourhood policing

Closer engagement between the police and local statutory and voluntary services within communities presents an opportunity to engage with people experiencing mental distress at an earlier stage, and to avoid the default use of Section 136. The introduction of Safer Neighbourhood Teams provides an opportunity for locally owned early intervention and joint problem solving and there is a clear opportunity for PCSOs to become engaged in this area of work.

Policy and strategy

The role of the police in relation to people with mental health problems is informed by a number of recent police strategy documents and initiatives.

Bodies such as ACPO, NPIA and IPCC have all produced information to consolidate and clarify how the police can manage people with mental illness and emotionally vulnerable people. Government reviews from the Cabinet Office, the Ministry of Justice and the Department of Health have also added centralised perspectives. In addition, independent reviews relating to the police (some specifically such as the Flanagan Review, others more in passing such as the independent review of diversion by Lord Bradley) are also important.

Reducing re-offending delivery plan

Several reports have specifically noted the importance of the relationship between mental health and the police. In 2004, the Home Office's *National Reducing Re-offending Delivery Plan* (NOMS, 2004) identified the Police, ACPO, the IPCC and the voluntary and community sector (VCS) as essential partners for 'developing and raising the standards of health and care for people in contact with the police'. The aim was to ensure that 'persons detained by the police under mental health provisions are able to access appropriate health and social care professionals at the appropriate time and in the appropriate place' and to 'divert offenders with serious mental health care needs to appropriate health services'.

Building on Progress

Some government guidance has tended to link health interventions with a 'reducing re-offending' focus, rather than just on health improvement as an outcome in its own right. For example, *Building on Progress: Security,*

Crime and Justice (Cabinet Office, 2007), set out to present 'policy recommendations to target the offender, not the offence'. It noted that 'the Government proposes to tackle further the underlying causes of crime' and that:

'Particular focus will be needed on people suffering from mental health conditions or drug addiction, using risk based assessments to identify such individuals and intervening to tackle the factors that can drive offending.'

The review noted the need to:

'Tackle the mental health needs of offenders by better targeting existing mental health care. This involves identifying those within the community whose mental health needs place them at high risk of offending and encouraging them to accept targeted, mainstream treatment on a voluntary basis... Efforts should be focused on the most effective rehabilitation programmes, including those that improve communication skills and cognitive behaviour skills'.

The review recognised the need to 'consider an increased role for the third sector' and to 'explore how it can work in partnership with agencies to drive improvements and innovation'.

Offender health and social care strategy

The offender health and social care strategy consultation paper, *Improving Health, Supporting Justice* (DH, 2007), built on the ideas promoted by the Cabinet Office, but with specific reference to the role of the police as providers of signposting and access to health care. The paper notes that:

'Working in partnership, the police service can provide the gateway to health engagement. Many behaviours that lead people to have contact with the police are driven by both physical and mental health needs. As the initial point of contact with the CJS [criminal justice system] for most people, we will work with

the police service to implement a framework encouraging their role as a first gateway to health and social care’.

The paper recognises the importance of the police’s gatekeeper role to other services and agencies:

‘There are around 1.3 million people arrested each year and many of those have chronic or acute health care needs. Often those with physical and mental health conditions are the least likely to access or have access to health care services in their daily lives... The key focus of this work stream is in dealing with those coming into the CJS at this initial stage and their access to the right health and social care services at the right time. The work stream will focus on those on the pathway, from the street through to the police station, to the next agency or on release’.

The document also refers to the ‘places of safety’ issue, stating the Government’s commitment to ‘explore the opportunities for closer links between health care provision within police custody suites and the wider NHS’, to ‘contribute to the review of statutory provisions concerning the detaining of people in police custody’ and to ‘explore ways to improve out of hours services for mentally disordered offenders who are detained at police stations at weekends and during the night’. There is also a policy commitment to ‘consider different options for improving services, including exploring the feasibility for the transfer of responsibility for commissioning of health services from the police to the NHS’.

HM Inspectorate of Prisons’ review

The HM Inspectorate of Prisons thematic report on *The Mental Health of Prisoners* (HMIP, 2007) in October 2007 placed a large emphasis on the role of liaison and diversion schemes and the importance that they work in partnership with the police to identify individuals who require health interventions who have come into contact with the criminal justice system.

The report notes that :

‘A generic mental health team was based in Liverpool Magistrates’ Court and provided a comprehensive throughcare service for clients with serious mental health problems in the criminal justice system. It was able to divert clients away from the criminal justice system when appropriate and liaised with community services and prisons to ensure good aftercare’.

Perhaps most importantly, however, ‘it was the link for many parts of the criminal justice and health services and provided training to the police’.

Opportunity for development: Involving agencies in the training of the police

The provision of training by staff from mental health services to front-line police represents an ideal means of developing a comprehensive approach in local areas.

Community safety plan

The national community safety plan, *Cutting Crime: A new Partnership 2008-2011*, (Home Office, 2007a) refers directly to ‘responding to offenders with mental health needs’. The report notes the importance of ‘early intervention... to prevent later offending or further victimisation’. It says that ‘approaches should involve multi-agency collaboration and information-sharing between the police, education and health care professionals, social services, housing, and NHS mental health services’.

It goes on to call for improved and comprehensive ‘training on the identification and management of mentally disordered offenders’ and notes that this

will be strengthened in a number of ways, such as the provision of guidance to mental health practitioners on information-sharing between agencies, including criminal justice officials, and for mental health services on risk management to reduce homicide, self-harm and suicide. The report notes that:

‘The Care Services Improvement Partnership (CSIP) will support Primary Care Trust commissioners and local providers to understand the issues and take action to manage others with mental health needs who come into contact with the criminal justice system, to ensure consistency and quality of care for those with less serious mental health needs.’

In addition, the plan reports that CSIP is delivering mental awareness training to commissioners and staff from service providers over the next five years funded by the Department of Health.

The Corston Review

Relating specifically to women in the criminal justice system, but relevant to many people with mental health problems who come into contact with police, is a recommendation in the Corston review (Home Office, 2007b) that:

‘All magistrates’ courts, police stations, prisons and probation offices should have access to a court diversion/Criminal Justice Liaison and Diversion Scheme in order to access timely psychiatric assessment for women offenders suspected of having a mental disorder. These schemes should be integrated into mainstream services and have access to mental health care provision. Funding for the creation and maintenance of schemes should be ring-fenced.’

Baroness Corston also recommended that ‘The NHS should provide health care services to police custody suites; in busy areas this will require a 24-hour presence and ideally be a registered mental health worker’. The

government has partially accepted this recommendation and is supporting the development of pilot initiatives linked to police custody (Moj, 2007).

Public service agreements

The Treasury’s Public Service Agreements, published late in 2007, may also support the strategic development of the police’s role with relation to mental health. *PSA Delivery Agreement 23: Make communities safer* (HM Treasury, 2007a), promises to ‘tackle the root causes of offending’. This is supported by the underlying principles of *PSA Delivery Agreement 18: Promote better health and wellbeing for all* (HM Treasury, 2007b), which recognises that mental health problems are very prevalent in society, with around one in six people in England and Wales having a mental health problem. It notes that:

‘Successful delivery relies on shared priorities across Government Departments so that local services are encouraged to work together to achieve common outcomes in housing, education, social care and all the other elements that help to build sustainable communities’.

The Flanagan Review

Although Sir Ronnie Flanagan’s Independent Review of Policing (Flanagan, 2008) made no direct reference to mental health issues, it is a significant driver as it recommends an outline of the police’s role in relation to engagement in neighbourhoods. The report accordingly recommends changes to police practice in a number of areas, including:

- Reducing bureaucracy;
- Sustaining and mainstreaming neighbourhood policing initiatives;
- Ensuring that the public are driving local policing priorities and improving local involvement and accountability;
- Effective resource management.

The *Youth Crime Action Plan* (HM Government, 2008) identifies a cross-cutting range of measures to address youth crime in the areas of enforcement and punishment, prevention and the provision of support. Although it acknowledges in passing that effective early intervention around mental health can prevent offending and reoffending and refers to “undertaking treatment for mental health issues” becoming an element of the forthcoming Youth Rehabilitation Order, the document fails to present a coherent vision for how mental health services can work more effectively with criminal justice agencies in the community. However, it does clearly recommend the basing of YOT workers in police stations to assess and engage with young people who have been arrested.

Opportunity for development: Cost

While it is clear that a significant proportion of police time and resources is spent engaging with individuals with mental health problems, further research is needed to determine the cost of mental health upon policing, and the potential savings and efficiencies which could be obtained from earlier intervention. Activity-based costing presents a means of identifying actual time and cost of engagement with people with mental health problems and with supporting agencies and helps to identify the possible savings that might be achieved by diversion initiatives.

Local initiatives

Local initiatives and agreements are crucial for community-based partnerships and multi-agency working, achieved through Local Area Agreements (LAAs) and guided by Public

Service Agreements (PSAs). Primary Care Trust (PCT) and Strategic Health Authority (SHA) commissioners also play an important role in providing services to support police work (such as the provision of places of safety alternative to police cells or liaison and diversion services).

Comprehensive Area Assessments represent a new framework through which public service inspectorates will make independent assessments of public service provision. These are to come into effect in April 2009 and scrutiny of policing and its linkage with other aspects of local service provision will be an integral part of this framework through the input of the IPCC and other regulatory bodies.

Joint strategic needs assessments will represent the national foundation for local commissioning decisions and investment in relation to the provision of health and social care and as such will be open to the active strategic involvement of the Police.

Crime and Disorder Reduction Partnerships (CDRPs) are locally organised bodies with statutory responsibility for the coordination of responses to offending, anti-social behaviour and community safety. The police are represented on these bodies and have a role in the commissioning of local services.

An example of effective local involvement of the police in the commissioning and development of local services occurs in Milton Keynes. Here the police have full representation on the unitary authority’s Community Safety Partnership and as such have co-developed the Link Worker Plus scheme in partnership with the Revolving Doors Agency. This project seeks to engage proactively with people with mental health problems and complex needs who come into contact with criminal justice agencies and broker effective multi-agency responses, and is supported by a steering group on which the police have an active role.

Another area where the police are involved as strategic and operational partners in

the governance of services at a local level is through Multi-Agency Public Protection Arrangements (MAPPA). Local MAPPA panels support the assessment and management of the most serious sexual and violent offenders living in the community. Agencies involved in these arrangements include probation, the prison service, the relevant local authority, housing agencies, health, social care and education agencies, and the police. MAPPA promotes information sharing between agencies to increase the effectiveness of supervision and improve public protection.

Opportunity for development: Strategic engagement of the police in mental health

The appointment of “specialist officers” in individual forces, who have the lead role of strengthening force-wide and strategic responses in relation to mental health and policing is to be recommended.

Crime and Disorder Reduction Partnerships (CDRPs) represent a clear opportunity for the mental health needs of individuals coming into contact with the police in a local area to be considered when determining a coordinated multi-agency response.

The police and mental health services

Many of the people we have spoken to in producing this briefing have expressed the view that the police should not be relied upon as a 24-hour social service. Rather, their role should be further downstream to act as a flag-raising and directional service, providing links to other agencies and ensuring a more appropriate placement for an individual with mental health problems.

However, this can only be a realistic objective if the police can re-position responsibility for mental health care back to health and social services. This requires two fundamental components in health service provision. Firstly, health services need to be available for the police to access and approach. Secondly, as the boundaries of police services are frequently not co-terminous with health and local authority boundaries, the challenge of cross-boundary work, at both an operational and a strategic level, needs to be acknowledged and responded to. Closer joint commissioning arrangements involving the police and other agencies, including primary care services, social services and NOMS, represent a means by which to achieve this aim.

The Dorset Model: PCT commissioning of health care services in police custody

Dorset PCT is working in partnership with Dorset police to re-commission health care services, including mental health services, in police custody. This arrangement covers provision in three main stations which will have 24 hour staffed nursing and medical input, plus a number of smaller, local stations which will receive access to medical staff via a tele-link system.

New governance, steering and review structures have been established involving the primary care trust, the police and the provider of services. Additionally, an independent academic evaluation of this initiative, which has been commissioned by the Department of Health, is underway.

Black and minority ethnic groups

It is well documented that people of some Black and minority ethnic backgrounds are over-represented in the criminal justice system (Moj, 2008). Over-representation exists among those arrested by the police, those serving community sentences (Seymour & Rutherford, 2008) and those in prison (Durcan, 2008).

Of all the stop and search procedures conducted by the Metropolitan Police in 2006/7, just one fifth were for white people (Moj, 2008). While people from Black and minority ethnic communities represent about 10% of the UK population (Singleton *et al.*, 2001) in prison this rises to approximately 25% (Moj, 2008).

Some Black communities are also over-represented in secure mental health forensic services and psychiatric facilities (Rutherford

& Duggan, 2007 and Sainsbury Centre, 2006), although the rate of diagnosed mental health problems in prison is lower in Black people than among the white population. This may be for a number of reasons including the lower rates of referral and recognition (Durcan & Knowles, 2006).

For many people from Black and minority ethnic backgrounds, there is a clear association between the police and formal mental health services, in particular in terms of the coercive arm of both (Sainsbury Centre, 2002).

Negative attitudes towards mental illness from families and a greater sense of shame and stigma have also led many people with mental health problems to avoid psychiatric care. This is a particular challenge for the police and their potential capacity to guide or divert people towards health services.

Training

However well they relate to mental health services, the police will always need some of the skills of a social worker, a parent and a communicator at the point of contact with an individual, before other services arrive to take over. These skills are not necessarily accrued through formal training targeted just at the police. They can best be acquired through joint-agency training, for example training delivered to a group that spans the criminal justice care pathway – from police to probation and from court staff to prison officers, etc. It is also essential that service user input is incorporated and that voluntary groups are engaged.

The CPS should be involved in this process too. It is a key partner in the work of the police, particularly in relation to charging decisions and understanding whether any mental health problems affect calculations for ‘mitigating factors’ and ‘public interest tests’.

While many police forces have now appointed a specialist mental health officer, it is normally a senior officer who may have very little

contact with individuals in the community. While mental health specialism is valuable at a strategic level within a force, it is also crucial that individual officers on the ground are equipped to understand and manage their responses to people with mental health problems, and pay particular attention to cultural awareness. Race equality training represents one means by which front-line practice of the police can be developed (Sainsbury Centre, 2006).

Mental Health First Aid

Mental health awareness training for police officers is important, in order to promote non-stigmatising front-line practice and an appropriate / proportionate response when engaging with members of the public who have mental health problems. In this context ‘dangerousness’ should not be viewed by the police as the default and should not be confused with ‘vulnerability’.

Mental Health First Aid (MHFA), is well-known and could be a very valuable learning tool for the police. The Care Services Improvement Partnership (CSIP) has established a programme of delivering MHFA training. MHFA is defined as:

‘The help given to someone experiencing a mental health problem before professional help is obtained. The aims are:

- *to preserve life where a person may be a danger to themselves or others;*
- *to provide help to prevent the mental health problems developing into a more serious state;*
- *to promote the recovery of good mental health;*
- *to provide comfort to a person experiencing a mental health problem.*

MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a

person towards appropriate professional help.’

MHFA is often utilised in workplaces, aimed at enabling colleagues to support one another. While the benefits of officers supporting each other when mental health problems inevitably arise within the force may be considerable, the training would focus on police officers interaction and engagement with members of the community as part of their everyday activity. MHFA is being used in the criminal justice system already with pilots under way in the prison service.

Opportunity for development: Training

The Mental Health First Aid Initiative represents a useful vehicle for delivering training for the Police and allied agencies – police officers, front desk workers, call centre workers, PCSOs and the Crown Prosecution Service – to understand more about mental health issues, to implement procedures and to engage within communities with local agencies more effectively.

Sources of further information

The Association of Chief Police Officers

<http://www.acpo.police.uk>

Comprehensive Area Assessments

<http://www.audit-commission.gov.uk/caa/>

The Crown Prosecution Service

<http://www.cps.gov.uk>

DATs

<http://drugs.homeoffice.gov.uk/dat/>

Drug Interventions Programme

<http://drugs.homeoffice.gov.uk/drug-interventions-programme/>

Her Majesty's Inspectorate of Constabulary

<http://inspectorates.homeoffice.gov.uk/hmic/>

The Police

<http://police.homeoffice.gov.uk>

Independent Police Complaints Commission

<http://www.ipcc.gov.uk>

Joint strategic needs assessments

<http://www.idea.gov.uk/idk/core/page.do?pageId=6099960>

MAPPA

<http://noms.justice.gov.uk/protecting-the-public/supervision/mappa/>

Mental Health First Aid

<http://mentalhealthfirstaid.csip.org.uk>

National Police Improvement Agency

<http://www.npia.police.uk>

Police Federation

<http://www.polfed.org>

Superintendents Association

<http://www.polic-supers.com>

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