EMBEDDING MENTAL HEALTH SUPPORT WITHIN DISTRICT POLICE STATIONS

N8 Police Research Partnership Small Grant 2019/20

SUMMARY

Section 136 of the Mental Health Act 1983 provides the police with powers to take someone to, or keep someone in, a 'place of safety', where there is 'reasonable cause' to believe that the person has 'a mental disorder', and is in need of immediate 'care or control', because they are being ill-treated or neglected or are unable to look after themselves. In 2017, the law was updated to ensure that the police consult medical professionals before any such detention. In West Yorkshire, this has been taken a step further, making it policy to consult a specialist mental health professional as part of this decision-making, and embedding mental health nurses within the five locality-based district police stations.

The role of the nurses is to:

- Provide immediate advice, information and support to police officers in contact with people with mental health needs (in person and through emergency service calls), supporting assessment of risk and vulnerability and decisions regarding intervention 'pathways', and aiding the de-escalation of mental health situations, including where there is a perceived risk of suicide or self harm.
- Provide consultation for officers considering s.136 detention, enabling appropriate diversion to less restrictive options, and access to timely mental health assessments.
- Enable timely access to information on known service users, as held by health and social care, including providing an overview of existing care and crisis plans.

This service has received significant national interest, as all police force areas look to develop effective and efficient approaches to these concerns. We therefore undertook an initial process evaluation of this innovative approach.

KEY FINDINGS

- Embedding mental health nurses in district police stations in West Yorkshire is uniformly perceived to have resulted in better informed, and therefore more effective responses to individuals in mental distress who are subject to 999 calls.
- By reviewing police logs and discussion with officers, mental health nurses were able to ensure a response from the most appropriate professional, including mental health or social work support, and therefore reduce inappropriate police intervention.
- Subsequent benefits to broader policing and health services provision include more efficient use of police resources, reduced burden on health services (particularly A&E), and the impact of stronger awareness and understanding of mental health on other police interactions with the public.
- It was widely perceived that the number of individuals in mental distress being arrested or detained on a s.136 had reduced, though we have been unable to access data to confirm this.

Research conducted by Dr Kim Turner (Manchester Metropolitan University), Dr Nicola Moran (University of York), Dr Alessandro Moretti (University of Copenhagen), Prof Nathan Hughes (University of Sheffield).

METHODOLOGY

The study used a qualitative design, using semi-structured interviews with three senior police officers, six healthcare workers and nine frontline police staff from across two of the West Yorkshire Districts. One urban and one rural district were used to reflect the diversity of West Yorkshire, and the varied models used in these contexts. Originally, analysis of administrative data on cases and responses over the previous 12 months was planned. However, this required access to police force offices for an extended period, which wasn't possible due to restrictions in place during the Covid-19 pandemic.

FINDINGS

A multiplicity of benefits accruing from having mental health nurses embedded in police stations were identified by interviewees, with remarkable consistency across the interviews and stakeholder groups.

Improving Immediate Responses to Calls

The primary benefit of the presence of mental health nurses, according to all interviewees, was police response could be as informed and responsive as possible to the person in mental distress.

Police officers highlighted the value in obtaining information and intelligence about the incident and individual, so as to determine the most appropriate response. The nurses' access to care records, if they were known to mental health services within the local NHS Trust, provides immediate information about potential triggers for the individual, people who may be able to provide support, and strategies for de-escalation. This information assists the attending officer in determining strategies to de-escalate a situation and best support all parties. This was seen to improve the likelihood that the individual would receive a response that was approrpiate to the level of risk, more sensitive to needs and thus would minimise any further distress:

> "By understanding their condition and history we can ensure that our response is the right response, including the priority level, being able to risk assess that patient. Do we need to get to them on a blue light response or do we need a more measured approach, would that scare them?" (Police Officer)

In addition, the mental health nurses can speak to the attending officer to further help and advise, and can also speak to the individual to provide a level of help, support and assessment. Having a mental health nurse at the end of the phone for officers on the ground was described as invaluable, providing:

> "Real minutiae about how we respond to somebody in a really delicate, fragile situation... Ultimately it is about making sure that the patients are at the centre of this partnership, so that we get it right for them." (Police Officer)

This was contrasted to prior practice, in which an officer likely went to an incident with no information about the mental health history of the individual, unclear knowledge about where to take them, and a potentially inappropriate response that then affected mental health services.

Whilst our inability to access quantitative data limits firm conclusions, all argued that the number of individuals in mental distress being arrested or detained on a s.136 had reduced, replaced by direct referral for support from mental health services, all of which freed up police to move onto other incidents 'rather than sitting for hours in A&E or in a 136 suite' or completing paperwork for referrals.

Preventing Inappropriate Police Engagement

Having immediate input from mental health nurses was seen as improving the likelihood that an individual in mental distress would be supported by the most appropriate professionals. The mental health nurses reflected how, by working through police logs, they were able to handle cases that had previously been flagged as requiring police attention. Their specific knowledge of individuals involved,

their histories and the types of behaviour being displayed, meant they could intervene and resolve the matter without police intervention. For example, they could identify key workers from the individual's health records, such as a social worker, who knew the individual and was better placed to make contact, or the nurse could speak directly to the individual and reduce the immediate distress.

There was clear recognition among police officers that they were not best placed to respond where the incident was not a criminal matter, where a police presence could escalate a situation, or where mental health services were better placed to help the individual and access relevant services. This perception was echoed by the mental health nurses, who portrayed police practices in handling cases involving mental health issues prior to the pilot as often "inappropriate", especially in relation to s.136 disposals, where it was felt police saw this as the only available option. In particular, nurses thought cases of substance misuse were frequently miscategorised as mental health-related, leading to what they saw as the inappropriate use of s.136. They viewed the police as understandably lacking in awareness of mental health issues, which was likely a result of insufficient training and support.

Preventing inappropriate police deployment was also seen to free up signficicant police resources:

> "[Due to the input of the hub nurses] Inspectors and police officers on the ground might not touch a log that otherwise we might have spent hours and hours and hours dealing with." (Police Officer)

Whilst the ultimate decision around deployment was made by the duty Inspector, officers reported that in most cases the Inspector supported the view of the hub nurse.

Improving Collaboration With Other Health Services

As well as avoiding their service users being "criminalised" (by which they meant engaged by the police), the nurses also felt that the pilot prevented their service users from being "medicalised" by being seen by inappropriate health services, such as being taken to A&E unnecessarily. This was seen to benefit 'wider services', by reducing unnecessary health care provision, particularly in A&E.

In cases where the police received calls about individuals accessing secondary mental health services, officers noted that the hub nurse could liaise with mental health services and share information and intelligence such that they were kept informed of what was happening with their patients and could coordinate their services or adapt the support they were providing as necessary.

The nurses assisted further by making referrals to other services and agencies, as appropriate, thereby removing the need for officers to complete referral paperwork, and increasing the likelihood of referrals being made to the most appropriate service in the first instance, thus minimising inappropriate referrals and patients/service users being 'passed from pillar to post'. With a deeper understanding of both police systems and mental health services, hub nurses could advise other mental health professionals on process, which again made police intervention more time efficient. Linked to this, hub nurses increasingly contributed to multi-agency care plans that were on the police system to ensure that they were complete and the recommended police response was appropriate.

A Cultural Shift In Police Responses

The pilot brought about a cultural shift in how incidents involving mental health issues are dealt with, with most jobs now triggering the involvement of specialised services. Police respondents felt more knowledgeable in how they approached such cases, both in terms of how to relate to members of the public, and in terms of the services they could contact. After an initial period of questioning the nurses' methods and approach, especially to risk, the officers reported being more confident in handling cases in a certain way, or in engaging in dialogue and knowledge exchange with the nurses. In the nurses' view, they could share with officers a wealth of knowledge on patient histories, behaviours and types of responses for the benefit of everyone involved. As a result: "The credibility of nurses has improved".

Police officers felt that the pilot increased their understanding and improved their reading of cases related to mental health, through dialogue with the nurses. They felt more confident when receiving calls from individuals threatening to commit suicide, for example, as they were more familiar with the types of behaviour that an individual with mental health needs may present. Equally, nurses conceded their own previous lack of familiarity with police work, noting that the pilot had brought about a "reciprocity of understanding" between the two services.

Interviewees noted an increase in the mental health knowledge and awareness of communications officers in control rooms and of attending officers, reporting that this gave officers greater confidence in dealing with incidents involving people in mental distress. The provision of training was reported to have increased and improved, and officers felt they were engaging and embracing it more than before.

Challenges to Maintaining and Extending Provision

Challenges for corordination, funding and service provision were raised in the interviews.

An immediate challenge was the fact that the police force was not coterminous with a single NHS Trust but rather overlaid five different Trusts, each with their own IT systems, access issues and policies. This added layers of complexity to accessing the care records of those known to services. The patchwork of NHS Trusts and local authorities within the area also had implications for funding mental health nurses in the hubs. In some areas short-term funding limted longer-term planning, and negotiations for subsequent funding rounds involved multiple health and social care partners.

All interviewees identified the lack of mental health nurses on duty 24/7 as a key challenge. Whilst officers could contact a crisis team if a hub nurse was not on duty, there was clear recognition that officers and hub nurses had built up such good, trusting relationships that officers did not have the same confidence in advice or information they were given by other services. In addition, contacting a crisis team did not typically provide the quick and timely advice that was available from hub nurses.

CONCLUSION

Embedding mental health nurses in district police stations in West Yorkshire was perceived to have significant benefits to policing practice and to people in mental distress who came in contact with the police. Most notably, there was a shared belief among police and mental health professionals that the initiative had led to more responsive and effective immediate responses to those subject to 999 calls. The subsequent benefits to broader policing and health services provision were also noted, including more efficient use of police resources, reducing unnecessary burden on health services, and the impact of stronger awareness and understanding of mental health on other police interactions with the public. Whilst restrictions prevented the mixed method approach that might have more strongly confirmed these benefits, the fact that there was such uniformity in the responses of police and health staff reflects the impact of the initiative and the strength of collaboration.

IMPLICATIONS FOR FURTHER RESEARCH

These professional accounts need to be placed against an analysis of administrative data regarding outcomes before and after the introduction of the scheme, including with regard to the use of s.136. While interviewees reflected on the experiences of service users, firsthand accounts of those who have experienced different modes of intervention are needed. This intervention model should also be compared to approaches used by other police forces to meet the requirement to consult health professionals prior to the use of s.136.

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