HEALTHCARE IN POLICE CUSTODY
USERS' VIEWS

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Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in contact with the criminal justice system. Our work has three strands: policy and research, partnership and development, and service user involvement. To find out more about our work go to: **www.revolving-doors.org.uk**

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Top priorities...

Screening, referral and assessment

- Ensuring custody staff have an awareness of mental health and learning disability conditions
- Where possible, screening to be undertaken away from the busy custody desk
- Communication aids such as easy-read versions of key information, or 'crisis card' schemes, outlining key medical information
- The option for detainees to refer custody staff to their key workers in the community
- Healthcare professionals are able to access NHS records with the detainee's consent.

Healthcare treatment in custody

- Healthcare practitioners who are familiar with mental health issues, learning disabilities and self-harming behaviours
- Effective information exchange between healthcare practitioners based in police custody and those in the community
- A choice of gender of healthcare practitioner, where possible
- Timely access to prescribed medication (subject to current clinical guidelines).

Strengthening pathways into support in the community

- Information to help navigate local support services
- Follow-up appointments made with community services with the detainee's consent
- Peer support available to improve engagement with community services.

Introduction

This briefing has been prepared to support commissioners and those with strategic and operational responsibility for the provision of healthcare services in police custody. It presents the insights of people with a range of physical or mental health conditions, including learning disabilities, who have experience of detention in police custody.

Research indicates that detainees within police custody typically experience poorer physical and mental health and are more likely to have a learning disability or difficulty than the general population[1]. Engagement with treatment and support services in the community is often found to be limited among those in repeat contact with the criminal justice system, with police custody acting as a gateway to healthcare services. Recognising and responding to the physical and mental healthcare needs of detainees is at the centre of safer detention guidelines[2] but the experiences of participants in this research highlight the scope for healthcare responses within police custody to link with broader support available in the community.

Charging and a criminal justice sanction will remain an appropriate course of action for many who enter the criminal justice system with mental health problems or learning disabilities/difficulties. Effective screening and assessment procedures are therefore essential to inform appropriate criminal justice decision-making and care planning along the criminal justice pathway. For others with health and social care needs, and whose offences are more minor, detention within police custody will be brief before being released back into the community, often with their support needs unaddressed. Guidance issued by the Association of Chief Police Officers (ACPO) recognises that "people with mental health or learning disabilities are much more likely to need access to social or healthcare services than to police services"[3]. Partnership working with voluntary and statutory sector services to develop pathways into community services is essential in improving outcomes among this group of individuals.

Police custody can be a challenging setting in which to deliver healthcare. In addition to responding to the general healthcare needs of detainees, healthcare services also have an important forensic function to fulfil (which falls outside of the scope of this briefing).

1. Payne-James, J. et al (2010) Health issues of detainees in police custody in London, UK. Journal of Forensic and Legal Medicine (17):1; McKinnon, I and Grubin, D. (2012) Health Screening of people in police custody, Evaluation of current police screening procedures in London, UK (http://eurpub.oxfordjournals.org/content/early/2012/04/25/eurpub.cks027)
2. ACPO NPIA (2012) Guidance on the safer detention and handling of persons in police custody: Second edition (www.homeoffice.gov.uk/publications/police/operational-policing/safer-detention-guidance?view=Binary)
3. ACPO NPIA (2010) Guidance on responding to people with mental ill health or learning disabilities, p39: (www.acpo.police.uk/documents/edhr/2010/201004EDHRMIH01.pdf)

As commissioning responsibility for the provision of healthcare services within police custody transfers to the NHS amid broader reform of the commissioning of health and social care services, this is a timely opportunity to listen to the voices of those who have direct experience of the issues under discussion. In this briefing, these insights are used to consider how existing screening and assessment procedures, healthcare treatment and pathways into community support services can be developed.

Policy context

Since the publication of the Bradley Report in 2009[4], government policy has increasingly treated police custody as part of a more unified, whole-pathway approach to offender health. As the previous government's Improving Health, Supporting Justice strategy consultation paper stated:

"Working in partnership, the police service can provide the gateway to health engagement... As the initial point of contact with the CJS [criminal justice system] for most people, we will work with the police to implement a framework encouraging their role as a first gateway to health and social care."[5]

One of the central recommendations of the Bradley Report was that more effective liaison and diversion services needed to be developed in order to achieve this. They should provide a service to police custody suites, and identify the health and social care needs of offenders as they enter the system; diverting into treatment where appropriate. Historically, these services have evolved outside of a national strategy, with some services covering police custody and others operating solely in courts.

The coalition government has committed to complete the national roll-out of these services by 2014 (subject to a successful business case being made to the Treasury), with £5 million committed to take this forward in 2011-12 and a further £19.4 million pledged for 2012-13[6]. A National Liaison and Diversion Development Network[7] has been established, bringing together the existing and pathfinder criminal justice liaison and diversion schemes into one network, which is being overseen by the Offender Health Collaborative – a consortium of six organisations commissioned by the Department of Health as part of the Health and Criminal Justice Programme.

This development of liaison and diversion services is being undertaken alongside the transfer of commissioning responsibility for health services in police custody to the NHS. Historically, individual police forces have been responsible for commissioning their own healthcare services. However, following the successful transfer of commissioning and budgetary responsibilities for prison

4. Bradley, K. (2009) The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system. London: Department of Health (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf)
5. Department of Health (2007) Improving Health Supporting Justice: A consultation document, p22 (http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Liveconsultations/DH_080816)
6. Hansard HC Deb 12 January 2012, C22WS (www.theyworkforyou.com/wms/?id=2012-01-12a.22WS.1)
7. www.nlddn.org.uk

healthcare to the NHS, Lord Bradley recommended a similar transfer in police custody with the aim of improving co-ordination of health and social care services in custody and improving care and treatment pathways. Following a successful pilot in Dorset[8], this is now occurring in the vast majority of force areas on a voluntary basis, with the third and final wave of transfers set to commence in April 2013.

All of these changes aim to improve the identification and treatment of health problems among offenders, including mental health problems, by better integrating the current system. However, these developments occur at a time of much broader reform of the commissioning of healthcare services as new localised structures emerge. Close working between the NHS Commissioning Board, Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards will be essential in ensuring integration extends beyond the criminal justice pathway and into community support services.

Simultaneous changes are also underway within the criminal justice system, with newly elected Police and Crime Commissioners assuming responsibility for the commissioning of services to reduce reoffending. Together, these developments present a significant opportunity for health and criminal justice partners to come together to align commissioning activities and to develop creative and efficient approaches to improving health outcomes among offenders and reducing reoffending.

Service users' perspectives

Methodology

Two focus groups were convened to elicit participants' perspectives on the provision of healthcare in police custody. All those who took part have experience of detention within police custody, along with a range of physical and mental health issues or a learning disability. We recognise that the opinions expressed are based on individual experiences, and as such, cannot represent those of all people who have experience of detention in police custody. However, steps were taken to bring together participants who have a diverse range of experiences and who came from different areas of the country.

Focus Group 1: Participants were individuals with learning disabilities who are members of the Working for Justice group, supported by KeyRing Living Support Networks and the Prison Reform Trust. Two women and eight men participated, the youngest of whom was in their twenties, the eldest, in their sixties. They came from Bath, Doncaster, Wrexham, Birmingham, Croydon, Manchester and Maidstone.

Focus Group 2: Participants were individuals with mental health problems and multiple needs who are members of Rethink or Revolving Doors Agency's service user forums. Five women and two men participated, the youngest of whom was in their twenties, the eldest in their fifties. They came from London, Oxford, Leicester and York.

8. Viggiani et al, (2010) Police Custody Healthcare: An evaluation of an NHS commissioned pilot to deliver a police custody healthcare service in a partnership between Dorset PCT and Dorset Police (http://eprints.uwe.ac.uk/8253/1/PC_Evaluation_final.pdf)

Screening and assessment of healthcare needs while in police custody

Participants emphasised the need for a swift and efficient health assessment to be carried out at the earliest possible stage. When undertaking reception screening the custody sergeant should have sufficient general knowledge to recognise when someone requires specific measures or should be referred to the healthcare practitioner.

Detained people often feel uncomfortable providing sensitive information on their physical and mental health needs at the custody desk. Having the initial health assessment carried out by a 'triage' professional in a private setting within the custody suite would enable them to communicate their needs more effectively, while protecting their privacy.

> *"Some of us are embarrassed so when you go to that desk you've probably got another prisoner behind you so he's hearing what you're saying, your mental issues or whatever ... everybody's looking at you."*

> *"You might be there with a mental health condition, and that's hard enough to talk about without someone talking to someone else beside you and behind you. It's intimidating, it's a horrible experience."*

> *"If I had HIV I wouldn't want to be telling the custody sergeant. If I'm prescribed something for STD, Hep C or B, I would not want to tell them because I wouldn't want anybody to know."*

> *"There should be access to a private room to speak about your disabilities and stuff if you're not happy about disclosing it in the custody suite."*

Some detained people would appreciate the opportunity to inform the custody sergeant or an available healthcare practitioner of any disability, health issue or medication they are taking. However, participants explained how they often found it difficult to communicate their health-related problems due to learning disabilities or being in a state of mental distress. Some of the participants with learning disabilities thought it would be useful for the custody sergeant to have a set of questions to ask them that go beyond the questions currently asked, that are framed in more 'user friendly' language which would assist the custody sergeant to make more informed decisions. They suggested that these could be developed in collaboration with a group of local people with experience of custody, learning disabilities and other healthcare needs.

Other participants also acknowledged that having just been arrested, they may not be in the right frame of mind to communicate.

> *"The thing is I can be very surly in those circumstances and I'm not the most approachable person. I don't want to be with the police so I don't want to give them any information. [...] I might well have a CMHT or care under my GP so they need to be able to contact who they need to liaise with. I don't want to have to explain it again after many years of being in the system."*

Participants expressed a desire for healthcare professionals to be based at the police station or if this is not possible, to be readily and quickly available to the police station. They should have sufficient expertise and skills to act in a triage role. This triage professional should have awareness of the indicators of mental or physical health problems, a means of accessing health and medical records with the detainee's permission, and have strategies for harm minimisation. They should then make informed recommendations to the custody sergeant about who needs to be referred to a specialist healthcare professional and what specialism would best meet the person's needs while they are in custody.

> *"I think they need to be trained to see pointers as to what could be a possible problem if it's missed or they're not on any lists. Then, they might know which service to ring and hand it over to somebody else who is equipped to deal with it."*

To help this process, detained people who have support workers (e.g. community mental health workers, social workers, general practitioners or other care providers) would like to be able to give their permission for the healthcare professional to contact them for information. Some participants with learning disabilities and related conditions, such as autism or Asperger's thought this would also help because they are not necessarily experts on their own diagnosis. Most participants were happy for the healthcare professional to have access to their records but would not be happy for the police to have direct access.

> *"I don't mind the NHS having it and then the NHS bods choosing how much the police need to know at that time. I'd be a bit worried about the police having access to all my records."*

This information sharing could be further assisted for those detained people who have diagnosed health problems if they had a medical card that they could carry with them. This could be given by their care provider explaining key information like their diagnosis, the contact details of their care providers, what medication they may be on, dosage and times they take it, dietary requirements and other 'management' advice. They would then be able to show this to the custody sergeant and/or healthcare professional.

Participants' responses also revealed the importance of providing sufficient information on the health assessment and custodial processes. This information needs to be communicated in a simple and straightforward manner, in written, easy-read or oral formats, according to the detained person's choice. Participants stressed the importance of having opportunities to ask questions about the health-assessment process, but said they often felt uncomfortable doing so. They suggested that volunteers who could provide peer support or advocacy should be available at the police station. These volunteers could, if required, also take on the role of Appropriate Adults although that would not be their only function, particularly if the detained person has an Appropriate Adult of their choosing. This would aid communication and understanding as well as potentially keeping people calmer.

> *"If you're sitting there on your own you might be thinking of self-harming, so if you've got somebody there to sit and talk with, you're not going to be thinking about that. Something like that would be good."*

Healthcare treatment in custody

Participants thought that having multi-disciplinary professionals available in police custody to provide treatment and care would help minimise distress experienced by some detainees, as well as disruption to custody processes. While it may not be possible for a full range of disciplines to be based within the custody suite, the triage professional or custody sergeant should have contact details available to enable them to call in a range of specific experts.

Participants specifically mentioned community mental health workers, psychiatric nurses, social workers, learning difficulty nurses and general practitioners (nurses and doctors). Participants who were engaged with health or social care professionals in community services would prefer, if possible, for these individuals to be called in to see them in police custody. If this is not possible, participants would like to be asked who the healthcare practitioners should contact to talk about their needs. Where possible, detained people would also like to choose the gender of the healthcare professional looking after them.

Detained people often have to repeat the same information about themselves several times when they are in these situations. They would prefer information to be passed between professionals as they move through the custody process.

“It saves you going through it because it drives me mad. I just go quiet.”

For those police stations that have healthcare professionals based within them, participants strongly felt that as well as a general nurse, there should be a mental health nurse. If this is not possible, then the general practitioners, doctors or nurses, should have more mental health awareness and understanding of learning disabilities than they usually have. One participant specifically mentioned the importance of more understanding about self-harm.

Healthcare professionals not based in the police station should arrive as quickly as possible and within an established maximum time limit.

A major concern for detained people who are on medication is the length of time they have to wait to receive medication when they are in custody. While there is a need to ensure that medication is dispensed safely and appropriately, some of the participants in this research had experienced lengthy delays before receiving prescribed medication which had led to adverse health effects. Participants expressed the importance of keeping a range of commonly used medication for both mental health and physical health conditions at the police station, so that once it is determined that they should have it, the correct medication is available immediately.

“When I was on a section 136 [of the mental health act] ... I told the police as soon as I was taken in that I needed these particular meds and I needed to see a doctor. [...] I waited 15 hours till I was discharged and I never saw a doctor and never got my meds and I was getting nasty withdrawal symptoms so that was a bit rubbish.”

“One of my pills is diazepam and I have to take one three times a day and because it’s an addictive drug they think I’m pulling a fast one ... if there was an NHS worker there it would come straight up on the computer ... it’s to calm me down and to help with stress anxiety and there’s nothing worse than being called a liar as well.”

“With things like diabetes you’re going to have temperament issues or it might make you aggressive or drowsy and they might think I’m intoxicated or I’ve got a mental health problem when I might not and it could be a matter of needing insulin or oral medication or just food.”

One participant had experienced being taken to A&E while detained and was kept handcuffed for several hours while in hospital. If a detained person is taken to A&E, they should expect an assessment of their individual risk and a proportionate level of risk management applied to maintain their dignity and comfort as well as safety.

For those people with health-related special dietary requirements, the correct food should be available, where possible.

“I’ve been in custody and I haven’t been able to eat anything because of my illness [coeliac disease]. Can they not have something in the freezer?”

Post-custody and community services

Some participants identified that they had been taken into custody for minor offences or had been found to have committed no offence. This was usually at times in their lives when things had gone wrong or they had been unsupported, creating the situation leading to their arrest. They thought it would help them avoid coming back into contact with the police in the future if they were able to access services in the community that could provide them with appropriate support. In other words, appropriate community support could help them end the revolving door cycle in and out of custody. If the healthcare professionals who see them in the police station take this opportunity to help detained people to access support in the community, then they are likely to reduce the number of times they come into contact with the police.

“The failure of the system is that there’s no continuing care ... if they could liaise with the community and then I get the treatment and the appointments and the visits and the peer support. An all linked-up service within the community. That would be fine ... for me to be able to conduct my life in a positive way ...”

Participants explained that they would like the community services to be described to them and made aware of what these can provide so that they can give informed consent for the healthcare professionals in the police station to contact them on their behalf. Participants were happy for the healthcare professional to explain relevant issues to the service providers if they have given their consent first.

“I think they should try and make sure you’ve got an appointment with your CPN or the crisis team as soon after because even if there wasn’t anything wrong before the police came and got you, there will be now because you will be really wound up and frustrated.”

Participant with experience of being detained on a S.136 Mental Health Act

Some participants emphasised the importance of peer support to give them the confidence and encouragement to attend appointments that may be arranged for them after they leave the police station. The peer supporter could meet them and accompany them to the new service(s).

> *“When they make that appointment, it would be great if they could link you up while you are there [at the police station] so that they can say ‘OK I’ll meet you at the cafe and we’ll amble down to this place for that appointment’. Otherwise, with the best of intentions today I might say ‘yeah I’m going to be there’ but tomorrow I wake up and I’m in a different place.”*

It was suggested that there could be a person, possibly a peer volunteer, at the police station who has knowledge of a variety of agencies and what they can provide. They would ask detained people if they require help, tell them about local organisations that may be able to help and offer to get in touch with them. This person should be located in a private room near to the custody desk. Detained people would be required by the custody sergeant to speak with this person as part of the procedure for their release from custody.

> *“... if there was another step before you leave the police station where you could go in that room ... if there’s somebody there who’s got empathy ... you might express yourself ... Because you could be getting into trouble because of something that’s happening at home.”*

Conclusions

Being taken into custody is stressful and discomforting and can exacerbate existing health problems.

> *“If I kick off, I’m kicking off because I’m scared, I’m frightened, I don’t know where I am, I don’t fully understand things. I’m not trying to be a pain or anything it’s just the way I react to that situation.”*
>
> ***Participant with learning disabilities***

> *“If I get arrested I’m in crisis because my anxiety levels are going to be sky high, my panic attacks are going to kick in.”*
>
> ***Participant with mental health problems***

Detained people want to be treated with dignity, respect and in a non-judgemental manner.

> *“When they see the criminal, they just see the crime – they don't see the person behind it.”*

> *“I got put on one-to-one watch when I was in the cell on a Section 136. There was a policeman sitting outside the cell all the time, so he was watching me when I went to the toilet, which was pretty horrible.”*
>
> ***Female participant***

They consider it imperative that all staff in custody suites should have received basic training on mental health

and learning disabilities, including from people with lived experience. Participants felt it was particularly important for custody officers and generic healthcare professionals, such as general nurses, to receive training on the primary indicators of mental distress, for example the Mental Health First Aid course[9] and on harm minimisation, particularly in relation to self-harm. This is especially important for those people arrested with previously undiagnosed learning disabilities or mental health problems, and who, unless identified by custody staff or healthcare practitioners in the custody suite, would not receive support or treatment.

> *"... with disabilities and getting arrested ... they [police officers] find it very hard to distinguish between drug and alcohol issues and a disability because the affects can get mixed together which is why sometimes you won't get help because they think you're just high or drunk."*

Custody officers should also have training on chronic physical health problems such as epilepsy and diabetes, and healthcare professionals should have an awareness of co-morbid physical and mental health needs and/or learning disabilities detainees may experience.

It is important for those people with learning disabilities that they are asked questions simply and that they are given time to answer. They require reassurance about why the questions are being asked and what is going to happen next. Any written information should be accessible or presented with the appropriate support. Where an Appropriate Adult is required to provide support in this regard, it is important they have the right skills and fully explain their role to the detained person.

> *"They gave me an Appropriate Adult, he didn't do anything, he asked me how I spelled my name and that was it. He sat in on the interview but I don't know what for, he didn't explain to me how this was going to work."*

Some participants had experienced long waits in custody before they were seen by healthcare professionals. They therefore want the whole process to be conducted more smoothly and to be able to access healthcare much more quickly.

Detained people would welcome the opportunity to speak directly to commissioners about healthcare in police custody and their experiences.

> *"I think it would be a really good idea if we could get some kind of user input on commissioning. I'm actually at uni at the moment studying public health ... and you're really taught to hide behind statistics. Statistics and things are important but it's a way of distancing yourself from decisions you make because you know you're going to have to make some unpopular ones. If we could get some sort of user input that would be really helpful."*

9. www.mhfaengland.org

NOTES

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