Written evidence submitted by Revolving Doors Agency to the Home Affairs Select Committee's inquiry into policing and mental health

May 2014

About Revolving Doors Agency

1. Revolving Doors Agency is a charity working across England to change systems and improve services for people who face multiple and complex needs, including poor mental health, and come into repeated contact with the police and criminal justice system. We work with policymakers, commissioners, local decision-makers, and frontline professionals to share evidence, demonstrate effective solutions, and change policy, while involving people with direct experience of the problem in all our work through our National Service User Forum.

2. Our chief executive Dominic Williamson is currently a co-chair of the Bradley Report Group, and we are part of the Offender Health Collaborative which has been commissioned by the Department of Health (contract now managed by NHS England) to support the roll out of mental health liaison and diversion services across the country.

Introduction

3. We welcome the committee's inquiry into policing and mental health, as well as the focus this issue has gained recently at a political level, both from the first generation of police and crime commissioners (PCCs)[1] and the government. Developments such as the Mental Health Crisis Care Concordat and 'street triage' pilots have the potential to reduce some of the continuing challenges around mental health crisis responses, such as the persistent use of police custody as a place of safety, inappropriate use of s136 of the Mental Health Act, and a lack of follow on support and monitoring.

4. However, there is much still to be achieved in this area, and many of the levers to effective change are now found at a local level. Indeed, **it is crucial to note that these issues cannot be solved simply by improving partnership responses between the police and statutory mental health services, and the committee must look wider than this relationship.** Commissioners and strategic leaders from the policing, health, mental health, social care, housing and voluntary sectors are all key partners in achieving change.

5. In this submission, we focus predominantly on two key overlapping areas:

   - Providing pathways into effective support for vulnerable people who face multiple and complex needs (including substance misuse issues, homelessness, and repeat offending), whose problems are exacerbated by mental health issues which are undiagnosed or considered 'sub-threshold' for secondary mental health services.
   - Improving responses for suspects and offenders with mental health problems.

[1] Our recent review of police and crime plans found a significant emphasis on mental health as a priority for PCCs. See Britton, S. et al (2013) *First Generation: One Year On* London: Revolving Doors, pp. 17-20 for further details. Available here: http://www.revolving-doors.org.uk/documents/first-generation-one-year-on/

6. Our submission has been shaped in consultation with members of our National Service User Forum, and considers positive developments and good practice around crisis responses, diversion, police custody healthcare, and police training, while making recommendations around continuing gaps in the system.

7. Key recommendations include:

- Local versions of the Mental Health Crisis Care Concordat should include plans for those facing multiple and complex health and social care needs but not qualifying for ongoing support from secondary mental health services. These individuals often fall through gaps in provision locally.
- There must be robust monitoring of short, medium and long term outcomes for all those subject to a response under the Mental Health Act, and a focus on reducing the number of so-called 'frequent flyers'.
- More should be done to develop alternatives to section 136, so that police officers have other options available locally to respond to vulnerable people.
- The government should consider how out of court disposals (OOCDs) could be used more effectively to tackle the underlying problems of low-level offenders with mental health issues as part of their ongoing review of the OOCD system.
- NHS England should closely monitor the quality of mental health related care provided in police custody, including: waiting times for assessment; access to medication; and measures of user satisfaction.
- The government should conduct a full review of appropriate adult provision for vulnerable adults, including the arrangements and responsibilities for commissioning these services
- An NHS commissioner should be identified in each area with responsibility for the link between custody and the community.
- The College of Policing should conduct a review of mental health awareness training, which should engage with former service users and consider the role of service users in providing improved training to the police.

Crisis responses

8. Responding to people suffering a mental health crisis is a challenging area for the police and partner agencies, and places a significant burden on police resources.[2] The problems highlighted in recent reports on police responses under the Mental Health Act corroborate the key issues identified in our review in the North East as part of the Big Diversion Project. These include: access to ambulances and appropriate transport; access to appropriate heath-based places of safety; waiting times for assessments; training for police staff; and the need to strengthen partnership working.[3]

[2] Research commissioned by Staffordshire PCC Matthew Ellis estimated that police officers in his force spent between 15-25% of their time responding to mental health related incidents, prompting the PCC to recruit a mental health programme manager to his team. Further information available here http://www.staffordshire-pcc.gov.uk/2013/09/pcc-appoints-mental-health-programme-manager/ :

[3] Anderson, S. et al (2012), *Big Diversion Project: Current State Analysis of Diversion Services in the North East Region – Final Report*, London, Revolving Doors, pp. 10-11. Available here: http://www.revolving-doors.org.uk/documents/final-report-bdp/

9. Members of our service user forum have also reported significant inconsistences in their experience of crisis responses, with one forum member subject to repeated crisis interventions under s136 having been detained in all potential places of safety (including police custody) at different times. While in some instances he felt officers responded appropriately, on many occasions their response was wholly inappropriate, including one instance where he was tasered while threatening to self-harm. Where they are used, police vehicles, police cells, and handcuffs were reported to make individuals feel criminalised.

10. **We welcome the government's review into the operation of section 135 & section 136 of the Mental Health Act as an opportunity to learn from areas of best practice and improve responses to these issues.** We also welcome the development of the new Mental Health Crisis Care Concordat, in particular its broader scope in covering prevention and ongoing support, the range of strategic partners it brings together, and the commitment by all agencies to review progress annually. Meanwhile, the 'street triage' pilots supported by the government could help to improve partnership responses between the police and mental health providers, improve the identification of mental health issues, ensure more appropriate use of s136, and speed up assessments and access to health-based places of safety.

11. Challenges are likely to remain, however, in two key areas which we feel should form an important part of the Committee's inquiry. Firstly, evidence suggests a high number of individuals are currently released following detention under s135/136 with no further action being taken. Although national recording and monitoring of outcomes is poor, and there is likely to be significant variation between areas,[4] our research in the North East showed around 50-75% of detainees recorded as released with no further action.[5] In some cases, this may have been a result of inappropriate use of the Mental Health Act. However, it is also often because individuals are deemed 'sub-threshold' for secondary mental health services, with pathways into alternative support unavailable.

12. Where an individual is detained under the Mental Health Act, this should represent an opportunity for them to access support even where further detention or ongoing secondary mental healthcare is not appropriate. Local commissioning will be crucial in ensuring availability of a range of support pathways, and as such **local versions of the Concordat should include plans for people facing multiple and complex health and social care needs who do not qualifying for ongoing support from mental health services, and who often fall through gaps in provision locally.** There should also be **robust monitoring of short, medium, and long-term outcomes for all those subject to a response under the Mental Health Act, and a review of so-called 'frequent flyers' to establish whether more could be done to provide ongoing support and prevent future crises.**

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[4] See HMIC, HMIP, CQC & HIW (2013) *A Criminal Use of Police Cells? The use of police custody as a place of safety for people with mental health needs* London: HMIC, pp. 20-23 Available here: http://www.hmic.gov.uk/media/a-criminal-use-of-police-cells-20130620.pdf

[5] Cleveland police reported that 76% of detentions resulted in no further action, with a figure of around 50% reported in Durham and (anecdotally) Northumberland. The figure for Cleveland is likely to have improved since this research as they were early adopters of the 'street triage' approach, which should reduce inappropriate use of the section. For further details see Anderson, S.(2012) *Big Diversion Project – Final Report* p. 59, available here: http://www.revolving-doors.org.uk/documents/final-report-bdp/

13. Secondly, **more should be done to develop alternatives to section 136, so that police officers have other options available locally to respond to vulnerable people where sectioning is not appropriate.** This was strongly supported by members of our National Service User Forum, who felt that an emphasis on neighbourhood policing, with police officers building strong links with community services and getting to know local people, was crucial to improving both crisis responses and responses to other mental-health-related incidents. The role of mental health liaison officers was identified as an important part of this landscape:

    "*There should be a liaison officer who goes round learning who's who so that if you do come in [to the police station] the liaison officer goes oh hang on a minute I know him, handle him this way. Or they [the police] can phone them and say do you know about this geezer*"

14. The Metropolitan Police are implementing an approach which enables officers to record when a vulnerable person comes to their attention via the MERLIN system, with email referrals automatically made to social services departments. Taking this approach further, in north-west London individuals who show up repeatedly on MERLIN can be discussed with partners in a MARAC (Multi-Agency Risk Assessment Conference) case management meeting. While this approach is under development, it holds significant potential in identifying people with a broader range of vulnerabilities at an earlier stage, as well as giving officers another option when an individual gives them cause for concern.

15. The New Directions scheme in Warrington provides a further example of how neighbourhood policing teams can build relationships with community services to respond more effectively to vulnerable individuals, both as an alternative to s136 and where low-level anti-social behaviour or offences have been identified.[6]

New Directions Service, Warrington

The New Directions service in Warrington provides a link between neighbourhood police and mental health services. As an early intervention service, it identifies individuals with low-level problems who are at risk but would not normally be helped until their condition had deteriorated much further. Following referral by neighbourhood police, a team of two full-time workers assess the person's needs and offers support and signposting to a range of community services.

The scheme has had a substantial impact on those it has worked with, achieving:

- A 78% drop in reported crime compared to the pre-intervention rate
- A 71% fall in 'Vulnerable Adult' reports – after an initial fall of 54%
- A 30% reduction in anti-social behaviour in the first year of operation.

Further information is available here: http://www.revolving-doors.org.uk/partnerships--development/projects/warrington/

[6] A description of the service hosted in the Local Authority website is available here: http://www.warrington.gov.uk/info/200474/mental_health/201/mental_health_services_in_warrington/4

Diversion

16. There has rightly been a strong focus recently on improving responses for people experiencing a mental health crisis in the community. However, given the prevalence of mental health problems in the criminal justice system it is clear that many cases where individuals with a mental health problem come into contact with the police involve an offence being committed.

17. The Bradley Report (2009) made a series of important recommendations that continue to shape policy around mental health in the criminal justice system, and remain pertinent to this inquiry. In particular, Lord Bradley recommended that mental health liaison and diversion services should be available at all courts and policy custody suites to identify mental health problems and learning disability at the earliest point in the system, and to divert people away from the criminal justice system and into support services where appropriate. **We welcome the continued cross-party support for the Bradley Report recommendations, and the coalition government's continued commitment to rolling out of liaison and diversion services nationally**, subject to approval of the business case that is under development and will form the basis of a decision next autumn.

18. Key success factors for diversion services working with people facing multiple and complex needs have been identified in a recent report by the Centre for Mental Health, based on a review of schemes in Lewisham; Manchester; Portsmouth; and in Plymouth, Bodmin and Truro.[7] Key features include:

    - Robust systems to identify people with mental health problems and learning disability, including ability to assess for a broad range of psycho-social needs
    - Assertive approach to engaging clients, who are likely to have had poor experience of public services to date
    - Relationships with a range of agencies, able to connect to services and negotiate personalised packages of care.
    - A focus on meeting basic needs first, including housing and benefits advice.
    - Acting as a gateway to secondary mental health care where this is appropriate.

19. These features are reflected in the Operating Model for liaison and diversion services developed by the Offender Health Collaborative, which consists a core and extended team to ensure a wide range of partners are involved in liaison and diversion services. This requires strategic buy-in from a range of partners locally, and it is therefore crucial that **a wide range of local commissioners contribute to the planning and development of liaison and diversion services, ensuring that they are linked into a broad range of support pathways.**

20. As noted above, diversion out of the criminal justice systems will not always be appropriate. In cases where the individual is charged, it is important that information on mental health needs and other vulnerabilities forms part of the decision making process. This should also be the case for out of court disposals (OOCDs), and **the government should consider how OOCDs could be**

[7] Durcan, G. (2014) *Keys to diversion: Best practice for offenders with multiple needs* London: Centre for Mental Health, p.4. Available here: http://www.centreformentalhealth.org.uk/news/2014_keys_to_diversion.aspx

used more effectively to tackle the underlying problems of low-level offenders with mental health problems early as part of their ongoing review of the OOCD system.[8] A number of schemes are already using OOCDs, including variations of the conditional caution, as an opportunity to link people facing health and social care problems into support as part of a 'triage' approach, building on the success of triage in the youth justice system.

Hull women's triage project

Hull women's triage project is a partnership between Humberside police, Hull Youth Justice Service, and Together Women's Project. Recognising the distinct needs of women offenders, it seeks to divert appropriate cases away from the formal criminal justice process to address the underlying cause of their offending.

All adult women coming through police custody receive an assessment, conducted by a social services professional, to identify support and diversion opportunities. Those who are considered suitable to be diverted without a formal criminal justice outcome are given an appointment at Together Women Project within a week (provided they also admit the offence, and with the wishes of the victim taken into account). If diversion is not appropriate, the outcome is considered on an upward sliding scale of conditional caution to charge, while retaining a focus on meeting the offender's needs and focusing on rehabilitation within this disposal.

The project will be subject to an independent evaluation by the University of Hull, and there is a strong ambition, subject to positive evaluation and resources, for a staged process to expand the triage approach to all adult offenders.

Police custody: Healthcare; advocacy; and ongoing support

21. Police custody is not an environment that is conducive to the mental wellbeing of detainees, whether held there inappropriately under the Mental Health Act or as suspects. Members of our service user forum reported predominantly negative experiences regarding how their mental health problems were assessed and responded to in police custody:

    "There was a doctor but his main outlook is to protect the officers and the building and all that stuff. He doesn't really care about your mental state, he only worries about your physical state…at the end of the day he wants to know if you're fit to take an interview."

22. Other problems raised reflected those in our recent briefing *Healthcare in Police Custody: User's Views,* including: an unwillingness to share sensitive information with the police rather than a health professional (particularly at a busy custody desk); frustration at having to repeat their story over and over again; delays in receiving medication; long waits to see a healthcare professional; a lack of support and advocacy; and poor continuity of care with people feeling that they were simply patched up and released without any information on further support or community services available.[9]

[8] For further information, see our response to the government's consultation available here: http://www.revolving-doors.org.uk/documents/out-of-court-disposal-response/

[9] Revolving Doors Agency, *Healthcare in Police Custody: User's Views,* London, Revolving Doors. Available here: http://www.revolving-doors.org.uk/documents/healthcare-in-police-custody-users-views/

23. Some of these issues may be addressed through liaison and diversion services, improving identification and screening of individuals facing mental health problems and providing access to NHS databases. However, **given the high level of mental health need in the offender population the government and NHS England should monitor closely the quality of mental health related care provided in police custody, including waiting times for assessment and access to medication.** The NHS England Health in the Justice System team in London are currently developing a strategy to ensure that they are engaging with service users throughout the commissioning process and continually monitoring user satisfaction. Lessons should be learned from their approach and rolled out to other regional teams.

24. Members of our service user forum also stated that what most often helped them in police custody was simply when somebody took the time to listen and help them to calm down:

    "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."

25. This highlights the importance of advocacy and support in the custody environment. The Police and Criminal Evidence Act 1984 (PACE) Codes of Practice are clear that an appropriate adult should be present to safeguard the rights and welfare of vulnerable adults when they are questioned or charged by the police. However, there is no corresponding duty on any agency to provide an appropriate adult service. This leads to huge inconsistencies in provision across the country, as highlighted by the National Appropriate Adult Network (NAAN)[10] and our findings in the North East.[11]

26. **The government should conduct a full review of appropriate adult provision for vulnerable adults, including the arrangements and responsibilities for commissioning these services.** Members of our service user forum also suggested that local peer support networks ("experts by experience") should be trained as appropriate adults, as they would be skilled to provide broader support beyond the specific duties under PACE Code C and would be trusted.

27. **Healthcare providers and commissioners should also view linking people into ongoing support as a priority,** where needs are identified and individuals are set to leave custody. This requires a culture change from a situation where the remit of custody healthcare is to identify immediate physical health needs of detainees and prevent deaths in custody, to a more public health informed approach which sees custody healthcare as part of broader NHS provision, and recognises that custody provides an opportunity to engage people that often have ineffective contact with mainstream services and face great health inequalities. The ongoing transfer of custody healthcare commissioning to the NHS is likely to help this. However**, this should be**

[10] See http://www.appropriateadult.org.uk/index.php/policy1/vulnerable-adults/9-public-articles/143-looking-out-adults

[11] See Anderson, S., (2012) *Big Diversion Project – Final Report,* pp. 74-77 & p. 81, available here: http://www.revolving-doors.org.uk/documents/final-report-bdp/

reinforced by identifying an NHS commissioner in each area responsible for the link between custody and the community, ensuring services are more joined up.

Police awareness and training

28. Members of our service user forum consistently raised the issue of the awareness and attitude of police officers towards mental health as the key factor that shaped their experience. Despite reporting some positive experiences, there were also many instances where the police response was felt to be unhelpful, inappropriate or heavy-handed.

29. Forum members felt that the police needed improved mental health awareness training. While acknowledging that the police have a heavy burden in terms of training, service users felt that people with experience of mental health problems and police contact could play an important role in delivering training, helping officers to understand a service user's perspective on a more personal level and advising on how to respond. **The College of Policing should conduct a review of mental health awareness training**, which should engage with former service users, and consider the role of service users in providing improved training to the police:

    "We want to know how they're trained and be part of writing that training programme so it doesn't matter which person delivers it, it's delivered the same. So every single officer gets the same information/idea of what's going on and how to handle it."

30. While this training should include identification of mental health problems and other vulnerabilities such as learning difficulties, forum members stressed that this should not involve learning all diagnoses. Instead, police should be able to identify where there are problems and have close links with other agencies to assess ensure an appropriate response. This fits with the approach being developed by the Metropolitan Police, where police officers are being trained to identify and record vulnerability, rather than training on the detail of each individual mental health issue.

For further information:

If the committee would like further information on any of these issues, or would like to receive evidence from members of our service user forum, please contact Shane Britton, senior policy officer:

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