

COMMUNITY OUTCOMES MEETING
SUPPORTING VICTIMS AND WITNESSES

31 JULY 2017

SUBJECT: MENTAL HEALTH

Report of the Chief Constable

<p>PURPOSE OF THE REPORT</p> <p>1. To provide an update to the PCC on Mental Health.</p>
<p>RECOMMENDATION</p> <p>2. That the Police and Crime Commissioner (PCC) seeks to understand the impact of Mental Health and how this is recognised within the West Yorkshire Police.</p>
<p>POLICE AND CRIME PLAN</p> <p>3. Mental Health is recognised as a priority in the Police and Crime Plan as well as Protecting Vulnerable People included as an Outcome. We have seen some great successes in how people with mental health issues are treated and supported within West Yorkshire whether they are victims or suspected perpetrators of a crime. However more needs to be done to reduce the risk of those with mental health issues both committing and becoming victims of crime. Mental health is a priority in the Police and Crime Plan with an associated action plan.</p>
<p>KEY INFORMATION</p> <p>4. The West Yorkshire Criminal Justice and Mental Health Forum was launched in September 2015 and includes West Yorkshire's Police and Crime Commissioner, West Yorkshire Police, NHS, Public Health England, the Ambulance and Fire Services, Mental Health Trusts, British Transport Police and the third sector. Through the Mental Health Forum the PCC will make sure that partners are working together to collectively support people with mental health issues who find themselves in the criminal justice system and look for opportunities to intervene at the earliest stage.</p> <p>5. During 16/17 the Forum worked together to submit proposals for the improvement and expansion of health based places of safety; the bid was successful. Some of the new facilities are already available, others are in the pipeline.</p> <p>6. Two important facilities have opened in the past year; the facility for children and young people at the Becklin Centre in Leeds, and The Haven in Bradford. Both centres provide an alternative to A&E or a police station for people suffering mental health crisis. These 'safe places' offer an appropriate environment in the community for mental health professionals to provide care and assessment for people in distress.</p>



Mental Health

Paper requested by: OPCC for Community Outcomes Meeting 31.07.17

Report on behalf of: ACC Hankinson

Report Author: D/Supt Minton

Summary

Mental Health and **protecting the vulnerable** is recognised within the West Yorkshire Police and Crime Plan as a top priority.

The Police and Crime commissioner has stated that *“more needs to be done to reduce the risks of those with mental health issues both committing and becoming victims of crime”*.

As a Force we have a key role to play in providing a first response to those in crisis suffering with mental ill health, personality disorders and people who are feeling suicidal. We also have a responsibility to identify and support those who come to our attention on a regular basis.

The Department of Health defines mental disorder as *“any disorder or disability of the mind”*

This is a complex area and we recognise that we need a **workforce** that understands the issues so that we can ensure people receive the respect, understanding and response that is required in such sensitive and often difficult situations.

We know that only through **collaboration** with partners especially those working in Health, Adult Social Care and Support Agencies can we truly improve how we help people.

There are several areas of policing where Mental Health (MH) is a key factor

- People in crisis who may require detaining under S.136 of the Mental Health Act
- Missing cases where the person has dementia or is feeling suicidal.
- People who make repeated calls to the police and other agencies due to their MH conditions or personality disorders.

- Offenders who have MH problems which can be a key factor in them committing criminal offences which sometimes are the most serious offences.
- Victims of crime may be more vulnerable and targeted because of their MH or may suffer MH problems as a result of the crime committed against them.

Our approach to problem solving and Early Help recognises that identifying and responding earlier to problems needs to be our focus rather than waiting for a crisis.

Although it is difficult to quantify exactly how much time and resource the police put into dealing with mental health related incidents it is recognised nationally that it is both significant amount of time and very costly with the College of Policing estimating 20-40%. It is also recognised that sometimes the police are responding to situations because more appropriate services are not open 24/7 or there is no health care bed readily available. People in crisis should not be conveyed in police cars to police stations but should be with suitably skilled Mental Health Care professionals and so we are working hard with partners to build better and more appropriate services for those that are in immediate need of care and support.

It is hoped that the Police and Crime Act which makes several changes to the MH Act 1983, will be a positive driver to improve services for those suffering a MH problem. It makes it necessary that we consult with a MH practitioner before detaining someone under the Mental Health Act. It also completely rules out the use of police cells for children. What is very positive in West Yorkshire is that the police and partners have already put in place access to a Mental Health professional to provide information and guidance to officers.

Report Details

- MH Incidents have increased steadily since 2014, however they have now stabilised. Comparing the last 12 months to the previous 12 months there has been a slight increase of 2.4%. This is an actual increase in the last 2 years from around 850 to 1300 calls per month. However many incidents that the police respond to are not directly a MH call, but MH will be a key factor in the situation - this will not be captured here and so the overall impact is far greater.
- S.136 detentions have reduced significantly over the last 2 years and the trend has now started to stabilise. The current rate of reduction is – 2.7% in the last 12 months compared to the previous 12 months. This is driven by a marked reduction in use of custody, although non-custody detentions have increased slightly. The current monthly average is 10 compared to 14 the previous year. For those detained under S.136 of the Mental Health Act who are taken to health based places of safety the figures are quite static and average 90 per month. As a force we are aware that we have the highest number of 136 detentions outside London but a recent audit of these cases showed that officers appeared to be doing their best to ensure that people who they assessed as needing immediate care and control were taken to a health based place of safety.
- Leeds District accounted for 41.9% of all incidents in the last 12 months and has the highest rate per population at 8.6 incidents per 1,000 population.
- Impact on offending – it is clear from custody records that when people are booked into custody many admit to having Mental Health issues. We also recognise that those with MH Conditions can commit some of the most serious offences and MH risks have been identified as a key factor in a number of Serious Case Reviews.
- Impact on Victims – MH can both be factor in why someone is victimised and also affect the MH of the victim. National data quoted by the organisation Safelives states that 40% victims

of Domestic abuse suffer with MH. The University of London has research to show that women with MH issues are 5 times more likely to be victims of rape and other serious sexual offences.

- Missing incidents – Over the last few years missing incidents overall have risen sharply and so whilst the overall percentage of cases where MH is a factor has reduced the total had gone up steeply. In 2015 to 2016 there were 1096 high risk missing cases and of these 663 people had MH issues recorded. In 2016- 2017 out of 2126 high risk cases 1075 had recorded MH issues.

ONGOING WORK AND DEVELOPMENTS

- Neighbourhood policing, Early Help and Problem Solving in Partnership
Mental Health leads in all districts have developed a series of local partnership meetings that aim to identify and support those suffering with serious or repeated MH issues. Local SPOCs are proud of the work being done locally to ensure that those in need receive the care they need. Most districts are currently in the process of developing local training for officers to further embed problem solving processes and highlight the support they can access through partners and promote the use of Mental Health Care plans which provide essential information to officers and other professionals when a person is in crisis. All districts receive monthly data highlighting issues at Mental Health Hospitals, repeated Missing cases and high calls for service so that local problem solving can take place.
- Identification and Specialist Support - Districts now hold Safeguarding Tactical assessments where vulnerable people are identified and tasked to relevant officers to undertake problem solving with partners to get the right help and support. For example in repeated Child missing and CSE cases officers may attend Strategy meetings with Social Care and other partners to look at how that child can be given the appropriate medical and therapeutic support that they need. Districts are now starting to focus on vulnerable adults and build better partnerships with Health and Adult Social Care.
- Access to Mental Health Professional in control room and specialist units.
 - Bradford has a service called First response which includes a dedicated line for officers to obtain triage advice around the clock and at peak times a Nurse based within the Police Control room. There is also a new provision called Safe Space to support children and young people in crisis situations. Bradford also has an Approved Mental Health Social Worker seconded to the district for two years to support improvements in partnership working.
 - Calderdale has a Police Liaison Mental Health nurse based within the police control room during the times of highest demand from 2pm till 2am and a 24/7 helpline for police to obtain specialist advice.
 - Kirklees also has a mental health nurse co-located in the police control room providing a combined crisis, triage and police liaison role.
 - Leeds have a Street Triage team who operate 24/7.
 - Wakefield have plans in place to have a combined crisis/triage and liaison role.

- Both Wakefield and Leeds Custody suites have a dedicated Liaison and Diversion Nurse who provides support in MH cases – this will be rolled out to all custody areas within the next 3 years.
- All custody suites have a nurse to provide immediate medical attention – many of these nurses are MH specialists.
- Action to address mental health service provision - At both a force and district level there is a good level of partnership working. Through the Mental Health Forum the PCC is making sure that partners are working together with the police to improve services. Strong and productive partnerships exist in all districts and the Safeguarding Governance Unit are involved in the work of the Mental Health Vanguard, the Blue Light Collaboration and represents the force at the National Mental Health Forum.
- Suicide - The Sudden Death report on the Police handheld pocket notebook now includes a question about suicide in order to share information with Public Health providers to them to respond more quickly to emerging trends. West Yorkshire police are part of the Suicide Prevention task and finish group to develop a five year strategy to reduce and prevent suicide in West Yorkshire.
- Preparation for the Policing and Crime Bill – At both Force and District level, partnership meetings are being held to prepare for the proposed changes to legislation. Partners are having healthy dialogue with us about changes to commissioning and potential new collaborations to ensure services, staff and beds are available when needed. A recent audit of S.136 showed that there can still be lengthy delays and so a partnership case study event is planned to look at how we can reduce these delays in future and learn from recent cases.
- Data collection - The Police handheld pocket notebook is now enabled to record MH incidents at the scene and collect data that is required to understand the impact of MH on police resources. Phase 2 of this project is now underway to develop data that will better inform senior leaders and partners of the issues.
- Training - All districts have provided training to officers in various areas of MH, this has been through E-Learning or District training days covering dementia, suicide, the Herbert protocol and introducing the role of MH nurses in the Police Stations. The College of Policing – Mental Health and Learning Disabilities Learning Programme is due to be rolled out later this year – we are hoping that the changes proposed in the Police and Crime Bill will be finalised soon so that officers can receive the most up to date guidance. In the meantime some districts are focusing their training on MH around problem solving and partnership working.

EQUALITY, DIVERSITY AND HUMAN RIGHTS CONSIDERATIONS

Treating people with dignity and respect is a key focus of the training that is delivered about mental health. Recognising that sometimes people need treating differently because they have a condition

such as dementia or a learning difficulty such as autism is important to ensure that we meet the needs of the individual and get them the extra help and support they need.

STRATEGIC RISK IMPLICATIONS

- S.136 procedures and the new Police and Crime Bill - being delayed at health based places of safety and waiting times for assessments or beds is an ongoing issue and it may be that the new legislation when it comes into force could actually increase the time that officers spend dealing with incidents.
 - Where those detained also require taking to Emergency Departments or are violent and/or intoxicated the problem is further increased as officers are sometimes needed to support health professionals.
- Financial implications – The long term consistent funding of posts is a key issue. The current funding streams for MH nurses in DCRs and specialist nurses in custody suites come from several different agencies and grants and some are time limited. How we collaborate in future with other ‘Blue Light’ and emergency services will be key to maintaining our effectiveness whilst making efficient use of resources.
- The impact of Mental Health on Police resources – as the volume of cases involving Mental Health increases and we strive to deliver better services for our most vulnerable members of society – we recognise that this may reduce our effectiveness in other areas of policing. The time and effort needed to identify and support people suffering with MH is considerable. How we do this alongside our other key areas of business is a constant challenge.

SUPPORTING DOCUMENTATION - None