

Mental health in policing and police custody – inquiry by the Health, Social Care and Sport Committee

A joint response by Cais, Hafal and the Morgan Academy

About us

Cais aims to empower positive changes in the lives of people affected by addiction, adverse mental health, unemployment, offending and other life challenges, through a range of services and support delivered by skilled and experienced staff and volunteers.

Hafal supports people with mental health problems - with a special emphasis on those with a serious mental illness - and their carers and families; we also support others with a range of disabilities and their carers and families.

The Morgan Academy is a research-based think tank created to deal with the pressing ‘wicked issues’ of public policy in Wales and the wider world; as well as promoting critical thinking, we work collaboratively to promote innovative evidence-based policy.

The three organisations have drawn on their distinctive experience and perspectives to develop this response.

Comments on the inquiry’s areas of consideration

Whether there are sufficient services (i.e. health and social care services) available to support police officers in Wales to divert people with mental health problems away from police custody.

- Our direct experience, both as providers of general services and as specialist providers of Appropriate Adult services, is that there are insufficient services in terms of location, availability, and capacity
- There is a specific problem in not having sanctuary facilities in Wales, the nearest being in Bristol. One attempt to develop this service in Cardiff had wide support but could not obtain commitment from one agency; other initiatives are now in hand in Swansea and Llanelli
- Lack of sanctuary or similar services means that some individuals, having no alternative out-of-hours service to turn to, repeatedly come into contact with police but are not assessed as being in crisis
- There is an additional problem of police services not having consistent and up-to-date information about what services are available; a new App has been developed in South Wales which may provide a solution

The number of people arrested under section 136 of the Mental Health Act 1983, and the extent to which police custody is being used as a place of safety for people in mental health crisis.

- We have observed considerable progress in reducing use of police custody for those arrested under section 136 from a poor start three years ago
- A challenge remains to ensure this practice is fully implemented and maintained

Whether local authorities and health services are meeting their duties and complying fully with legislative requirements to provide appropriate places of safety to which the police may take people detained under section 136 of the Mental Health Act 1983.

- As above we observe progress in compliance but progress is patchy and we know that access to health-based places of safety has been compromised by a lack of available beds in acute care. This means that unless suitable accommodation is found for those taken to a health-based place of safety, that unit quickly turns into another acute admission ward and the place of safety is unavailable for further admissions
- The legal duty is a limited lever for change: we are concerned that legal compliance is not a substitute for good practice within places of safety wherever located

Adherence to the Code of Practice to the Mental Health Act 1983 which requires that people detained under that Act should always be conveyed to hospital in the manner most likely to protect their dignity and privacy – taking account of any risks (i.e. by ambulance which should be made available in a timely way, as opposed to police transport).

- We do not know enough about current practice to assess the extent to which the Code is being adhered to but anecdotally we are aware that availability of ambulances is frequently an issue
- We believe this is an area where the Code should be revisited and more flexibility considered. Our experience suggests that patients and families are most concerned about speed of response - and dignity can be compromised as much by delay as by the mode of transport: but any change should be led by the views of patients and families
- Use of other vehicles and (where unavoidably police vehicles are used) unmarked cars (and perhaps police officers in plain clothes), might form part of a more flexible approach

How effectively police forces in Wales work with partners (such as health or social care services) to safeguard vulnerable people in police custody, and how well the police themselves identify and respond to vulnerable people detained in custody, specifically those arrested under section 136 of the Mental Health Act 1983.

- Our experience in providing Appropriate Adult services suggests that there have been improvements in police management of vulnerable people in custody, including more routine call-out of an Appropriate Adult

- However, there remain inconsistencies: it is not uncommon to find people in custody with obvious mental health problems who have not had an Appropriate Adult requested by custody staff nor had engagement with mental health and other services

The effectiveness of multi-agency care planning for people with mental health problems when leaving custody, specifically for those detained in police custody under section 136 of the Mental Health Act 1983 to help to prevent repeat detentions.

- Wales' Mental Health Measure, alongside the distinctive Welsh Code of Practice for the Mental Health Act, prescribes holistic Care and Treatment Plans for people with a serious mental illness. This requirement forms a basis in law for care planning which is unique in the UK
- However, current practice falls short. In July 2018 the NHS Wales Delivery Unit published its *National Report on The Quality of Care and Treatment Planning - Assurance Review of Adult Mental Health & Learning Disability Services*. The report found that, although Care and Treatment Plans were widely now in place, "the quality of CTPs is generally poor. CTP outcomes are not routinely: specific, measurable, attainable, realistic and time-bound (SMART). As such CTPs outcomes are frequently not measurable...Importantly the Measure is not being used as the central document to coordinate and review treatment and care, nor are service users or carers being routinely engaged in the formulation of their CTP as the Measure intended. This is leading to frustration by staff and service users alike"
- Our own experience reflects this: we see some good examples of care planning but many people who have been detained do not have meaningful Plans and often receive minimal support
- We have observed particular problems with "revolving door" repeat detentions of individuals which requires special attention on a multi-agency basis

Whether effective joint working arrangements are in place, with a specific focus on implementation of the Mental Health Crisis Care Concordat, including whether the Welsh Government is providing sufficient oversight and leadership.

- In our experience effective joint working has depended on local relationships and on local initiative and good will more than on national leadership. The result is great inconsistency and in many instances police and health staff still effectively work in isolation
- The Crisis Care Concordat Assurance Group is tasked with leading implementation of the Concordat but we question whether the Group has the authority and capacity to drive improvement and hold organisations to account
- The Concordat does not have "high status" in mainstream targets for health and social care agencies or for the police
- We understand that the leadership for the Assurance Group is shortly to change to a health lead role. While we welcomed the involvement of the Third Sector in leading the original group it was clear that without statutory authority this was unable to properly exercise an assurance function.

Other issues

- We have noted wide variation in consistency and quality across Wales in respect of both police and mental health services in relation to this issue
- We know that helping people with complex problems – especially co-occurring mental health and substance misuse problems – increases the challenge for effective joint working because this requires cooperation between professionals *within* health and social care as well as with the police. We are concerned that this client group may be disproportionately represented among those whose treatment falls short of best practice
- The special vulnerability of people with autism spectrum disorder (ASD) requires specific attention, including training of first responders. Stress reactions of people with ASD may be misinterpreted as acute mental illness, setting in train damaging consequences and inappropriate treatment. Consideration should be given to this in the context of wider policy on ASD as well as general health and well-being
- We recognise that the risks for staff as well as of patients must be a key consideration in decisions about places of safety, transport and other matters *in addition* to the availability of services
- We believe that imaginative use of technology – including people safe devices, mobile phone alerts, and monitoring live interventions - could offer the means of reducing risks and improving flexibility
- Improved staff training could also enhance safety and increase flexibility
- There should be recognition and a focus on the best practice which already exists: where agencies are cooperating effectively and resources are deployed efficiently clients *are now* receiving excellent support which keeps them safe, protects their dignity, and puts them on a pathway to recovery
- There is a need to evaluate mental health triage pilot services in police control rooms and the availability of services for onward referral: this may indicate a need for a new approach to commissioning including greater use of non-statutory providers

Suggested actions

- Welsh Government should make full implementation of the Concordat an overall priority (that is, not just in mental health) for Health Boards and Local Authorities, requiring them to report progress on explicit targets to the Minister of Health and Social Services whose sustained leadership and engagement is needed
- Police and Crime Commissioners should similarly make the Concordat a priority for their forces, collectively agreeing targets and deadlines for full implementation
- A formal bench-marking project could identify existing best practice within Wales and use this systematically to improve all services. The project could identify and benchmark best practice in joint working arrangements but also in co-occurring needs, “revolving door” clients, people with ASD, training, safety, and use of technology
- A fresh and *continuing* dialogue should be established with service-users and carers with *direct experience* (general experience of mental health services is not sufficient) of contact

with the police, custody, and the use of the relevant sections of the Mental Health Act: this should focus on their priorities – which may not always be as traditionally assumed - as well as their ideas for improving services

- A review of commissioning arrangements should be undertaken, including both consideration of pooled resources across police, local authority, and health services and also greater use of non-statutory providers which in many instances could be more cost-effective
- Consideration should be given to ensuring consistency of practice and approaches to improvement in the context of the broader health and well-being laws and policies in Wales, which emphasise human rights obligations and the underpinning values of autonomy, dignity and equality. This might be taken forward in the context of the current review of the Mental health Act itself

Further information and resources

- Our web-sites: <http://www.cais.co.uk/> <http://www.hafal.org/>
<https://www.swansea.ac.uk/morganacademy/>
- *Reducing Risk - Achieving Recovery: An action plan for people with severe mental illness who come into contact with the Criminal Justice System* sets out a broader range of short and long-term actions identified by service-users and carers with direct experience:
<http://www.hafal.org/wp-content/uploads/2017/12/Reducing-Risk.pdf>
- *Jo's Criminal Justice Survival Guide* provides practical advice for service-users and carers:
<http://survivalguide.hafal.org/>

Availability to provide further evidence

The three organisations are available to give further evidence including evidence in person; we also have service-users and carers with direct experience available to give evidence in person.