“Police approaches and management of situations involving persons with mental ill health – Knowledge Exchange Group Template.”

PLEASE NOTE: This working presentation is a live document intended to inform and stimulate discussion and debate within the partner organisations involved in this specific research project, but also to contribute to a wider conversation involving academic and police related colleagues. PLEASE DO contact us if you have any comments or questions or would like to discuss the ideas in this document further: Please contact the lead author,

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KEELE & STAFFORDSHIRE UNIVERSITIES POLICE KNOWLEDGE FUND DISCUSSION AND POLICY DOCUMENTS

Keele & Staffordshire Universities Police Knowledge Fund Discussion and Policy Documents

This presentation is one of a series published in open access format by members of the joint academic research team from Keele and Staffordshire Universities as part of a broader research project - ***Developing an Action/Work-based learning system for improved knowledge exchange, development and implementations through partnership working*** (Project code J11).

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This series of discussion and policy documents and presentation slides is intended to inform and stimulate discussion and debate within the partner organisations involved in this specific research project, but also to contribute to a wider conversation involving academic and police related colleagues. The views expressed in these documents are those of the individual authors and should not be regarded as representative of the views or official policies of any of the Police or related agencies that have collaborated in our research.

These documents regularly draw on research and evaluation of procedures and practices in a range of Police Forces, Offices of Police and Crime Commissioners and related partner agencies. While the project that has stimulated these documents was initially formulated in partnership with particular Police and related agencies and organisations, it should not be assumed or inferred that the discussion contained in these documents specifically relates to these partners, their policies or practices.

These documents are intended to be accessible to non-academic readers, and to provide an overview of a range of ideas, concepts and outputs from our research. We want these documents to stimulate debate and develop further knowledge exchange and production with a wider range of potential partners. If you have any comments or questions or would like to discuss the ideas in this document further, please feel free to contact the project lead cited on the title page.

Context of this Presentation - Policing and Mental Health: Liaison and Diversion

This presentation outlines the template for an approach taken in one strand of a PKF funded research project being completed by staff at Keele and Staffordshire Universities. This particular project initially developed from work already conducted by our partners Police and OPCC in response to the growing number of people with a mental disorder that came into contact with police each year. This number will include not only offenders but also victims of crime and those who simply require help or medical care. To support policing, and following recommendations made by The Bradley Report, multi-agency initiatives include street triage, liaison and diversion in custody and courts to allow for individuals to be appropriately redirected away from the criminal justice system. Across the Force area partnerships have formed to support this multiagency response and this has produced notable reductions in the number of individuals that the police have had to deal with.

This project is intended to augment this work, to support knowledge and skills acquisition at all levels of policing to develop confident and empowered staffing solutions. In this 'Test Bed' specialist academic staff initially worked with a sample of police officers and mental health specialists working within this area to identify issues, obstacles and concerns relating to Policing and mental health. This has been delivered through a series of Knowledge Exchange Groups (KEGs) with staff working at various levels. This presentation covers the organisation of a sample KEG. One-to-one interviews and small group activities have also been conducted with key personnel to identify issues that might not be raised in the KEGs.

Our approach.

As a first step for this project, members of the team carried out a 'snapshot' exercise to capture the situation at the commencement of the project. This included a series of interviews with key gatekeepers, a review of existing protocols relating to how Staffordshire police approach incidents involving persons with mental ill health, a review of recent scrutiny of mental health and policing issues in the Force area and a thematic review of the academic literature.

This exercise identified a number of potential areas for exploration in the KEGs including:

1. How do police officers traditionally approach and manage incidents where people exhibit signs of being in a mental health crisis? And/or present as being violent, aggressive or suicidal?
2. To what extent, if any, are traditional methods of policing used to manage incidents of mental health? i.e. force?
3. What explanations are there for an officer's decision to use force? And/or other techniques?
4. How does an individual's (police officer's) perceptions of 'dangerousness' impact on decision making and subsequently methods used to manage incidents where mental ill health might be an issue?
5. To what extent, if any, does alcohol affect the methods used by police to manage incidents of mental health?
6. What is the role of mental health nurses in managing incidents where a person may have a mental ill health issue?
7. What forms of communication are used with people in crisis?
8. What prior knowledge do police officers have before they are dispatched? Is this adequate, compared with, for example, a mental health worker?
9. To what extent does knowledge of previous encounters impact on future approaches used?
10. Roles and responsibilities of police officers in terms of social welfare and law enforcement?

Over the life of this project a series of KEGs have taken place including a range of key staff such as:

- Control room staff
- Frontline police officers
- Manager of access/crisis
- Police mental health lead.
- Mental health helpline representatives
- Triage/liaison/diversion staff
- Mental health commissioner for the Force area.

Consistent with a KEG framework operational police were asked to identify problems/issues pertinent to them that related to their dealings and management of people experiencing a mental health crisis. Each police officer took it in turns to present their problems while other members of the group were asked to listen, ask questions and provide possible solutions.

Police approaches and management of situations involving persons with mental ill health – Knowledge Exchange Group (KEG) Template

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Aims of the session

- Introductions
- Summary
- Update on actions
- Review
- New actions?
- Do we need another KEG?

(Facilitator Notes)

Introduction: Organic KEG – always developing. If you think of anything that we haven't, as a group, yet considered or how you might be able to add to the discussion we have this morning/afternoon please make a note and we'll come back to it in our discussions at the end.

Intro – co-facilitator to get participants to be reflective while lead facilitator delivering summary

Previous KEGs: Summary points

Challenges identified by police officers

- Volume of calls inpatient and public
- Use of section 136
- Inconsistency in engagement with partnership meetings

Wider issues effecting police work

- Austerity
- Adequacy of referral pathways
- Displacement of community mental health care

(Facilitator Notes)

Austerity:
Many of the police officers interviews expressed humanitarian concerns for the people who need help. Systems are described as unable to cope, where procedures and scenarios are merely wallpaper: meetings and referrals do not succeed because the people involved are forever being pulled in other directions. Although resources aren't always referred to the narratives of officers relentlessly move to the inevitably conclusion that the services are suffering from dire under-funding and that the personnel are trying to cope but believe they are failing.

Adequacy of referral pathways:
Reality is that people will often try to access service when they're at a point of crisis – through A&E or police

Displacement of community mental health care:
Assessing risk and decision making
Safeguarding and welfare
Supporting hospital staff

Previous KEGs: Summary points

- Risks
  - Over reliance on ‘individualised knowledge’
  - Communicating knowledge to frontline staff

- Individual → Institutional knowledge???

(Facilitator Notes)

Over reliance on ‘individualised knowledge’ - Staff turnover; established working relationships; trust. What happens when these people move on?

Communicating knowledge to frontline staff – training issue?

Individual → Institutional Knowledge?

- Training
  - Inter-agency training
  - Cross-agency shadowing
  - Service user input
  - Referral pathways
  - Feedback to frontline officers
  - Evaluation of training?
- Information sharing

(Facilitator Notes)

TRAINING:
College of Policing training (pack/policy?) will take 2 years to roll out,
the impact will not be apparent for 3 years.

Inter-agency training is desirable: 'bring the nurses in to train the police', but also vice versa. Include MH workers on ward procedures. Share information about roles and expectations.

Service user input: The various actors in a crisis have different priorities. The service user cares about how she/he is handled, the police officer is concerned about his/her powers and liability. The actors common sense can be at odds with the procedure: e.g., a police officer may reckon it would be best and simplest to put the person in the back of the car and take them to A&E, but this is not acceptable.

Referral ways– The police require sufficient and appropriate training: they do not need to diagnose, but they do need to know who to call. Clear guidance is required of commitment to services on the area. The service user is perplexed by the system and may think "If the ambulance person has to make six calls before support is found, how on earth am I supposed to know who to call when I am in a crisis?" Local footprint: things are different North and South Staffs. North, there is one 24/7 service, south there are three different phone numbers. "Who you gonna call?" "We must avoid being drawn into ever more elongated service provision."

Cross-agency shadowing was described as ideal, but the pressures of work have made this difficult. It would be ideal if all emergency services got the same training 'in the same room'.

Multi-agency reviews rarely give positive feedback to the grass-roots actors: little constructive critique.
Training needs to 'follow people around'. The evaluation of training can only be properly achieved several months later: has the trainee's understanding/practice/performance been enhanced six months after the training was delivered? Refresher training

INFORMATION SHARING
The first responder to a crisis (police/ambulance or whoever) ideally needs access to case histories, so that what is already known of a person in crisis is available. This would be more efficient, but would at times make situations safer for patients and responders.

Suggestions / Actions

- Training:
  - Full training on mental health, and refresher training, including service user input
  - Multi-agency input: urgent care crisis. Practitioners' panel.
  - Contact access team to look at shadowing
  - "What works?" forum, "Celebrating success" (Promoting people to share good outcomes). Vulnerability practitioner panel. Case study reviews: service users to lead police, ambulance, mental health, social services etc.
  - The role-profiles of PCSOs, local PCs. LPTs: clear guidance of commitment to services on the area.

- Look at data capture to feedback to mental health commissioner.

- Evaluation of training - Pledge card?

FEEDBACK

(NOTE: For those who weren't at the last KEG - think about what can you offer to fulfil the actions?)

Review actions

- Is it a completed action?
- Does the action need to be carried forward?
- What resources or expertise do you need to draw on?
- How can **YOU** help to take this action forward?
- Who will take ownership of the action?

Any new actions identified?

DO WE NEED ANOTHER KEG?

(Note: Other avenues/forums for these discussions to continue?)

EVALUATION

(Note: Includes Impact statement, and a pledge to take forward)