



Police Liaison Unit Welsh Government, Cathays Park

Protective Marking:	NOT PROTECTIVELY MARKED
Author:	[REDACTED]
Title:	Mental Health in Policing & Police Custody: Invitation for written evidence.
Version:	1
Summary:	All Wales Policing Response
Authorised by:	ACC Jon Drake.
Date sent:	10th March 2019

The Welsh Assembly's, Health, Social Care and Sport Committee has requested written evidence in respect of a spotlight inquiry into mental health in policing and police custody in Wales. This will focus on partnership working between the police, health and social care services (and others), to prevent people with mental health problems being taken into police custody, to ensure their appropriate treatment while in custody, and to help ensure the right level of support is provided when leaving custody.

This report crystalizes some of the on-going partnership work, challenges and also the opportunities for Welsh Government to support policing in Wales in respect of the mental health conundrum. The evidence provided is a blended compendium of forces responses to the inquiry's questions.

The inquiry asks seven questions which have been highlighted in bold with evidence provided beneath each question.

- 1. 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.**

Generally, forces emphasised that the provisions of the Crisis Care Concordat and the Police and Crime Act 2017 do not address the mental health funding issues in Wales.

¹The HMIC report, '*Picking up the Pieces*' recognises that the Crisis Care Concordat is a step in the right direction. It has made some improvements, most notably being the reduction in the use of police custody as a place of safety. This is not a problem that the police or partners can solve in siloes. Recommendation 5 (*Annex A*) of the report states that the Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change.

¹ [HMIC 'Picking up the Pieces'](#)

All forces have committed to either self-funding or joint funding arrangements with some health boards in respect of employing mental health triage teams that operate from within police control rooms. The triage teams offer professional support to frontline police officers and have immediate access to mental health records. Early intervention is key, unfortunately, access to both the out of hour's social and mental health services teams is a pan Wales problem for forces; as is securing a bed at a mental health unit where necessary. These shortcomings continue to exacerbate the impact of mental health demand on policing, tying up police resource with no sign of abatement.

2. 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.

The number of people detained under section 136 of the Mental Health Act 1983 being conveyed to police custody as a place of safety has reduced year on year. Most forces reported under one per cent of those detained under the act were held in custody. The decision to hold some people in custody was influenced by their individual circumstances, for example those pertaining to violence and aggression and/or lengthy delays to mental health assessments within the custody environment.

3. 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.

There is a mixed picture across Wales. Progress is being made to provide places of safety in a minority of health board areas with the provision of community mental health centres for adults and designated place of safety for persons under eighteen. Barriers to improvement still exist and progress is slower in other areas creating a general inconsistency. The non-availability of assessment suites due to staffing shortages and lack of bed space further compound issues. Where rurality exists, geography can also play a part in delaying access to mental health services.

4. 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).

Across Wales, partner agencies would appear to be failing to meet the needs of persons that require conveyance to a mental health establishment. Operational pressures on WAST and mental health services means that policing is filling the vacuum that is left. Police vehicles are consistently being used to transport persons to mental health establishments.²The College of Policing's guidance advises that police officers should request an ambulance on every occasion where a person is detained under the Act.³Also, Recommendation 5 of Lord Bradleys 2009 report underpins the need for health boards assuring the efficient transfer to and from secure mental healthcare. There appears to be more to do in this area and partnership working will be a critical success factor.

² [College of Policing Authorised Professional Practice](#)

³ [The Bradley Report 2009](#)

5. **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.**

Vulnerable people in police custody have been safeguarded to a higher standard since the introduction of the Police and Criminal Evidence Act 1984 underpinned by the European Convention of Human Rights. There is professional support provided by partners to those detained under the Mental Health Act. Efforts are made by the police to transfer persons from custody to alternative places of safety at the earliest opportunity. However, lack of bed space and staffing levels at mental health units can impact on this.

Of note, is that there appears to be a service gap in respect of the assessment of persons in police custody who have been arrested for a criminal offence. Where a person does not meet the threshold for an assessment but is displaying signs of mental illness, there is no provision for the detainee to be assessed by mental health practitioners. To manage the residual risk, the use of section 136 powers therefore appears to be increasing for persons under arrest for criminal offences.

A pilot scheme is currently being tested by South-Wales Police which is designed to assist frontline officers and health boards with the sharing of data when dealing with mental health demand.

6. **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.**

Section 136 detentions have decreased dramatically. Custody suites employ/utilise the services of health care professionals to safeguard vulnerable detainees and service their needs. They signpost detainees to appropriate services upon release unless transferred to an alternative and more appropriate place of safety. A detainee's immediate release is again dependant on any on-going criminal investigation and other behavioural risks.

Each forces' mental health triage teams collect data on persons that come into contact with the police. This is then used to manage risk associated with that persons and their individual needs through to the most appropriate outcome.

7. **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.**

Mental health triage teams are producing efficiencies for both policing and health boards. In its current guise the Crisis Care Concordat is a positive partnership. It has made significant improvements in reducing the use of police custody as a place of safety to their lowest levels to date.

Nevertheless, as previously indicated by recommendation 5 (HMIC report: ‘Picking up the Pieces’) the Crisis Care Concordat steering group should embark on a fundamental review of mental health service provision (*Annex A*). It might be suggested that the review considers legislative amendments and changes to existing operating structures; as well as current guidance.

Policing is currently experiencing unprecedented levels of mental health related demand, which continues on an upward trajectory. The police service has become the ‘de facto’ agency and the first point of contact for many persons suffering with mental ill health. This is unsustainable with finite police resources and diminishing budgets; whilst dealing with the proliferation of new emerging crime types and other increased demand.

It is noteworthy, that Welsh Government do provide oversight and leadership, however there is more to do to improve service provision and support policing in a non-devolved context. It is suggested that Welsh Government consider funding the mental health triage teams across the four Welsh police forces. A further consideration is that Welsh Government funds patient transport to hospitals as well as any proposed sanctuary models to create service consistency across Wales.

Partnerships commitments across Wales are inconsistent, evidence of good practice is siloed and not replicated across the country. Policing in Wales also seeks Welsh Government’s support to pump-prime funding in areas such as Multi-agency Safeguarding Hubs (MASH). These hubs are not present in every area and the police would fully support this as they cannot operate alone in tackling vulnerability and mental health.

“There is a need for an all Wales delivery model based on what works to prevent the revolving door of mental ill-health.” ACC Jon Drake

Annex A

Recommendation 5

The Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change. Although the first four recommendations are achievable, they won't solve the fundamental problem. There needs to be a comprehensive, long-term approach to identifying, assessing and supporting people with mental health problems.

Recommendation

By 30 September 2019, the Department of Health and Social Care (DHSC) and the Home Office should review the overall state response to people with mental ill-health. The scope of this work should include as a minimum:

- An assessment of the implementation of the Crisis Care Concordat;
- Crisis response and whether people with mental health problems can access appropriate services;
- The role and responsibilities of police officers when meeting people with mental health problems; and
- Whether there is sustainable and integrated support to prevent repeat contact.

The Crisis Care Concordat steering group should consider whether any changes are necessary, or should be considered, to legislation; structures; initial and ongoing training; and guidance and guidelines (for example, the APP and National Institute for Health and Care Excellence guidelines).

The Crisis Care Concordat steering group should report to the Ministers in DHSC and Home Office with relevant recommendations, to improve the whole system relating to mental health, for:

- The Department of Health and Social Care;
- The Home Office;
- The Ministry of Housing, Communities and Local Government;
- NHS England;
- The National Police Chiefs' Council;
- The Association of Police and Crime Commissioners;
- The College of Policing;
- Public Health England; and
- If necessary, other members of the Crisis Care Concordat steering group.