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Ymateb gan The Wallich

National Assembly for Wales
Health, Social Care and Sport
Committee
Inquiry into Mental health in Policing
and Police Custody
Evidence from The Wallich

Mental health and policing: response from The Wallich

Material provided by Wallich staff and clients

Response co-ordinated by **xxxxx**, Research Co-ordinator

At The Wallich, staff and clients have varying amounts of contact with the police, depending on the nature of the Wallich project. Our client group can have frequent interactions with law enforcement, and it is vital that vulnerable people are treated properly during these interactions, whether in custody or not.

This response to the consultation presents information provided by different members of staff based on their experiences working for The Wallich.

Responses from Swansea:

1). There is one current client with dual diagnosis needs and severe mental health issues. She has been putting herself in danger, which resulted in her detainment under Section 136 of the Mental Health Act; however, she was discharged because she'd been drinking alcohol. This has occurred several times, but the police have not arrested her under orders from the duty Sergeant.

On one occasion, the police handcuffed and used leg restraints on the client, before returning her to her flat as they were not able to use the police station as a place of safety. Unfortunately, mental health teams, for whatever reason (most likely capacity), are not picking up the cases they need to, which puts stress on the police, who do not have the knowledge or understanding of the client group. The project is trying to strengthen the relationship with the police, with regular visits from the PCSO and regular contact with the local sergeant.

2) A client at a Swansea residential project had serious mental health issues and made frequent bizarre threats to staff. Due to his intimidating behaviour, and after the client's GP refused to come and assess him, the police were called. Two officers came and took him into the office to speak with him, with no staff present, then took him to the local police station. A few hours later he returned to the project like nothing happened.

3) Recently, staff at a Wallich project in Swansea called the emergency mental health team to visit a female resident. The female client has mental health issues which most commonly manifest in bizarre comments and stories. She will not engage with the local mental health team, or allow staff to refer her, as she doesn't believe she has mental health issues. Staff at The Wallich are mindful not to challenge her stories or beliefs.

The police were called in the hope that the resident could be sectioned, as her symptoms could create huge issues in the project. Police arrived late in the evening while the client was watching television; there weren't any issues at the time, so the officers left. Night staff on duty said the police had no idea why they'd been called out.

Staff at The Wallich develop a good understanding of our residents once we've had time to build a good working relationship with them; we are not mental health workers, but we engage with people on a daily basis and build up an insight into their issues. Knowing more about how individuals are supported by mental health teams, and how the police deal with them, would be a huge positive for us. We understand the police have a different role to us, and different resource constraints.

Mental health agencies refuse to assess unless a client wants a referral; clients might be in turmoil and under the influence of substances when they ask for help. However, MH services expect them to be 'clean' - meaning that when someone most wants or needs support, they don't get it. Waiting lists are months-long and by the time appointments are available, clients might not be in crisis. I'd imagine the police have similar issues and difficulties. We all need to work together more effectively.

Response from BOSS project in South Wales:

The BOSS project works with prison leavers, and people nearing their release date from prison. BOSS staff support its clients in finding employment. As such, BOSS project staff engage with clients in custody and in the community. These comments are based on dealing with clients in prison custody rather than the policy setting, but there will be some pertinent points that apply in both contexts.

Through our experience of working in a custodial setting, we see that there is a lack of appropriate treatment for mental health. This has been observed directly; additionally, through conversations with others we have been informed that access to mental health services and appropriate medications is poor. To receive an appointment with mental health services for a possible diagnosis whilst in prison is also a lengthy process. Upon first entering custody it can take several weeks to obtain a prescription, even if they were receiving this prior to entering custody - this only worsens their mental health condition.

We have also observed men in custody who are clearly suffering from psychotic episodes being left without medication, bullied by inmates and staff, as well as being put into segregation rather than having the core issues dealt with.

Staff have been witnessed saying that those on an ACCT (Assessment Care in Custody and Teamwork) Order are 'attention seeking' and that they use up valuable staff time when completing paperwork and assessments.

PPO Officers based in Probation Services have enquired about organisations who specifically deal with mental health services, but there is a lack of knowledge of available services; this could be improved through training, networking and suitable links to agencies.

There is limited 'through the gates' planning, support and access to relevant agencies for those who are released with mental health issues. Some are left to fend for themselves, especially around access to housing and mental health services. Professionals have been overheard saying that 'these clients are a nuisance' and 'we will ban them from offices as they are aggressive'. This has led to recalls and reoffending. Clearly, remarks like these are unacceptable whatever the context.

In general, we find that a lot of mental health goes undiagnosed (both in custody and the community), access to treatment is limited and the knowledge of professionals to address mental health is lacking.

Responses from Carmarthenshire:

Two specific incidents occurred recently that required police involvement.

1). The first involved a young, female client and Carmarthenshire Police. The client seemed to be experiencing a psychotic episode and was self-harming. She refused to engage with project staff, and as staff tried to help her, she began vandalising the office.

Police promptly attended after the 999 call and removed the client under Section 136, assuring staff they would transport her to the local hospital. However, the officers did inform staff that it would be unlikely that the client would receive 'any realistic help' and that she had been known to them for a number of years. They felt she should be placed under Section 136 for her own safety, but that mental health services would not do this due to the client's 'previous non-compliance with prescribed medication and use of cannabis'. Police took the client to hospital as no ambulances were available and the client was discharged home within three hours.

The second incident occurred in the evening on a weekend, with South Wales Police. The resident client had been returned to the project by the police following 999 calls by a number of members of the public complaining of anti-social behaviour (screaming and dancing in the street).

The client had apparently been verbally abusive and attacked police officers, who handcuffed her and put her in leg restraints. After speaking with the staff on project it was agreed that the police would arrange to transport her to hospital for a mental health assessment, but when the MH Unit refused to see her 'due to a history of substance misuse', the Duty Sergeant advised that the police had to

leave her at the project in care of the staff and would not allow the officers to arrest her. This wasn't because of the 'assault' on them, or the ASB; it was felt that the police would not be able to access any mental health support for the client. In fairness to the individual officers, they remained at the project for several hours to try and ensure the client, other residents and staff members were not placed at any additional risk.

I have seen an increasing reliance on the police to access mental health support for clients over the past five or six years. Recently, however, the mental health services appear to be putting additional barriers in place: it is unclear to those of us 'on the outside' as to what the reasons are behind this. I have spoken with individual officers who say that the police are overwhelmed in dealing with incidents where mental health issues and/or substance misuse issues are involved.

2). I have always found the police listen to us staff members regarding our clients, and treat them appropriately. I can't say whether or not this is the same when we are not around to have a say. I would say though that the police are expected to be experts in lots of things including mental health issues, and they are given training in it, surely there should be mental health professionals available to give advice and support at any time day or night? I have known a case where a client was suicidal and was taken to the hospital by the police who treated them with dignity. Unfortunately, the mental health Crisis Team explained that the client wasn't at risk; the client was sent home.

Response from Bridgend:

Over the last year, there have only been 2 occasions in the Bridgend Young Person's Project where clients have been sectioned by the police.

The first time, the police were very understanding with the young person and he was removed from the hostel. The only downside was that they took a while to arrive on the night.

The second time the young person absconded from sectioning and returned to the project. The police were called and arrived quickly. Again, they were very understanding and treated the client with respect.

Response from Wrexham:

I deal with the police weekly if not daily in my role; I have found them to be very respectful and helpful.

Responses from Ceredigion:

1). In recent times, the police are generally very good with our clients.

2). I've had few work situations that could lead to 136 detainment - the only incident I can think of that could have escalated would be a situation in which a client was suicidal and suggesting he was planning to use drugs to kill himself.

Three police officers attended and deescalated the situation without the need for anything other than talking to client. Client declined conveyance to hospital, and police decided there was no immediate risk because staff were still present to make sure the client was safe. The police were skilful when talking with the client and explained multiple routes through which the client could seek help and follow-up support. The police dealt with the client in a very dignified and respectful way.

3). I've seen the police interact with a few of our clients now; they are becoming more and more respectful towards them. I liaised with them when one of our clients was threatening suicide and even though these threats had been made a few times prior to, the police responded with a great deal of concern and caution, looking for this client until they were found walking on the railway line - the client was detained under Section 136. Two clients in particular had lasting and profound mental health conditions and when they were unwell, their behaviours could be both bizarre and anti-social - the police treated both of these people both gently and respectfully showing concern for their dignity and welfare.

Groups of new officers used to come to the project to see what we do and it was obvious that they were learning about harm reduction/addiction/mental health issues in training. The younger officers seem better trained in dealing with mental health and addiction issues and appear less judgemental of homelessness. I know that the police are behind the push for the provision of a 136 bed in a different project - our local mental health unit - as we haven't had one there for a few years; police have been transporting people to Carmarthen.

Crisis team involvement has mainly seemed to consist of passing responsibility back to referring agencies as they are not keen to deal with dual diagnosis clients, whereas the police will engage with people whatever the circumstances and whatever their presentation. Police have had to intervene several times as it's usually the quickest way of getting someone seen.

4). The main point worth noting for me was the lack of support from the Crisis Team when I referred a person I was concerned for. They told me if the police picked the client up then they would see them in the police station straight away. They told me this was the quickest way of getting help, which I think encourages the criminalisation of people with mental health issues. Surely mental health teams should be looking to pick people up before it gets to the point that the police need to intervene?

On the other hand, attitudes to our client group in general have improved and they are treated with more compassion and understanding even when their own behaviour could be classed as confrontational.

5). As I see it, this is the usual cycle of events:

- Staff become concerned for a resident's mental health
- Resident refuses to attend GP or A&E

- Staff call Crisis Team; sometimes there is an answer, sometimes not. Crisis team refuses to attend project to assess resident
- Resident becomes more agitated and becomes a safety concern to other residents
- Staff call an ambulance - the resident may leave to be assessed at that point, or told that the Crisis Team will not see them while intoxicated
- Resident returns to the project without being assessed as the wait to access Crisis Team is too long or they are told they are too intoxicated
- Resident's behaviour causes issues for other residents
- Police are called; if they can satisfy their Sergeant that the person is at risk or a crime has been committed (or is likely to be committed) they can be transported to Carmarthen for assessment
- If the resident does not fit the criteria to be taken to Carmarthen, then the police can also take them to the station as a place of safety depending on the circumstances

In my experience the police have always been very helpful when a resident is in crisis, but they are obviously frustrated with the way mental health issues are handled. The police are far more helpful and responsive when a client is in crisis than the Crisis Team. Police help staff to look for solutions so that a person in crisis can access treatment. The Crisis Team just seem to put up barriers preventing people in need from accessing their services.