

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Iechyd, Gofal Cymdeithasol  
a Chwaraeon

Ymchwiliad i iechyd meddwl yng  
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Ymateb gan Her Majesty's Inspectorate  
of Constabulary and Fire & Rescue  
Services

National Assembly for Wales  
Health, Social Care and Sport  
Committee

Inquiry into Mental health in Policing  
and Police Custody

Evidence from Her Majesty's  
Inspectorate of Constabulary and Fire &  
Rescue Services

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## Health, Social Care and Sport Committee: Inquiry into mental health in policing and police custody

### Written evidence from HMICFRS

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) independently assesses the effectiveness and efficiency of police forces and fire and rescue services – in the public interest.

In preparing our reports, we ask the questions that citizens would ask, and publish the answers in an accessible form, using our expertise to interpret the evidence and make recommendations for improvement.

We provide authoritative information to allow the public to compare the performance of their police force – and, in future, their fire and rescue service – against others. Our evidence is used to bring about improvements in the services they provide to the public.

People with mental health problems need expert support that can be provided whenever it is needed and in an appropriate setting. The welfare of these vulnerable individuals when they come into contact with the police is a principal concern of the inspectorate. We look at this important element of policing primarily in our annual inspections of Police Effectiveness, Efficiency and Legitimacy (PEEL), and our joint (with HMI Prisons) inspections of treatment and conditions in police custody.

Annex A (pp.4-5) is submitted jointly with HMI Prisons (HMIP) and provides more information about the joint custody inspections and our main findings for the Welsh forces.

In November 2018 we also published our first policing and mental health thematic report: *Policing and Mental Health: Picking Up the Pieces*. This report makes it clear that whilst the police service is doing a good job in difficult circumstances, there are concerns over whether the police should be as frequently involved in responding to mental health problems as they currently are. The report concludes that there needs to be a radical rethink and a longer-term solution to

what has become a national crisis. Annex B (pp.6-8) provides more detail about this thematic report, which draws on PEEL findings.

All the HMICFRS inspection reports referenced here have been published. In the sections that follow (pp.2-3) we summarise findings from these reports related to those areas that the Committee has expressed an interest in.

### Are there sufficient services to support people with mental ill health in custody?

In general, our inspections showed gaps in mental health services to support the police in diverting mentally unwell people away from custody, and to obtain prompt Mental Health Act assessments for detainees in custody.

### Use of section 136 detentions

Partnership working in the three forces inspected as part of the joint custody inspection programme in the last 3 years (see Annex A). All three forces had multi-agency mental health protocols setting out the respective responsibilities of partners when managing individuals detained under Section 136 of the Mental Health Act 1983.

Our inspections noted that numbers of people detained under section 136 and taken to custody were reducing but remained too high. There were not enough health-based places of safety to meet demand. This led to individuals being taken to custody when diversion would have been more appropriate. We were consistently told by frontline officers from all forces of the long waits they had with mentally unwell people, either in police vehicles or at mental health facilities, waiting for Mental Health Act assessments.

#### *Mental health assessments in custody*

Detainees arrested for an offence but who subsequently required a Mental Health Act assessment were often held in custody for long periods while waiting for assessments. There were also delays in transfers to a mental health bed.

Since our most recent custody suite inspections of Welsh forces, the Policing and Crime Act has come into force in relation to prohibiting the use of custody for section 136 detainees, other than in exceptional circumstances, and for children. Our inspections of forces in England since that date have shown few people detained under section 136 in custody, but there are indications of emerging problems in trying to deal with mentally unwell people outside of custody.

### Partnership working, including the mental health crisis care concordat

In some ways, our inspections have found that the Welsh forces are better than their English counterparts in developing and working within partnership arrangements to support individuals in mental health crisis to divert them away from custody. However, this has not always resulted in achieving any better outcomes.

There were some effective partnership arrangements in place, though the support from mental health services varied across and within forces, depending on any local arrangements in place.

Police forces are heavily dependent on partner agencies when dealing with mentally unwell individuals, either on the street or in custody. However, many partners lack the capacity to respond effectively.

#### *The mental health crisis care concordat*

We recognise the considerable work all services and agencies have done to improve the approach to those with mental health problems. The concordat is an excellent first step and an early evaluation indicates that it has made some improvements. The most significant is the reduction in the use of police cells as a place of safety. This is undoubtedly positive. We fully support the range of work the police service does for people who have mental health problems.

However, people with mental health problems need expert support, and all too often this isn't available when people need it. The concordat is a step in the right direction, but there still needs to be a rethink.

#### Further information

We are very happy to discuss this briefing in more detail or provide further information if this is required.

## Annex A: Findings from joint inspections of police custody conditions

There is a six-year rolling programme of police custody inspections which are carried out jointly by HMICFRS and HMI Prisons (HMIP), both of which are members of the UK's National Preventive Mechanism (NPM). The NPM was established pursuant to UN Optional Protocol against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which recognises that a system of regular, independent inspection of places of detention serves as a safeguard against ill-treatment.

We inspected Dyfed Powys Police and Gwent Police in 2017, and South Wales Police in 2016. A summary of relevant findings for each is given below. To note: as North Wales Police has not been inspected since 2014, we do not include findings from this inspection here. The report is however available on the website.<sup>1</sup>

The inspection team includes a health care professional responsible for assessing both physical and mental healthcare services for detainees. In addition, in England, a Care Quality Commission (CQC) inspector is invited to join the team to provide additional expertise around mental health care and broader regulatory experience and perspective. In Wales, Healthcare Inspectorate Wales (HIW) are consulted during inspection planning stages to inform local arrangements and a HIW inspector is invited to participate.

### *Dyfed-Powys Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/dyfed-powys-joint-inspection-of-police-custody/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/dyfed-powys-joint-inspection-of-police-custody/)

Although not 24/7, Dyfed-Powys Police had mental health practitioners in their control rooms providing advice and assistance to officers dealing with incidents. They also operated a street triage system (not 24/7) to attend incidents using an unmarked vehicle equipped as a consultation/assessment room, which we regarded as good practice. Frontline officers told us these services provided them with invaluable support and helped divert individuals away from custody. Officers also had telephone access to a community mental health team but there were no consistent arrangements across the forces to ensure an effective response. There was a particular problem with the availability of Section 12 (MHA) approved doctors (one case took 57 hours for an assessment and transfer to hospital).

### *Gwent Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/gwent-joint-inspection-of-police-custody/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/gwent-joint-inspection-of-police-custody/)

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<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmicfrs/publications/north-wales-joint-inspection-of-police-custody-suites/>.

Although not 24/7, Gwent had mental health practitioners in their control rooms providing advice and assistance to officers dealing with incidents. Gwent were not monitoring information to show how long detainees waited for assessments.

### *South Wales Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/south-wales-joint-inspection-of-police-custody/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/south-wales-joint-inspection-of-police-custody/)

South Wales Police had piloted having mental health practitioners in their control rooms providing advice and assistance to officers dealing with incidents. We observed some vulnerable people being brought into police custody, some of whom were visibly unwell and who later received mental health interventions while in police custody.

The force operates the Keep Safe Cymru scheme with partner agencies, which has been well promoted by the force. This scheme offers vulnerable individuals, including those with mental health issues, learning disabilities, or dementia the opportunity to carry a card which provides information to alert officers to their vulnerabilities should they come to police attention.

## Annex B: Findings from PEEL inspections

All police forces receive an annual inspection of their effectiveness, efficiency and legitimacy. For the first time in 2017 forces were inspected on how they responded to people with mental health problems. Each force had a separate report detailing their mental health and partnership approaches. We have now moved to an integrated inspection approach in our PEEL programme. We will still examine mental health as an important part of this integrated inspection.

### *Dyfed-Powys Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-dyfed-powys/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-dyfed-powys/)

Dyfed-Powys Police has worked with the Hywel Dda local health board to establish a mental health triage service. Since the introduction of the triage service in 2014, the number of detentions under section 136 of the Mental Health Act<sup>13</sup> has fallen by 83 percent. The force is working effectively with other organisations to reduce the need to use police cells as places of safety for vulnerable people awaiting mental health assessments. In the 12 months to 30 June 2017, Dyfed-Powys Police detained 12 individuals under section 136 of the Mental Health Act. This is very low when compared to the rate in England and Wales per population.

Triage arrangements are also in place in the control room, with health service practitioners available to assist with the identification of mental health conditions at initial point of contact.

### *Gwent Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-gwent/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-gwent/)

A mental health triage pilot has been running in the control room for a year. This consists of a mental health practitioner who has access to local authority and health board systems, so they can find relevant information as well as speak to callers, if appropriate.

Gwent Police has a high use of custody as a place of safety. Data provided to HMICFRS as part of this inspection showed that custody was used as a place of safety 63 times in the 12 months to 30 June 2017, which represents 107.9 uses as a place of safety per 100,000 population (compared with an England and Wales rate of 17.5). There is only one mental health bed in Gwent which the force can use and the force understands custody is not the most appropriate place for someone with mental health problems. It is actively working with health partners to try to resolve this.

### *North Wales Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-north-wales/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-north-wales/)

The force's command and control system has only a limited ability to record all types of vulnerability, including those relating to mental health problems. As a result, the number of recorded incidents flagged with mental health concerns in North Wales is low in comparison with other forces in England and Wales. This means there is a risk that the force is under recording mental health cases. The force is aware of these recording problems and is updating its telephone system at a cost of £2.3m.

While frontline staff understand their responsibilities, trained medical professionals are also available to help them identify and assist those people that may require additional or specialist support. For example, medical professionals from the Welsh Ambulance Service Trust (WAST) are co-located in the force control centre.

The force is working also with Betsi Cadwaladr University Health Board (BCUHB) to co-locate mental health professionals in the force control centre. At present, this resource only operates at times of seasonal high demand, such as at Christmas and New Year.

North Wales Police is detaining a high number of individuals using section 136 of the Mental Health Act, and in particular a high number of children. The force is detaining more adults and children using section 136 than most forces in England and Wales. The force has analysed its use of section 136, and while hospital admission was not required in 65 percent of the cases it examined, most individuals received some form of treatment or support.

HMICFRS found that most such detentions occur in the evenings or weekends, which is when access to out-of-hours mental health services is reduced. Partner organisations told us that the force had limited options when trying to identify local health or social care facilities in North Wales and, as a result, police had little choice but to convey adults and children to hospital, using section 136.

#### *South Wales Police*

[www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-south-wales/](http://www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-police-effectiveness-2017-south-wales/)

South Wales Police needs to do more to support those experiencing a mental health crisis when they first contact the police.

To deepen its understanding of mental health problems, the force carried out an analysis of 999 and 101 calls to assess if incidents were associated with mental health problems. The data are being analysed and will contribute to the development of a mental health problem profile.

Thematic findings: *Policing and Mental Health: Picking Up the Pieces*

This thematic report looked at the national themes in the force reports in greater detail and identified good practice and partnership activity.

<https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/policing-and-mental-health-picking-up-the-pieces.pdf>

Five recommendations were made. Recommendation 2 was a direct result of a demand-related piece of work carried out by Welsh forces – a 24-hour snapshot of mental health demand. This is being led by the Chief Constable of Dyfed-Powys police, Mark Collins (the NPCC lead).