Item No. 3

Report to the Kent Police and Crime Commissioner's Governance Board

Date: 2 August 2016

Title: Policing & Mental Health Provision

From: Chief Constable

INTRODUCTION

1. Nationally it is estimated that around 6% of calls and 20% of deployment time for police officers is as a result of, or aggravated by poor mental health. The 24/7 nature of policing and ease of access via 999 or 101 invariably means that Kent Police often become the first point of contact for people in mental health crisis rather than the last. We also find that when partner agencies reach capacity there is a tendency to rely on police as a fall-back position. As such the policing of mental health related crime and incidents create great demand on officers and staff who are not experts in the many manifestations of poor mental health and the activities that officers find themselves dealing with is often outside of core policing duties. Officers also encounter protracted waits whilst trying to handover responsibility to partner agencies.

OPERATIONAL DEMANDS

Usage of Section 136 (1983 Mental Health Act, 2007)

2. The process by which police officers should exercise their powers under Section 136 (1983 Mental Health act, 2007) is contained within Kent Police policy. When an officer is considering the use of Section 136 they must contact the relevant Crisis Team. This is an automated service that will direct the officer to the appropriate Crisis Team where they will be given tactical advice on how to proceed with the vulnerable person although, it should be remembered that ultimately it is the police officer's responsibility to decide whether or not detaining the person under Section 136 is lawful and necessary.

3. The table below highlights the total detentions under Section 136 and how often custody has been used as a place of safety to house patients.

Total Section 136 Detentions					
FY	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
1222	1101	1186	980	1005	335 (Up to end of June 16)
Breakdown of Section 136 Custody Detentions					
FY	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
61	37	47	70	68	39 (Up to end of June 16)

4. Since November 2015 there has been a steady increase in the number of detentions made by officers. If this upward trend continues the 2016-2017 financial year will see the highest numbers since this area began to be actively monitored by the Force Mental Health Liaison Officer (FMHLO). Despite significant scrutiny it is not currently understood why this increase is occurring.

5. There are sometimes questions asked of Kent Police due to the low conversion rate of Section 136 detentions to formal admission, however it should be noted that police officers are not mental health professionals and will act within the parameters of the legislation those being;
   - In a place to which the public have access;
   - Appear to be suffering from a mental disorder; and
   - Are in immediate need of care and control.

6. If a person is intoxicated when they are detained under Section 136 they are not able to be assessed. This can lead to capacity issues within custody suites which in turn can cause frustrations between health and police. Currently there is no alternative place of safety for intoxicated vulnerable people.

Usage of police custody as a place of safety

7. The circumstances for use of police custody as a place of safety is described in the Mental Health Act 1983 Codes of Practice as follows, *'A police station should not be used as a place of safety except in exceptional circumstances, for example it may be necessary to do so because the person's behaviour would pose an unmanageably high risk to other patients, staff or other users if the person were to be detained in a healthcare setting. A police station should not be used as the automatic second choice if there is no health based place of safety immediately available.'*

8. The Mental Health Crisis Care Concordat which was published in February 2014 and is delivered locally through a multiagency steering group has within its action plan the following statement, *'Work towards custody as a place of safety as being a 'never event'. Only in exceptional circumstances, should a police custody suite be used to manage seriously disturbed and aggressive behaviour'*.

9. Analysis has been undertaken to determine the reasons behind custody usage. It suggests custody is used in the majority of instances as no health based place of safety is available, rather than the management of exceptional violence. In 2015/2016, two of the detainees were juveniles and within this financial year there has been one juvenile, these detentions in custody were down to lack of capacity within Health Services.

10. In April 2017 the Police and Crime Bill is likely to come into effect. The wording of the act states that the Home Secretary will decide the only circumstances when police custody will be used as a place of safety; these circumstances are expected to be 'the management of exceptional violence that can't otherwise be managed in a hospital setting'.

Serious and Adverse Incidents

11. The NHS Adverse and Serious Incident resolution process is a mechanism for resolving serious service failures. The procedure although already in place for NHS partners was also adopted by Kent Police in 2013 as a means of reporting and resolving incidents.

12. A robust system of resolution exists at the operational level between Kent Police and Kent & Medway NHS and Social Care Partnership Trust (KMPT) and incidents not deemed to meet the criteria of the Serious/Adverse Incident process are investigated locally by a network of SPOCs. Serious and Adverse Incident reporting takes place into the Mental Health Crisis Care Concordat Steering Group.

Missing Persons and Absconders

13. It is noted that within the KMPT there has been an increase of missing persons and absconding reports following the adoption of the NHS wide no smoking policy. There have been audits to this end to capture the increased incidents both of this nature and of aggression and violence.

Ambulance Transportation of Patients

14. Kent Police has negotiated an agreement with South East Coast Ambulance Service (SECAmb) to transport patients detained under Section 136 Mental Health Act only. The response time to transport a patient to a place of safety is agreed by SECAmb to be 60 minutes where there are no other medical concerns identified and/or the patient is not being actively restrained and at risk from excited delirium or positional asphyxia. SECAmb is the only ambulance trust nationally to aim for a 60 minute response; all other trusts aim to respond to non-medical emergency calls in 30 minutes. This response time target was made by the Association of Ambulance Chief Executives as a Concordat pledge.

15. Ambulances are requested to transport patients around 50% of the times, the rest of the transportations tend to be made by police officers, and should only be conducted with the Duty Inspector's authorisation. Training is being provided to officers to outline why an ambulance should be requested but officers tend to transport when close to a health based place of safety or do not want a protracted wait and delay in dealing with a patient.

CURRENT FORCE PROVISION

North Kent Mental Health Demand Management Team

16. In 2014 a small team (1x Police Sergeant & 1x PC) was created working to the Community Safety Unit in Northfleet. This team's remit is to work closely with partners in health and monitor, advise and manage caseloads with regards to people with mental illness who place a disproportionate amount of demand on Local District Policing Teams (LDPT). Working jointly with health provides Kent Police with immediate access to health colleagues and vice versa. This improves working relationships and educates respective parties on processes and capacity.

17. A paper looking to replicate this model within East and West Divisions is currently being considered by the Force Development Team.

Mind Force Control Room Project

18. Early in 2015 Maidstone and Mid Kent Mind were approached with a view to placing their Wellbeing Workers within the Force Control Room (FCR). As the project is a national first there was no template with which to model the service on, a small project team was set up to outline how the project would work, to write a Memorandum of Understanding between our respective agencies and to review outcomes following the instigation of the project. The trial commenced on the 1 December 2015.

19. The project operates two nights a week until September 2016. With every call emotional support and guidance is offered saving call handler time. Call lengths have ranged from 1 minute to 1 hour 45 minutes. After September 2016, it is unlikely that there will be any funding from local or national Mind and any continuance of the project will require other investment.

20. It is difficult to evidence that this project has provided any reduction in the number of mental health related calls that are made to the FCR. However it is clear that the caller receives an increased level of service. An example of this was an individual who called Kent Police and advised they were feeling low. The Mind counsellor called back to discuss how they were feeling and why. The individual had bipolar disorder and was having issues with medication, ending up in hospital having taken an overdose of pills. The individual had discharged themselves and it was discovered that the Community Mental Health Team had been trying to contact them. The counsellor discussed ways to get the right support, gave a number for local mental health help and asked them to contact their GP and write it all down so it was visual. The counsellor helped them realise they were on the right path by recognising their issues. The individual also agreed the police weren't the right agency to help them. The caller was advised to be honest with their doctor and breathing and relaxation methods were suggested which could help. The call ended positively with the caller stating they would have a cup of tea, go to bed and focus on getting the help they needed. The individual later rang the FCR to thank the Mind counsellors for their help and say well done to those behind the new initiative.

21. Information provided by Mind reveals that a number of police patrols have been diverted from attending calls as a result of the intervention of the Mind staff; clearly this is subjective but does tend to suggest a reduction in officer deployment if not in call volumes. The Kent Police Analytical Team are producing a cost to benefit document which will seek to inform future decisions around continuance.

22. There has been national interest in the project, the Metropolitan Police are introducing it into their Control Rooms, it features on the national Concordat website and has been nominated for a national award.

CURRENT PARTNERSHIP PROVISION

The Criminal Justice Liaison and Diversion Service (CJLDS)

23. KMPT provides screening and assessment of individuals, of all age groups and vulnerabilities within the criminal justice system. This primarily focuses on police custody areas in Kent and Medway and four main Magistrates' Courts. There is an agreement that the Crown Courts will request adhoc assessments.

24. A Community Psychiatric Nurse (CPN) is available to the police stations 7 days a week, including bank holidays, between the hours of 08:00 and 20:00. Based on the outcome of each screening/assessment, CPNs liaise with relevant agencies from a range of statutory and non-statutory agencies to determine the most appropriate care pathway for the individual within the criminal justice system and their pathway in mental health and other services.

25. CJLDS has recently introduced support, time and recovery workers to the team, who will be responsible for bridging the gaps by providing time limited and structured support, enabling people to engage in services and attend appointments. They can also, where indicated, assist people with social care needs.

Mental Health Triage

26. The current Mental Health Triage Service has two components. The first component is a night time service based within the Kent Police FCR which operates on Thursday, Friday and Saturday between 18:00 and 02:00 hours. It is staffed by a qualified mental health practitioner and a senior clinical support worker who have access to the electronic mental health patient records. Depending on the call either verbal advice is given or the qualified practitioner can attend in person to assist officers at the scene.

27. A previous model whereby a police officer was crewed in a car with a Mental Health worker was evaluated and found not be effective due to the demographics and geography of Kent.

28. The second component was an extension of the current CJLDS which covers all seven custody suites and is available seven days a week between 08:00 and 18:00. The service was extended at Northfleet Police Station with additional resources provided by KMPT to enable them to respond to officers in the community who were dealing with vulnerable people.

29. The day service was suspended due to staffing issues in March 2016 however KMPT are actively looking to recruit to allow continuance of the daytime service. The night time service is set to continue in the 16/17 financial year in its current format albeit hours of operation have been reviewed and will change to Sunday, Monday and Tuesday night, 16:00 – 00:00 hours. Outside of the hours of operation officers have to default to calling the standard number to liaise with the Crisis Resolution Health Team.

Kent Place of Safety Provision

30. KMPT has five designated places of safety, two suites in East Kent, one suite in North Kent and two suites in West Kent one of which is used for West Division and one for other areas

31. The place of safety in North Kent is the only suite that is able to assess children as it does not adjoin an adult facility. As discussed previously in this report capacity issues often lead to police custody being considered as a place of safety.

GOVERNANCE ARRANGEMENTS AND OUTCOMES - WITHIN FORCE & ACROSS PARTNERS

32. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together to make sure that people get the help they need when they are having a mental health crisis.

33. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies have signed the Concordat, making a total of 27 national signatories.

34. Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. The Kent Steering Group is chaired jointly by the Head of Strategic Partnerships Command and the West Kent Clinical Commissioning Group (CCG) Mental Health Commissioner.

35. Governance for the Concordat Steering Group is provided by both the Kent and the Medway Health and Wellbeing Boards. These boards are reported into every 6 months with Concordat activity as part of a standing agenda item.

36. Nationally there has been a push to get permanent police representation on this group due to the operational impact policing mental health has on the service. The Assistant Chief Constable (ACC) with responsibility for the mental health portfolio wrote to the chair of the Kent Health & Wellbeing Board requesting membership, unfortunately this request was refused. However there is now more positive engagement with the Medway Health and Wellbeing Board.

Internal Governance Structures

37. The Force Mental Health Liaison Officer attends numerous regular meetings with partner agencies in order to share good practice and maintain an oversight of mental health provisions. Within the Force, mental health is a standing item on the Protecting Vulnerable Persons Board, chaired by the ACC for Central Operations. In addition, the mental health team have also submitted projects to the Demand & Innovation Board, chaired by Director of Corporate Services to ensure that the correct agency deals with members of the public that come into contact with Kent Police when in crisis and thereby reduce the demand on officer time and provide a less restrictive outcome for the caller.

WELFARE AND SUPPORT FOR OFFICERS/STAFF

38. The provision of supportive mechanisms available to Kent Police officers and staff are housed within Health Services, Human Resources and are external to the mental health initiatives provided for dealing operationally with the public. Health Services offer a range of services and training initiatives in order to restore, maintain and promote mental health and wellbeing for officers and staff.

Counselling Services

39. A confidential counselling service is in place for police officers and staff offering therapeutic support in order to improve and maintain psychological resilience and positive mental health.

40. Using statistical data collection via the CORE system, which calculates clinical outcomes; clients on average begin counselling with moderate levels of clinical psychological distress. Clients then end counselling, on average, in the healthy non-clinical range.

Mental Health Support for Specialist Roles

41. Welfare and Counselling within Health Services provide a support and psychological screening process for specialist roles which are exposed to a higher level of emotional impact for example, Public Protection Officers and Serious Collision Investigation Unit. Level 1 is an annual face to face assessment with a counsellor. Level 2 is an annual questionnaire reviewed by counsellor.

42. Following the Shoreham Air Crash in 2015, various welfare support interventions were offered to Kent officers and staff who were deployed as mutual aid in the role of Disaster Victim Identification (DVI) staff. The DVI role is exposed to a demanding level of potentially traumatic events when deployed within Kent, across the country or internationally.

43. The nature of the role also exposes staff to a higher degree of emotional impact, therefore annual welfare assessments are completed (approximately 100 officers/staff). Welfare interventions for staff following this event led to recommendations being made to the DVI Executive Committee for mental health awareness inputs to be included in the annual relicensing course to encourage self-care and strategies, whilst on deployment, to reduce the impact of longer term psychological distress.

Mandatory Leadership Programme in Trauma and Mental Health

44. Throughout 2015 and 2016, mandatory leadership training was carried out for all police officers at the rank of Sergeant and Inspector and police staff within middle management grades to provide psycho-education on mental health awareness and the effects of exposure to traumatic events. This training also provided a 'toolkit' for supervisors and managers to feel more equipped to be able to support their staff and themselves. Approximately 880 Kent Police employees attended the programme. In autumn 2016, over 120 employees within the Senior Leadership Teams will also receive the same training.

Feel Well Live Well – Kent and Essex Police Wellbeing Course for employees

45. This four week training programme is designed to enhance the health and wellbeing of officers and staff. Courses are in a group setting with a mix of psycho-education and experiential single and group exercises which assist in boosting self-awareness and encourage positive coping strategies.

46. To date, in excess of 270 Kent police officers and staff have attended the course as well as 5 Essex employees. A delivery plan is in place to rollout the wellbeing course to Essex staff and continue with Kent staff as per the successful Home Office Innovation Bid by Essex Police. The funding grant is being spent on new clinical staff to deliver Feel Well Live Well and assist in the Leadership Mental Health Programme. A total of 1050 delegate places (combined Kent and Essex total) for Feel Well Live Well will need to be made available by the end of March 2017.

47. It is felt the popularity and high attendance rates of these training courses has contributed to the positive change in attitude and culture towards mental health and wellbeing.

Health and Wellbeing Conference 2017 (Kent Police and Essex Police)

48. The Health and Wellbeing Conference is a joint, collaborative initiative to complement and promote the Kent and Essex health and wellbeing initiatives. Funding can be gained by inviting external delegates from other emergency services and those who have an interest in health and wellbeing. The conference will also provide continued professional development for peer support officers/staff.

Breaking Down Barriers – Mental Health Campaign/ Bluelight Campaign

49. A campaign to reduce mental health stigma in the police service and encourage help seeking has just been released at the Kent Police Staff Open Day (2 July 2016). A short film has been released and features the Chief Constable and Deputy Chief Constable. The film will be accompanied by several posters released on a monthly basis. This campaign complements other initiatives like Feel Well Live Well and is supported by Mind's Blue Light Programme. Early feedback from staff is extremely positive.

Trauma Risk Management (TRiM)

50. A risk management process is in place to identify officers/staff that are more likely to develop longer term mental health issues as a result of a potentially traumatic event at work. It also looks to reduce the stigma of mental health issues and ease access to support. Kent Police has 95 TRiM Practitioners of which approximately 60% are active at any one time.

51. In 2015, TRiM Practitioners completed 343 TRiM interventions in the form of TRiM briefings to staff and individual risk assessments. So far this year, 70 interventions have been completed. On average, 12 officers/staff are referred in to Welfare and Counselling per year following the TRiM process for psychological treatment/support.

Health and Wellbeing Champions

52. Health and Wellbeing Champions were developed in East Division in 2014 as a need was identified for a peer support system to signpost staff to the appropriate support for various different reasons affecting their physical and mental health. These volunteers, over 30 in number, are police officers and staff and are still active in this role. This has now been rolled out to North and West Division and continues to be implemented across the Force.

Occupational Health

53. Occupational Health focuses on the promotion, protection and maintenance of the physical, mental and social well-being of individuals in all roles in the Force by;
    - Promoting and supporting optimum health and well being
    - Minimising the risk of injury at work by supporting the Force risk assessment processes and following up incidents with investigation and support
    - Supporting employees to maintain regular and effective attendance at work
    - Consideration of the Equality Act 2010 and advising management on reasonable and appropriate adjustments at work both temporary and permanent
    - Helping to reduce the personal, social and financial effects of ill health

54. Kent Police offers a wide variety of supportive, therapeutic and developmental interventions to both staff and officers in order to improve and maintain organisational mental health and wellbeing. This provision and support is on both a mandatory basis for those with a line management responsibility, in order to appropriately support their team members and a voluntary basis for personal resilience and mental health promotion and wellbeing.

FUTURE THREATS, RISKS AND OPPORTUNITIES

The Policing and Crime Bill 2016

55. This piece of legislation is currently progressing through Parliament with a target date for Royal Assent being April 2017. Contained within this bill are changes to powers under the Mental Health Act 1983;
    - Further reduce the use of police stations as a place of safety by stating that they can never be used in the case of under 18s, and making provision for their use to be restricted to exceptional circumstances in the case of adults, exceptional will mean-exceptional violence that cannot otherwise be managed in a healthcare setting.
    - Reduce the maximum time period for which a person can be detained under Section 135 or 136 from 72 hours to 24 hours (with an extension to 36 hours possible exceptionally).
    - Require the police to consult a health professional (where practicable) before detaining a person under Section 136.

56. This piece of legislation will bring great challenges to both police and partner agencies especially when it comes to the current overuse of police cells as a place of safety solely around lack of capacity.

57. There is no current service provision for persons that are under the influence of either drugs or alcohol, and whom are not presenting as having committed a crime, but are in need of immediate intervention and safety, in order to ascertain the nature and degree of any social needs or mental illness. This gap leads to an increased use of Section 136 and lower conversion rates of these detentions subsequently after assessment under the Mental Health Act.

58. It was agreed at the Concordat Steering Group in March 2016 that an alternative provision would be developed in line with the changes that the Policing and Crime Bill would impose on service provision.

Section 136 (1983 Mental Health Act, 2007)

59. As mentioned within this paper there has been an increase in the number of Section 136 detentions under the Mental Health Act. This increase has led to partners being unable to assess patients in a timely manner which in turn has led to protracted waits for officers, either in car parks, Accident & Emergency departments or in custody. In the longer term, if partners are unable to provide adequate safe environments for those requiring mental health interventions there is a risk to police resources in order to ensure that those requiring care and control are safeguarded.