

Chief Constables Report  
to  
Kent Police and Crime Commissioner's Performance and Delivery Board

**MENTAL HEALTH AND POLICING**

Thursday 31 May 2018

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**1. Strategic Overview.**

The Police and Crime Plan set by the PCC in consultation with the Chief Constable is called "Safer in Kent: The Community Safety and Criminal Justice Plan" and sets out the priorities that will drive the work of the force, partners and the PCC's resources between 2017 and 2021, and the overall strategic direction for policing and community safety in the county.

One of the guiding principles of this plan relates to ensuring that people suffering from mental health conditions need to the right care from the right people or agencies. The force is committed to working with our partners and the PCC to ensure that people suffering with mental health are safeguarded and provided with the necessary support.

**2. Aims of the report.**

This report provides an overview of the key activities being undertaken by the force in relation to mental health provision.

**3. Mental Health Demand.**

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 mental health issues. 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. As such the policing of mental health related crime and incidents increases the demand on officers and staff who are not experts in the many manifestations of poor mental health.

The demand placed on Kent Police in dealing with mental health related issues is hard to totally quantify, and is a challenge nationally. However, data is captured in relation to;

- the number of people detained under Sec 136 of the Mental Health Act;
- the amount of time officers spend waiting with vulnerable people prior to their Mental Health Act assessments;
- the amount of crimes reported and investigated by the Mental Health Team at mental health establishments.

This data is described within the body of this report and demonstrates that the demand being placed on Kent Police continues to rise. To assist with demand reduction, Kent Police and Kent and Medway NHS and Social Care Partnership Trust (KMPT) have produced a joint strategy that seeks to;

- Develop Mental Health Street Triage Teams in local areas with high activity at times of peak demand. This sees a mental health professional working with Kent Police to provide advice on alternative suitable care pathways.
- Introduce mechanisms to support the collection of data and use of information that jointly supports the rapid assessment of people in crisis.
- Identify and implement suitable alternative places of safety that can provide support and safety for those individuals who are vulnerable and in a public place, but whom it is not appropriate or proportionate to detain under the Mental Health Act.

- Work locally to identify those individuals who present frequently to police but who do not require continual assessments under the Mental Health Act. Similarly, to prepare plans to ensure early intervention, provide appropriate support for individuals in a timely way and reduce their interaction with police and other emergency services.
- Develop joint training for the police and health professionals that support effective decision making and risk management to support vulnerable people in crisis.

#### **4. Partnership Working.**

**4.1 Mental Health Crisis Care Concordat.** 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. The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously;
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency;
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment;
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

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 jointly chaired by the lead for Criminal Justice, Detective Chief Superintendent Rachel Curtis and David Holman, West Kent Mental Health Commissioner.

Supporting this strategic steering group are two local Concordat groups, with membership drawn from partners and service users from each of those areas. They also have their own delivery plans and report to the strategic group. There are also other multiagency forums that meet to discuss the following process areas:

- Sec 136 detentions and pathways;
- Suicide prevention;
- Repeat callers to emergency services;
- Professionals meetings - these occur when individuals are identified that require a greater intervention.

**4.2 Mind: Kent Police Force Control Room Project.** Since December 2015 the mental health charity Mind have been present in the police Force Control Room (FCR). This provides support to callers who, although calling the police for support do not, after triage, require police attendance. This service is due for re-tender in September 2018 and the procurement options are being considered. So far this service has been fully funded by the PCC.

**4.3 Alternative Place of Safety.** The East and North Kent Clinical Commissioning Groups, supported by Kent Police, are undertaking a project that will see the provision of an alternative to detention under Sec 136 by Kent Police or A&E attendance by SECamb for people that present in mental health crisis. This project (subject to NHS funding) will commence in April 2019 and seeks to reduce the number of people detained under Sec 136. This concept has already been proven in other areas across the country and has had a positive impact on reducing the number of those detained under the Mental Health Act.

## **5. Support Provided.**

The support provided for vulnerable people going through the criminal justice system differs between defendants, witnesses and victims. For defendants, whilst in custody, they have access to Forensic Healthcare Practitioners as well as Community Psychiatric Nurses (CPN) who are all embedded within the custody suites and are able to offer support and onward referrals if required. If there are concerns about an individual the Courts have bespoke Mental Health Courts which are attended by Community Psychiatric Nurses who are able to assist and advise the Court and the individual appropriately.

For victims and witnesses, police have a statutory obligation under the Victims Code or Witness Charter to ensure individuals are supported. The Witness Care Unit will assume contact with victims and witnesses and will make referrals to other agencies as appropriate. All Witness Care Units have received additional training in the identification and support of people who may have mental health vulnerabilities.

## **6. Ownership and Dedicated Resources.**

Strategic ownership and policy development within Kent Police is managed centrally. Whilst, the Mental Health Liaison Inspector is based centrally, they are responsible for the operational Mental Health Policing Team. This team is locally based and embedded within mental health venues across the county, providing the following:

- Tactical advice to hospital staff, police staff and any other appropriate and applicable organisations;
- Manage repeat callers and the investigative case load;
- Provide tactical advice regarding mental health missing person episodes;
- Engage with individual mental health patients and missing persons, as deemed appropriate, in addition to repeat callers;
- Identify internal and external procedural failings;
- Highlight good work and success.

As the team are embedded within mental health establishments they endeavour to reduce the incidents of violence and aggression, as well as absconding from units, by allowing nursing staff access to visible police colleagues, and their expertise. It also gives police officers a greater understanding of mental health issues and how the risk issues can fluctuate, as well as the scope and capacity of mental health services.

The team also provide tactical advice to colleagues on Local Policing Teams, Office of the Police and Crime Commissioner, Professional Standards Department and Force Control Room on all matters with a mental health element.

Between the 1<sup>st</sup> September 2017 and 1<sup>st</sup> April 2018 the team have taken ownership of 351 crime reports. This has taken this complex area of investigation away from Local Policing Teams, developed expertise and provided continuity of investigation across NHS sites in the county.

## **7. Mental Health Awareness and Training.**

As detailed above as part of the Kent Police and Kent and Medway Partnership Trust (KMPT) Strategy, joint training between Kent Police and KMPT commenced in January 2018. This is a two day course being delivered twice a week to police and partners. KMPT staff are assisting in this delivery and course content includes APP guidance and local policy. As at the end of April 2018, 20 sessions had been delivered to 230 staff, including some partner agency colleagues. All frontline police officers and staff will receive this training over the course of the next 2 years.

## **8. Involvement of Service Users.**

The force recognises the value service users can provide in shaping and improving our service and as a result service users attend local Concordat groups. The force Mental Health Liaison Inspector delivers talks to various service user groups around the county and sits on the strategic Mental Health Advisory Group which is service user led. In addition, the Mental Health Team are embedded within mental health establishments across the county and have daily contact with service users.

## **9. MH Triage Services.**

Kent Police operate two triage services with KMPT. These are the Countywide Triage Service and the Community Triage Service.

**9.1 Countywide Triage Service.** The Countywide Street Triage Service comprises of a Street Triage Senior Practitioner, a Mental Health Practitioner and Community Senior Clinical Support Workers and provides a police and ambulance service street triage response. The Countywide Street Triage service has 2 components, an evening and a day service.

The evening service based in the Force Control Room and SECamb Emergency Operations Centre, provides telephone advice and information to police and ambulance response units across Kent and Medway when they have a request for a call to a person that may have mental health issues. The evening service is available on Sunday, Monday, and Tuesday between 1600 hours and midnight. This is staffed by a qualified Mental Health Practitioner and 2 Senior Clinical Support Workers, who have access to the electronic mental health patient record. One Senior Clinical Support Worker is based in FCR and the other in SECamb Emergency Operations Centre.

The day service is available 5 days a week between 0900 and 1700 hours and provided by a Mental Health Practitioner. They are available to respond county wide to police and ambulance response units when they request a call out to a person that may have mental health issues. The Community Senior Practitioner may also be in a position to coordinate a response from CPNs in the 7 custody suites across Kent if they have seen everyone in custody that requires their services.

**9.2 Community Triage Service.** The Community Street Triage service is available to mitigate local demand and comprises of a Mental Health Practitioner and a police officer working together. The Mental Health Practitioners are based out of Medway Police Station and Margate Police Station and the triage car will be deployed by the FCR to respond to incidents where it is believed the person may be suffering from poor mental health. The community Street Triage service is operational 3 nights a week as follows;

- Medway Community Street Triage Service - Wednesday, Thursday and Friday 1300 - 2300
- Thanet Community Street Triage Service - Friday, Saturday and Sunday 1500 - 0100

Both of these services are being evaluated locally and a workshop has been arranged by CCGs to discuss a future model.

## **10. Mental Health and Sec 136 Detentions.**

The police use of Sec 136 of the Mental Health Act (1983) to detain individuals who appear to be suffering from a mental health crisis is increasing year on year. The table below shows its usage:

Item No. 4

	<b>FY 11/12</b>	<b>FY 12/13</b>	<b>FY 13/14</b>	<b>FY 14/15</b>	<b>FY 15/16</b>	<b>FY 16/17</b>	<b>FY 17/18</b>
<b>Apr</b>	93	96	87	73	80	96	117
<b>May</b>	117	105	103	102	84	138	144
<b>Jun</b>	111	100	132	91	94	107	129
<b>Jul</b>	104	78	134	107	94	120	147
<b>Aug</b>	122	90	113	103	99	116	151
<b>Sep</b>	97	98	117	91	84	120	146
<b>Oct</b>	91	94	102	94	66	100	125
<b>Nov</b>	104	72	89	76	110	88	109
<b>Dec</b>	92	93	65	66	116	97	97
<b>Jan</b>	100	75	79	67	84	114	118
<b>Feb</b>	94	88	74	58	85	117	101
<b>Mar</b>	97	112	91	73	93	117	148
<b>Total</b>	<b>1222</b>	<b>1101</b>	<b>1186</b>	<b>1001</b>	<b>1089</b>	<b>1330</b>	<b>1532</b>

Data is also collated regarding how long officers are waiting with patients for medical clearance or to access a place of safety, times shown are in hours and minutes (00:00):

Demand	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Average time spent at A&E for clearance/treatment	07:07	06:31	05:20	09:43	06:45	05:00	05:22	07:01
Average time to s136 suite when available (exc A&E attendance)	01:30	01:44	01:18	01:16	01:10	01:18	01:16	01:55
Average time to s136 suite when not immediately available (exc A&E attendance)	04:24	03:05	02:54	04:21	02:25	02:27	02:01	05:03

The average time spent in A&E waiting for medical clearance can be protracted depending on the treatment that is required for the person or for test results to be completed. Any delays are captured within the Section 136 form that is completed by officers and if appropriate, an adverse incident form is completed and raised with the appropriate partners. This process is overseen by the force Mental Health Liaison Inspector.

## 11. Summary.

Mental health is a primary focus for Kent Police and we endeavour to meet all demands by continuing to actively work with partners to ensure that vulnerable people have the support they need as soon as possible.

There has been an increased use of Section 136 of the Mental Health Act both nationally and locally in Kent. This is despite working with partners to try and reduce the numbers of those detained. This extra demand brings pressure on both policing and NHS partners and is affected by the demand for pre and post assessments under the Mental Health Act, the number of spaces at health based Places of Safety and limited numbers of Approved Mental Health Practitioners. The force continues to work with partners to provide improved services.