

### **Policing Structure across Coventry & Warwickshire**

Coventry & Warwickshire, although a single NHS region with a number of shared public services are currently policed by separate Home Office Police Forces.

The City of Coventry, within Coventry City Council area, is a single neighbourhood policing unit (NPU) within West Midlands Police (WMP), whilst the county of Warwickshire, Warwickshire County Council area, is in its entirety the jurisdiction of Warwickshire Police (WP). In addition, British Transport Police (BTP), have statutory responsibility for the policing of railways nationally, including those within Coventry & Warwickshire.

West Midlands Police are the second largest police force in the UK covering an area of approximately 350 square miles including the cities of Birmingham, Wolverhampton & Coventry, with a combined population of approximately 2.8 million. The force currently has approximately 6,500 police officers. Coventry is one of 8 neighbourhood policing areas within WMP managed by a Chief Superintendent responsible for overall policing and management of the area. Coventry maintains a central Police Station with a number of smaller stations and neighbourhood offices across the NPU. The NPU is supported by specialist teams such as force investigations and forensics.

Warwickshire Police are the second smallest police force in the UK covering an area of approximately 750 square miles including the towns of Nuneaton, Bedworth, Rugby, Leamington Spa & Warwick and a large number of outlying towns & villages with a combined population of approximately 0.55 million. The force currently has approximately 1000 police officers. With a HQ near Kenilworth, Warwickshire Police maintain combined Justice centres in Nuneaton & Leamington Spa, with Police Stations in Rugby & Bedworth, supported by a number of smaller stations, deployment bases & neighbourhood offices. Warwickshire Police retain a number of specialist teams including investigation & roads policing who operate across the county.

British Transport Police are responsible for the policing of railways within Coventry & Warwickshire as part of C-Division from permanent police stations at Coventry & Rugby railway stations. Although a separate force, BTP officers retain full police powers whilst away from railway premises and will utilise the facilities of the local geographic force such as police custody and medical services when necessary.

All Coventry & Warwickshire police forces provide a 24/7/365 police service, responding to a diverse range of calls for service from the general public and also requests for service from (or requests to support) partner agencies. Although based

within their respective force areas, due to the geography of Coventry & Warwickshire, its position in relation to the national strategic transport network and the boundary between WP & WMP in some areas being in the middle of residential streets or at major road intersections, officers from forces will frequently travel to and operate within adjacent force areas.

Coventry NPU & Warwickshire Police share a number of facilities and services across the region including West Midlands Ambulance Service (WMAS), acute hospitals and acute mental health facilities.

Although all police forces operating across Coventry & Warwickshire provide equivalent services, each is under the management of a separate Chief Constable and therefore each maintain their own estates, policies, processes and systems. There is interoperability between some policing systems nationally, such as the airwave communication system which allows officers to communicate directly with colleagues in other forces or agencies and the Police National Computer System (PNC) which is accessible by all forces providing information on individuals or vehicles. Where there is a specific legislative foundation for policing activity, such as for example the detention of persons in police custody, all forces will operate to a national standard defined either in legislation or codes of practice

All forces utilise command & control and/or investigation management systems to manage the deployment of resources and investigations; these are maintained by individual forces and information recorded in line with national standards. Whilst there is a requirement on all forces to comply with many national recording standards and provide information to the Home Office accordingly this is limited to specific categories of information and does not extend to the detailed recording of all mental health related demands on policing. (<https://data.police.uk/data/statistical-data/>)

## **Policing response to Mental Health**

As 24/7 emergency services, police forces will respond to calls for service across the region either specifically relating to suspected mental ill health concerns or for other policing purposes where an individual with mental ill health may be encountered, for example; a call from the member of the public reporting a public order incident or anti-social behaviour which may on arrival be an acute mental health incident in a public place.

Calls for service to police in relation to suspected mental ill health may be received from members of the public or partner agencies, including ambulance and mental health services directly.

Historically, outside of the core operating hours of the many primary care services, such as GP surgeries or community mental health services, police would respond to mental health related incidents either in the support of, or in advance of, NHS ambulance services due to the absence of any alternative acute mental health provision or primary care facility.

The chair of the Independent Commission on Mental Health and Policing, stated in the Commission's 2013 report ([https://amhp.org.uk/app/uploads/2017/08/independent\\_commission\\_on\\_mental\\_health\\_and\\_policing\\_main\\_report.pdf](https://amhp.org.uk/app/uploads/2017/08/independent_commission_on_mental_health_and_policing_main_report.pdf)), that mental health needs to be "seen as a part of the core business of policing" however a reduction in community services and policing resources during the national period of austerity meant police forces nationally experienced what they believed to be an increased demand for their services in relation to mental health.

The report 'Policing & Mental Health – Picking Up The Pieces' published by Her Majesty's Inspectorate of Constabulary and Fire & rescue Services (HMICFRS) in November 2018 (<https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/policing-and-mental-health-picking-up-the-pieces.pdf>), highlighted that nationally, although the policing response to people with mental health problems was generally supportive, considerate and compassionate, officers often did not have the skills they needed to support them and often found themselves responsible for the safety and welfare of people that other professionals would be better placed to deal with.

The headline findings of the report were as follows:

- We are concerned that the police are working beyond their duty
- The Crisis Care Concordat is a step in the right direction, but there still needs to be a rethink
- Collaboration is helping the police provide a better response
- The police need a clearer picture of mental health demand
- Leadership on mental health in police forces is generally strong
- Overall, the police are good at recognising when people are in crisis and responding to people at risk
- Forces are investing in mental health training, but it is inconsistent
- Only a few forces are seeking the views of people with mental health problems
- Prevention is far better than cure

Warwickshire Police provided a formal response to these recommendations as follows: <https://www.warwickshire-pcc.gov.uk/wp-content/uploads/2019/01/Warwickshire-PCC-Sect-55-Mental-Health.pdf?x21904>

## **Police Policy, Procedure & Guidance on Mental Health**

All police officers have core operational duties including:

- protecting life and property
- preserving order
- preventing the commission of offences
- bringing offenders to justice

(College of Policing – Authorised Professional Practice, Operations, <https://www.app.college.police.uk/app-content/operations/operational-planning/core-principles/>)

These are underpinned by obligations placed on all public bodies under the Human Rights Act 1998 including the Right To Life (ECHR article 2) and the Right to Respect for Private & Family Life (ECHR article 8) which are specifically relevant to the policing of mental health related incidents.

The College of Policing publish Authorised Professional Practice, on the subject of Mental Health (<https://www.app.college.police.uk/app-content/mental-health/?s>)

This guidance is available to all forces and is focused on the policing response to people who:

- are experiencing mental ill health
- have a learning disability
- have developmental conditions
- have multiple needs relating to mental health
- are mentally or emotionally vulnerable and require assistance.

APP guidance recognises the role of police both within their criminal justice capability, for example where an individual with mental health needs is the victim of a crime, and also in a healthcare capacity, such as; supporting healthcare agencies in dealing with someone experiencing mental ill health, assisting a person suffering mental ill health until healthcare professionals become involved or responding to members of the public in relation to the suspected mental ill health on the part of an individual.

West Midlands Police have a force strategy on Policing & Mental Health published in 2020 outlining the organisational response to policing mental health. This document identifies a series of 9 operational guidance documents, outlining the 'offer' WMP are able to make as a police service based on the law, the statutory and professional guidance in policing and in healthcare, and upon the lessons which have been learned from IOPC investigations, Coroner's Inquiries and case law. They are intended to ensure clear protocols guide tactical decision making, supported by Tactical Advisors, where necessary.

Warwickshire Police produced mental health guidance to officers in 2019, whilst the organisation remained in a strategic alliance with West Mercia Police. Following the termination of this alliance in 2020, Warwickshire Police are replacing a number of alliance documents with Warwickshire specific equivalents and intend during 2021 to adopt a mental health policy, procedure & guidance structure closely aligned to West Midlands Police; specifically utilising the same series of operational guidance documents to ensure that consistency for the public & partner agencies is achieved as far as is practicable across Coventry & Warwickshire.

As a national force the structure of British Transport Police is significantly different to those of local forces. Protecting and supporting those who are vulnerable or at risk on the rail network remains a key focus for BTP. Nationally, on average BTP officers will deal with 40 potential lifesaving interventions on the rail network every week, with an average of 30 individuals being detained under the Mental Health Act. Nationally they continue to see an increase in the number of vulnerable people in acute mental health crisis on the rail network, with their officers responding to 2,804 more mental health related incidents during 2019/20 than the previous year. BTP work in close collaboration with embedded NHS psychiatric nurses through Divisional Suicide Prevention & mental Health Teams who provide professional advice and support but will also case manage a significant number of individuals who have presented on the railway in suicidal circumstances. (<https://www.btp.police.uk/SysSiteAssets/foi-media/british-transport-police/other-information/british-transport-police-annual-report-2019-2020.pdf>, <https://nspa.org.uk/member/british-transport-police/?nowprocket=1>).

### **Mental Health Demands – Mental Health Related Incidents (MHRI)**

The NPCC define a Mental Health Related Incident as: **‘Any police incident thought to relate to someone’s mental health where their vulnerability is at the centre of the incident or where the police have had to do something additionally or differently because of it’**

Although the definition of a Mental Health Related Incident is nationally accepted the recording of data in relation to these incidents is challenging, particularly where a mental health incident also constitutes a crime in law, such as an offence of criminal damage or public order. These incidents may be recorded as either a crime related incident or mental health related incident.

During the 12 months to March 2020 Warwickshire Police recorded 1538 incidents within their Command & Control system with a ‘mental health’ tag, indicating these incidents constituted MHRI. This represents an average of almost 30 incidents per week, with the greatest number of incidents on a single day being 17.

During the equivalent period to March 2020 a total of 2320 MHRI were recorded by West Midlands Police, Coventry NPU, through their equivalent Command & control system, representing an average of approximately 45 incidents per week incidents per week. Data indicates that MHRI within Coventry during this period reached peaks during April & July 2019. A change to Command & Control systems during March 2020 has resulted in a change to the manner in which MHRI are recorded within Coventry, alongside the effects of the Covid-19 pandemic on policing demands, however data is broadly indicative of a reduction in overall MHRI during the year to March 2021.

British Transport Police recorded a total of 151 Mental Health related incidents across the rail network within Coventry & Warwickshire during the full year to December 2020. Of these incidents 115 were classed as within Coventry and 36 within Warwickshire. Within the first half of 2021 BTP attended in the region of 60 incidents across the region which is initially indicative of a reduction on the previous year.

Although recording periods vary so the direct comparison of data is not possible, it is realistic to suggest that during a week in 2020, based on control room data only, officers from the 3 forces would respond to approximately 78 mental health related incidents across the region.

Assessing outcomes from police Mental Health related incidents remains challenging; whilst recorded by police as 'mental health' it is highly unlikely that any police resource from will be invested in ascertaining whether the individuals involved are known to mental health services or subject to a diagnosis unless they are directly referred to a local mental health triage service meaning the only assessment has often been that of the attending officer or a control room operator, often in challenging circumstances.

The unique way in which BTP are funded and operate allows them to undertake additional monitoring and review activity of mental health related incidents across the rail network in efforts to reduce the number of Mental Health Act detentions utilised, safeguard individuals concerned more effectively and to reduce the impact of these incidents on both attending officers and the general public. Mental Health related incidents are centrally collated and reviewed within the Public Protection & Vulnerability Unit and disseminated to local Harm Reduction Teams (HaRT) staffed by police officers and NHS staff; for Coventry & Warwickshire this is a Birmingham based team. Individuals identified as high frequency presenting, that is 4 incidents or more within a 12 month period, are considered for formal risk management including proactive home visits, direct engagement with local partners or support services and individual response plans where necessary.

The number of mental health incidents across Coventry & Warwickshire is significant, however it is clear from subsequent data that of those incidents, few result in the use of a police MHA detention power which is often cited as a measure of mental health demands on policing nationally.

### **Mental Health Demands - Mental Health Triage services**

Warwickshire Police & West Midlands Police provide a 'mental health triage' service, also known as 'mental health street triage' whereby a police officer works in company with a Mental Health professional (and occasionally a medical professional) to provide a more effective initial response to any mental health related incidents, however these services are limited by their capacity, the commitments of the organisations involved and therefore the hours in which they are able to operate. The implementation of mental health triage services has seen a positive improvement in the initial policing response to mental health, however outside of their operating hours frontline police officers remain the first responders.

#### *Warwickshire Police*

Warwickshire Police launched their triage service in September 2019, replicating a model utilised by Leicestershire Police who had operated a successful triage service since 2012.

The triage service was initially staffed by 2 uniformed officers working alongside a mental health practitioner covering the North of the county only with telephone support provided to the South of the county. Subsequently the service has expanded to 4 officers (2 North & 2 South) with the pool of mental health practitioners increased to 6 and a seventh due to join the team during 2021.

The service operates Tuesday – Friday in South Warwickshire between 2pm and 2am, and Friday-Monday in North Warwickshire, also between 2pm & 2am. This provides an effective 7 day service countywide during operating hours, equating to half a day per day, and there is an intention to further expand the service to reflect increasing demands.

Within Warwickshire Police the triage service is managed by a Sergeant & Inspector who both undertake this as an additional role alongside other duties. During 2020 the Warwickshire Police Inspector with responsibility for the service was recognised for a national award for his work within mental health and specifically his role in the commencing of the triage service and Personal Support Passport initiative to support staff within the organisation

[\(https://www.warwickshire.police.uk/news/warwickshire/news/2020/november/mental-health-learning-commitment-sees-inspector-scoop-national-award/\)](https://www.warwickshire.police.uk/news/warwickshire/news/2020/november/mental-health-learning-commitment-sees-inspector-scoop-national-award/)

One of the specific objectives of the triage service is to use a person centred approach to reduce the number of Section 136 Mental health Act detentions and unnecessary ambulance attendances. With mental health practitioner's in depth knowledge and access to Carenotes (CWPT's MH system) the service are able to more accurately assess risks, support officers decision making at incidents and provide more appropriate advice.

Between the 10 months between August 2020 & June 2021 the North Warwickshire MH Triage service has responded to or supported a total of 1156 incidents whilst the South Warwickshire service has responded to 795 incidents, totalling 1951 incidents countywide.

During the same period Warwickshire Police recorded a total of 1457 MHRI through their command & control system which, even when non-police pathways into the triage service are taken into consideration, suggests that MHRI data significantly under records the mental health demands placed on Warwickshire Police. MHRI data indicates that on a specific date in January 2021 a total of 13 MHRI were recorded by Warwickshire Police however the triage service responded to 8 incidents during their working hours (12 hours/day), likewise on a specific date in September 2020 the triage service responded to 16 incidents during their working hours however MHRI data records only 10 incidents on that date.

Data indicates that service users for the Warwickshire Police triage service during the relevant period are 53.7% male, 45.5% female and 0.4% transgender.

Service users are predominantly adults aged over 18 but under 65 (86.9%) however 8.7% of service users are under 18 whilst 4.1% are over 65. The youngest service user was an 8 year old female and the eldest a 95 year old male

Where ethnicity is defined 90% of service users identify as White European with 2.5% defining as Black and 5.3% as Asian which is not reflective of the local population as a whole.

The majority of incidents attended by the service were classed as 'concern' (65.6%) whilst only 8.8% of incidents were classed as mental health which underlines the challenges of accurately identifying an incident as an MHRI at the point of contact.

Where this information is known approximately 84% of service users are already know to mental health services at the time of response.



The primary source of incidents referred to the triage service within Warwickshire remains the police themselves (88.7%) with 7.2% of referrals from West Midlands Ambulance Service and 2.2% from Social Services respectively. This however does not take into account those incidents where partner agencies have placed calls to the police (via 999 or 101) requiring a police response. Of note only 0.4% of incidents were referred to the service via the Mental Health Access hub although, as previously stated, more than 80% of service users are already known to mental health services which suggests police remain the default response for many individuals suffering mental ill health.

The most common outcomes following the use of the triage service (where these outcomes are applicable or known) are 'left at home' 39.5%, where it is determined that an individual can safely be left in their own or another's home, or 'hospital attendance' 26%. Outcomes relating to detention under the Mental Health Act remain low in relation to the overall number of service users, at 6.7% (Sec 136) & 0.1% (Sec 135) however it remains an objective of the triage service to reduce these numbers further.

In addition to providing the frontline service, officers and mental health practitioners from the team are involved in efforts to reduce the demands on the organisation through persistent callers who are known to mental health services. This element of work remains recent, however early indications are that in relation to one individual service user there has already been a significant reduction in demand

Prior to the launch of MH Triage an additional 10 officers attended the core Mental Health training with Leicestershire Police and Leicestershire NHS Partnership trust. These officers remain in other roles and act as mental health advisors within their relevant teams. It is intended during 2021 to further increase this cohort of officers to support the triage service and the wider organisation in conjunction with their role being recognised as mental health tactical advisors.

### *West Midlands Police*

West Midlands Police commenced their triage service in Birmingham in 2014, however the service within Coventry did not commence until 2016.

The Coventry triage service differs from both equivalent services within the West Midlands force area and also from the Warwickshire service in that officers are not dedicated to the service but drawn from response teams on duty at the time and supervised by the respective duty sergeant. The service consists of community psychiatric nurses, employed specifically to undertake the triage role, situated within

a police stations able to provide telephone advice and respond with officers in a marked police vehicle to incidents as necessary. The service operates between 10am & 2am 5 days per week, between 10am & 3am Friday and Saturday.

It is recognised with the West Midlands Police area that 3 separate mental health triage service operating models are now in existence.

Whilst demand data is not available for the Coventry triage service to provide a direct comparison with the Warwickshire service, however during summer 2020 work was undertaken to evaluate the triage services across the force as a result of an OPCC request (<https://foi.west-midlands.police.uk/wp-content/uploads/2021/06/WG401-PCC-Mental-Health-Roundtable-Triage-Team-Review.pdf>). As a result of this work it was identified the financial cost of operating triage services across the organisation (April 2019 to March 2020) was significant and if compared to the perceived financial cost savings of a reduction in Sec 136 MHA detentions represented a significant financial loss. Although numerically accurate it was believed that operating triage services represented a greater benefit to the wider health economy, something which is more challenging to quantify.

It was highlighted that in the absence of the triage service within Coventry mental health practitioners would struggle to meet timeframes for MHA assessments and there would be a consequential increase in the number of detentions under Sec 136 MHA with the additional demands this would have on both officers and place of safety staff.

A survey was completed with partners across the West Midlands region in relation to the added value of the triage services and found as follows:

- 83.5% of respondents agreed (either completely or somewhat) that the team are knowledgeable around mental health law and policy.
- 84.7% of respondents agreed (either completely or somewhat) that the provision of a Triage Team is an essential function.
- 79.0% of respondents agreed (either always or sometimes) that the team helps prevent unnecessary admissions to A&E departments.

Although the survey related to the entire West Midlands force area, and a significant number of responses were submitted by WMAS, it can be inferred from these results that broadly the triage service is seen as an essential service which operates well, contributing to reductions in demand elsewhere within the NHS

Whilst reviewing the effectiveness of the triage services amongst service users is more challenging a survey was released by West Midlands Police, supported by MIND, via social media to assess the views of service users with the following results:

- Broadly, nearly half of respondents agreed (either always or often) that the Triage Team offer suitable support however, over a quarter (27.7%) disagreed.
- 80% of respondents agreed that they were treated with dignity and respect.
- 46.2% of respondents said they would change something about the Triage Team (e.g. more staff, increase the size of the team, better communication between the Triage Team and regular care services).
- 58.5% of respondents had either an excellent or good impression of the Triage Team.

Again, although the survey relates to the entire West Midlands force area it can be inferred that service users are broadly positive in relation to the work of the triage service.

Triage services have directly contributed to resolving a number of mental health related incidents, providing a service which exceeds that which would be expected of non-specialist frontline officers:

#### Case Study 1

*In January 2021 the triage service dealt with an incident reporting a male stood on an M6 overbridge on the wrong side of the safety barrier.*

*Although not trained negotiators triage officers were able to engage with the male and persuade him to come to a safer location. He was happy to continue the engagement and came to sit with the police triage officer and the MH practitioner in their vehicle.*

*The male, prior to the triage service's involvement wasn't known to MH services; he was appropriately signposted to community MH services by the team.*

*Without the triage service's intervention on this particular occasion the male would have likely been detained under Sec 136 MHA, an ambulance arranged for conveyance and officers remaining at the Place of Safety for a potentially lengthy period whilst awaiting assessment. As an alternative no additional resource was required and the male was able to return to a safe address with future access to community MH services.*

#### Case Study 2

*The triage service have recently utilised a problem solving approach in relation to a female with a long history of regularly contacting emergency*

*services reporting allegations of criminal offences, self-harm and threats to take her own life.*

*The female has previously alleged she was the victim of a serious offence in 2016 although verifiable information confirms the named suspects were in custody at the time. Several more recent reports have also been investigated with equivalent verifiable information obtained to disprove the allegations.*

*In December 2020, following a multi-agency meeting and an assessment of capacity, the female was arrested for wasting police time due to the sheer volume of reports made and the significant amount of resources used to deal with these.*

*Following arrest a Problem solving Plan was created with various tactics detailed for officers to consider when dealing with this individual. Relevant MH services and professionals were identified. This plan was visible to all officers to assist with decision making and risk management.*

*In the 6 months which followed there were no calls to the emergency services nor any known suicide attempts.*

It is hoped that going forward that MH Problem Solving Plans will become a useful tool for all officers to utilise and will contain additional information such as Trigger Plans and Working With Risk documents shared from the NHS.

### **Mental Health Demands – Sec 136 MHA 1983**

Police forces are required to provide to the Home Office details of all Detentions under the Mental Health Act 1983 and these are collated annually.

Sec 136 MHA provides police with a power to remove mentally disordered persons without a warrant as follows:

*If a person appears to a constable to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons—*

- (a) remove the person to a place of safety within the meaning of section 135,*  
*or*
  - (b) if the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.*
- <https://www.legislation.gov.uk/ukpga/1983/20/section/136>

During the year 2019/20 Warwickshire Police utilised 214 such detentions, whilst West Midlands Police utilised 1,521. Due to a change in recording systems during 2020/2021 it is not possible at this time to determine accurately the proportion directly relating to the Coventry NPU.

These represented increases of 49% for Warwickshire & 23% for West Midlands on the previous year. BTP utilised 1,714 detentions during the same period however it is not possible to establish the exact number which relate geographically to Coventry & Warwickshire.

Of these cases, following detention, the mode of transport to first place of safety was Ambulance for 83% of Warwickshire detentions & 88% of West Midland's detentions confirming that the majority of uses of a police detention power within Coventry & Warwickshire place a corresponding demand on West Midlands Ambulance Service. Of those cases where an ambulance was not used this was primarily due to the unavailability of an Ambulance resource within 30 minutes.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/929091/detentions-mental-health-act-police-powers-procedures-mar20-tables.ods](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929091/detentions-mental-health-act-police-powers-procedures-mar20-tables.ods)

Whilst detentions under Sec 136 are the most widely reported measure of mental health demands on police these represent only a fraction of those demands.

Although the data for detentions as recorded by the home office over a 12 month period and the internal data for incidents attended by the mental health triage service within Warwickshire over an overlapping 10 month period is not directly comparable, it is clear that Sec 136 MHA detention is a relatively infrequent outcome for incidents where the mental health triage service is utilised (a total of 71 occasions within the 10 months for which data is available, suggesting an estimated annual figure in the region of 84) which would suggest that correspondingly a Sec 136 MHA detention is a more likely outcome when the mental health triage service is not utilised, either due to these incidents occurring outside of their operating hours or during operating hours when triage service officers are addressing competing demands.

Currently the principle place of safety for Sec 136 MHA detentions for both Coventry & Warwickshire is the Caludon Centre on the University Hospital Coventry & Warwickshire (UHCW) site. Being situated within the West Midlands Police force area they are by default the first responders for any absconders or significant incidents at the site which may include those involving individuals originating from the Warwickshire Police or BTP area. On occasion police custody facilities can be utilised as a place of safety and discussions are currently ongoing with other acute hospitals within the region with a view to creating additional places of safety,

therefore reducing demands associated with travel to UHCW for both police and WMAS.

Sec 136 MHA detentions across Coventry & Warwickshire are subject to regular review through a multi-agency panel of police & MH services with a view to identifying and responding to any emerging trends or significant issues with specific cases.

Whilst Sec 136 MHA detentions by police are reported this does not correspond to the number of admissions since the police power is one of detention and removal for assessment. As police officers are not MH professionals it stands to reason that not all Sec 136 detentions will result in hospital admissions. Sec 136 requires police officers to, where practicable, consult with a medical practitioner, nurse or MH professional before removing an individual to a place of safety.

Recent reviews indicate that whilst the conversion from Sec 136 detention to hospital admission remains low, in the majority of cases officers are consulting with MH staff at the place of safety prior to removal.

An identified area of risk for police is the safeguarding and management of those individuals initially subject to a Police Sec 136 MHA removal who are subsequently not admitted to hospital and therefore returned to the community. This is particularly relevant where criminal offences have been alleged against the individual concerned however a Sec 136 MHA removal power has been utilised in place of arrest, meaning that an individual may upon release from assessment pose a risk to others.

### **Mental Health Demands - Investigations**

More difficult to quantify are those demands relating to investigations into criminal offences where either a victim, witness or suspect is suffering mental ill health and this either has a bearing on the commission of the offence, their involvement in it or any future effect the offence may have on their mental health.

Significant academic research has and continues to be conducted into the relationship between crime and mental health which we do not seek to question, however information obtained locally is suggestive that in relation to specific offences mental health would appear to be more prevalent or of greater significance than in the general population.

Domestic Abuse remains a priority for both Warwickshire & West Midlands Police and continues to represent a significant proportion of reported violent crime. There is therefore additional information recorded for this crime type which includes more accurate information relating to the relationship between crime and mental health for both victims & perpetrators.

Warwickshire Police have recently commissioned and completed a qualitative analysis of Domestic Abuse incidents occurring between 01/01/2018 & 31/01/2021 to extrapolate learning from the police response, based only on policing data. Although this analysis examined only a small percentage of the domestic abuse incidents occurring during that period it is believed the results correlate with the overall policing response.

“Mental health was a significant factor affecting all of the case studies. All victims had disclosed to officers during at least one DASH\* assessment that they were depressed. Where this was acknowledged a GP referral was consistently made to address this. Where suspects were also asked to complete a DASH Assessment they also disclosed depression and in two of the case studies, the associated suspects were also considered vulnerable and were on prescription medication for a variety of complaints including paranoia, heart disease and schizophrenia. Risk Management Plans and referral to GP services were also consistently made. There was insufficient information contained within the information reviewed to determine the success of these referrals however, more than one GP referral was regularly made per victim and suspect and this appeared to be done as standard.”

“Perpetrators were also analysed for signs of conforming to mental health dominator types as highlighted in domestic abuse victim programme ‘The Freedom Programme’ ([www.freedomprogramme.co.uk](http://www.freedomprogramme.co.uk)). Four of the perpetrators displayed at least one of the dominator traits particularly ‘the bully’ and ‘The Persuader’”

\*DASH – Domestic Abuse Stalking & Harassment – this is the primary police tool for identifying and assessing risk within Domestic Abuse investigations and is in use nationally.

Whilst it cannot be inferred that mental health is a significant factor in all Domestic Abuse investigations, additional information obtained from the Warwickshire MARAC\*\* steering group indicates that during the full year 2020/2021 Mental Health was identified as a contributory factor for perpetrators in 42.2% of cases whilst it was a risk factor for victims in 30.69% of cases. Comparatively the only contributory factors for perpetrators with a greater prevalence were ‘Misuse of Alcohol’ (46.11%) and ‘Misuse of Controlled Drugs’ (45.36%), whilst the only risk factor for victims with a greater prevalence was ‘Child Contact’ (32.78%).

\*\*A MARAC (Multi Agency Risk Assessment Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. Within Warwickshire, Domestic Abuse incidents assessed as High risk and many assessed as Medium risk will be referred to MARAC.

Limited information is available to accurately ascertain the prevalence of mental health in all victims of crime, witnesses & suspects across the Coventry & Warwickshire region.

### **Mental Health Demands – Offender Management**

The role of police in addressing mental health does not end with the decision to arrest or even charge a suspect with an offence, conclude an investigation, nor provide a final update to a victim of crime.

Both Warwickshire & West Midlands Police utilise Integrated Offender Management (IOM) principles to manage offenders. IOM brings a multi-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together. Offenders subject to IOM can include prolific perpetrators of Domestic Abuse, other violent or acquisitive crime; they can include those who have been released from custody subject to National Probation Service (NPS) supervision or management and those who have been released directly into the community without NPS supervision or management.

Both Warwickshire & West Midlands Police also utilise Multi Agency Public Protection Arrangements (MAPPA); the process through which the police, probation and prison services work together with other agencies to assess and manage violent and sexual offenders in order to protect the public from harm. It is a system of sharing information and combining resources to maximise the risk management in place for each individual offender. Offenders subject to MAPPA are primarily registered sex offenders, violent offenders subject to imprisonment of 12 months or more and other dangerous offenders.

Accurate data detailing the mental health status of all individuals subject to IOM or MAPPA management is not available however a snapshot of IOM data for Warwickshire relating to December 2020 would suggest that countywide of the IOM subjects in the community 33% were suffering mental ill health (both diagnosed & undiagnosed) whilst 4% were suffering both mental ill health & physical ill health.



Anecdotally from discussions with those officers responsible for the management of IOM nominals across the region this snapshot is believed to be a broadly accurate representation of the prevalence of mental health within the IOM cohort.

The prevalence of mental health as a factor within the MAPPA cohort is more challenging to ascertain. Those subject to MAPPA management present a broad spectrum of criminality with an accompanying broad spectrum of mental health assessment, diagnosis and interventions. At the extreme are individuals who have been charged and convicted of the most-serious crimes including rape and murder. By the very nature of these offences, and the investigations which follow, these individuals are likely subject to mental health assessments in police custody, again prior to or potentially during any court case if mental health is believed or suspected to be a factor within the offending, and then again whilst in HMP custody or at the point of release as part of their rehabilitation. At the other extreme are individuals who have been convicted of non-contact offences including possession of Indecent Images of Children or exposure who may never present with mental health concerns and may not receive custodial sentences, returning immediately into the community.

The majority of offenders subject to level 2 & 3 MAPPA management will have been subject to a formal mental health assessment, normally due to the nature and severity of their offending so it is not unusual for these individuals to have full diagnosis and care plans to assist police and NPS in their management within the community.

It would be difficult to draw a direct comparison between the prevalence of suspected or diagnosed mental health within this cohort locally and to ascertain whether this is either a causal factor in their offending, a result of their offending or a result of any subsequent incarceration. In the views of those officers surveyed with responsibility for the management of MAPPA offenders a significant proportion of those subject to MAPPA management at all levels present with either a formal mental health diagnosis, undiagnosed mental health concerns or display behaviours which are indicative of an undiagnosed mental health concerns.

### **Mental Health Demands – Internal**

Policing remains an unpredictable occupation where staff can be exposed to individual traumatic incidents at minimal notice, frequently be expected respond to and address circumstances significantly outside of their own control, provide support to some of the most vulnerable people in society and be exposed to repeated traumatic events on a near daily basis.

A national Police Federation survey in 2016 showed an alarming set of statistics around mental health of officers, with 39% seeking help with mental health issues.

More than a quarter of officers who had taken sick leave attributed it to stress, depression or anxiety, while 65% said they still went to work even though they felt they shouldn't have because of the state of their mental wellbeing.

A recent survey by Mind, the mental health charity, revealed that 5% of the staff and volunteers interviewed from police, fire, ambulance and search and rescue services had made an actual attempt to take their own lives.

The 2016 Police Federation Pay and Morale survey also revealed that 69.4% of officers who were actively looking to leave the force wanted to do so because of the "impact of the job on health and wellbeing". (<https://www.polfed.org/our-work/wellbeing/mental-health/>)

Although a national survey of all officers across UK police forces this was believed to be broadly indicative of the prevalence of mental health issues within policing across Coventry & Warwickshire.

In response all police forces sought to improve the health & wellbeing of their staff including the provision of the National Police Wellbeing Service & Oscar Kilo to support officers and staff with; mental and physical health support; mental health outreach support; training and toolkits to improve the provision in individual forces. The College of Policing have developed national guidance on psychological risk management to support individual forces in developing their own approaches to improving mental health within their respective workforces.

Both Warwickshire & West Midlands Police have published their commitments to support the health and wellbeing of their staff including mental health support.

The Warwickshire Policing Plan 2020-2025 'Fit For The Future' re-defines the organisational workforce promise to 'put the health & wellbeing of staff first' as a core element of policing. This is underpinned by a range of health & wellbeing resources or services available to staff to enable them to support both their own mental health and the mental health of colleagues. These include peer supporters, formal Occupational Health or welfare support and the provision of external support services both local and national.

Overall levels of sickness & absence within Warwickshire Police have reduced over recent years and currently remain consistently low when Covid-19 related absences are discounted. Despite these low overall levels of sickness during the month of March 2021 whilst overall sickness rates were approximately 4.6% of officers & 3.7% of police staff, approximately 30% of officer days and approximately 13% of all police staff days lost were attributable to sickness relating to a psychological disorder. For

police officers this constituted approximately 13% relating to depression & anxiety and approximately 16% stress & related illness.

West Midlands Police has recently adopted a stance that assists with early intervention as well as supporting those who currently struggle with mental health issues. Mental Health First Aid is currently being introduced which aims to better recognise the early signs of mental health which doesn't relate to a response of trauma or forms of PTSD. Line manager workshops are currently being delivered online with support from Birmingham MIND with the aim of giving line managers the tools to manage the mental health issues of their staff and appropriately signpost and support. WMP have now implemented the CLIC service; an online 24/7 MH forum managed by mental health professionals. This is all available to all officers and staff through the force Well-Being portal, alongside referral services through the force B-Well service which caters for a wide range of MH issues.

There has been an uplift to ongoing work around TRiM (Occupational Health Trauma Risk Management), and a roll out of suicide prevention courses and "resilient me" workshops, with the introduction of an app called the "back up buddy" which allows officers & staff to access internal resources externally on their personal mobile devices for support when away from the work place

Despite the significant efforts and organisational commitments to improve mental health within both police forces, depressions, anxiety, stress and other mental health related illness remain significant reasons for sickness amongst officers and staff.

### **Recommendations:**

- 1) Review of Mental Health Related Incident recording processes used by forces to ensure that a single reliable measure of mental health related demands can be ascertained.** MHRI are currently recorded primarily within force control rooms, however the numbers recorded are not consistent with other recording mechanisms such as those recorded directly by Triage Services and therefore immediately shared with Mental Health partners, those referred directly into MASH by frontline officers or those investigations recorded where mental health is believed to be a relevant factor. This makes it challenging to fully understand mental health related demands on police.
- 2) Mental Health policy, procedure & guidance across all forces operating within Coventry & Warwickshire to be aligned, as far as practicable, in**

**order to provide a consistent policing response to the public and partner agencies.** Procedures & Guidance to officers across Coventry & Warwickshire is currently not consistent, therefore members of the public and partner agencies can receive a differing police response to incidents reported with the same circumstances in different locations.

- 3) Increased availability of Mental Health Triage Service.** Mental health triage provides a well utilised resource during their respective operating hours, meaning that when the service is unavailable an inconsistent service can be provided to the public and partner agencies.
- 4) Increased availability of police officers trained to a suitable standard to provide mental health tactical advice.** Outside of Triage Services there are limited numbers of officers available to provide tactical advice for mental health related incidents across all forces. Where officers are trained this should be developed in conjunction with mental health professionals, delivered to a consistent standard and supported by ongoing CPD activity to ensure ongoing competence.
- 5) Consistent information sharing to support the safeguarding & management of individuals removed under Sec 136 MHA but not subsequently admitted to hospital.** Where individuals are subject to Sec 136 MHA removal but not admitted and allegations of criminal offences have been made information should be shared between police and partner agencies to ensure they are appropriately safeguarded upon release from assessment and any risks to others are effectively managed.
- 6) Consistent approach to safeguarding those who repeatedly present to police within the context of Mental Health Related Incidents to be implemented.** All forces operating within Coventry & Warwickshire undergo activity to identify and manage the risks posed by those who frequently present through different methods and to different extents. Those presenting to police are unlikely to permanently remain within the jurisdiction of one force and therefore a consistent approach between all forces should be adopted, including the sharing of information to effectively manage risks posed to and by these individuals.
- 7) Improved awareness within police of all Mental Health services and their referral pathways within the region; or provision a single contact/referral service for professionals for all mental health services across Coventry & Warwickshire.** Police deal with a diverse range of mental health related incidents however have limited powers and professional competence in this area so are almost exclusively reliant on the support of other services to secure positive outcomes. The range of mental health services available can

appear complex and challenging to access, particularly where these services may not be immediately available or individuals may not consent to referrals, requiring police to effectively manage any interim risks presented.

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