

**COMMUNITY OUTCOMES MEETING
SUPPORTING VICTIMS AND WITNESSES**

20 NOVEMBER 2018

SUBJECT: MENTAL HEALTH

Report of the Chief Constable

<p>PURPOSE OF THE REPORT</p> <p>1. To provide an update to the PCC on Mental Health.</p>
<p>RECOMMENDATION</p> <p>2. That the Police and Crime Commissioner (PCC) seeks to understand the impact of Mental Health and how this is recognised within the West Yorkshire Police.</p>
<p>POLICE AND CRIME PLAN</p> <p>3. Mental Health is recognised as a priority in the Police and Crime Plan. Safeguarding vulnerable people is included as one of the four outcomes in the Plan. We have seen some successes in the responses made to people experiencing a mental health crisis. However more needs to be done to reduce the risk of those with mental health issues both committing and becoming victims of crime, and of victims not getting the treatment they need for mental health issues they may experience following crime.</p>
<p>KEY INFORMATION</p> <p>4. The West Yorkshire Criminal Justice and Mental Health Forum was launched in 2015. It is chaired by the OPCC Interim CEO on behalf of the Police and Crime Commissioner. Its members include West Yorkshire Police, Transport Police and the other emergency services, CCGs, Mental Health Trusts, NHS England, Public Health England, and the third sector. Through the Forum the PCC makes sure that partners are working together to collectively support people with mental health issues who find themselves in contact with the criminal justice system – as either offenders or victims - and look for opportunities to intervene at the earliest stage.</p> <p>5. West Yorkshire has responded positively to the changes in legislation affecting the use of Section 136 of the Mental Health Act which were implemented last December. West Yorkshire is complying with the new legislation but it does pose daily challenges for the Police, NHS and third sector. The use of S136 has reduced significantly in one district, where partners are working particularly well together to seek alternative approaches. The Forum receives regular reports on progress.</p> <p>6. The Forum has a number of strands of works at the current time. These include: a) responses to people experiencing a mental health crisis</p>

- b) therapeutic support for victims of crime
- c) mental health treatment orders
- d) support for people with multiple and complex needs
- e) West Yorkshire wide roll out of liaison and diversion

7. Therapeutic support for victims of crime is a new strand of work. Following discussion at the Forum, including a presentation about the services available from one trust, Victim Support is working with the trust to achieve greater mutual understanding of the support each can provide to victims who may be experiencing mental health problems as a result of crime. It is hoped this can result in a strengthening of referral pathways in that district, and the lessons learned be applied West Yorkshire wide.



Title: **Mental Health**

CoT Sponsor: **ACC Catherine Hankinson**

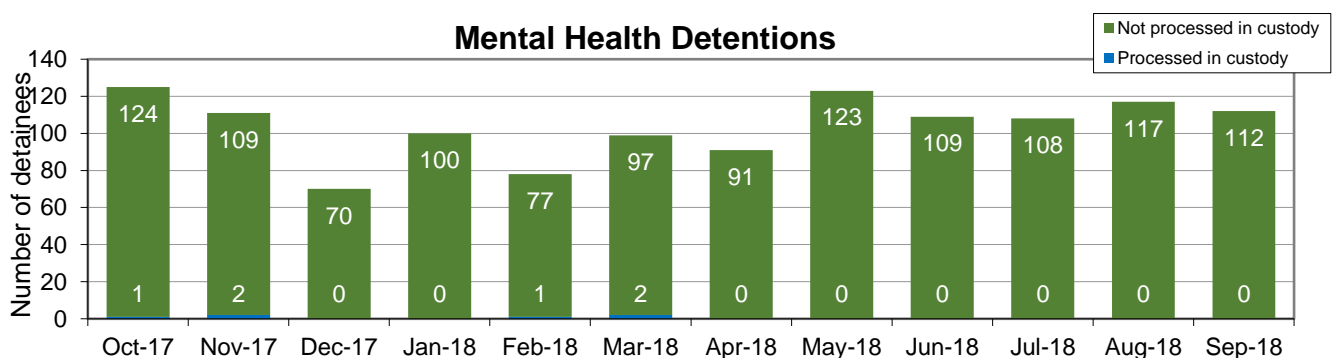
SUMMARY

The Police and Crime Act, made several changes to the Mental Health Act of 1983 and this has continued to be a positive driver to improve services for those suffering with a mental health crisis. This report shows the statistics for mental health detentions by West Yorkshire Police Force and Districts.

Consultation with a Mental Health practitioner before detaining someone under the Mental Health Act is now mandatory. It also completely rules out the use of police cells for children and specifies very exceptional circumstances for the detention of adults in police cells.

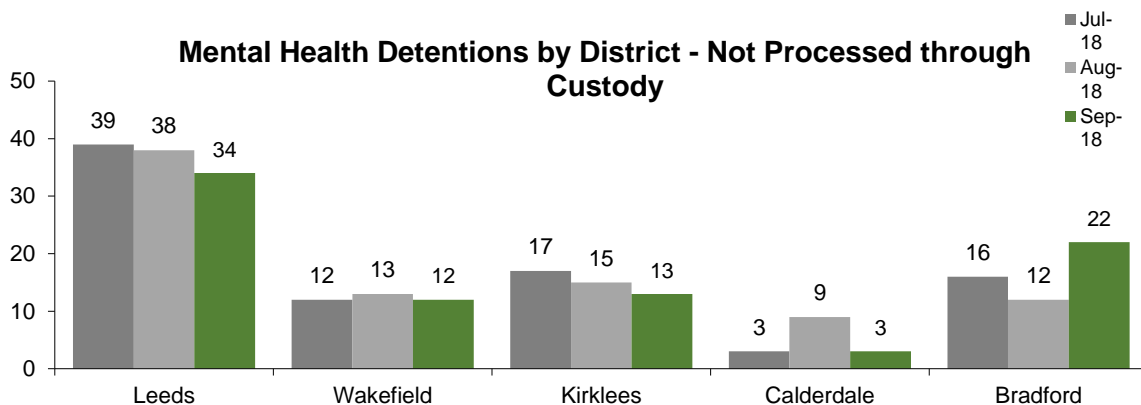
REPORT DETAILS

There were a total of 337 S.136 Mental Health occurrences created between July 2018 and September 2018. Of these, none were processed through custody suites. These figures are based on occurrences created on police computer systems and exclude consultations with Mental Health practitioners resulting in advice only. If a detainee is taken to a Health Based Place of Safety, an address should be created on the Police Computer.



Occurrence Type Breakdown:

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
S136 MHA DETENTION		91	120	107	104	117	111
S135 MHA WARRANT		0	3	2	4	0	1



- **Detentions**

S.136 numbers remain fairly low with Leeds District continuing to have the highest volume of cases.

- **Police Custody**

The new process continues to be followed correctly and no-one detained under S.136 has been brought into police custody. Timely consultations have also taken place with a Mental Health professionals. Handover to Health professionals at the S.136 Suites have been done efficiently, although occasional delays still remain where the person has to be taken to the Emergency department or very occasionally, where mental health suites are not sufficiently staffed to accept the detainee, leading to the unnecessary retention of police resources. A reporting mechanism for these cases is in place so that they can be brought to the attention of the relevant authorities.

- **S136 detentions in or from custody**

This is the new procedure which has been adopted in West Yorkshire as it is now lawful to detain a person S.136 who is already in a police station.

The two ways this is being used are as follows:

- Firstly if someone is arrested for a criminal offence and is taken into custody and then becomes seriously mentally ill at any time they are in custody, the police matters can be finalised or paused and the person detained under S.136 Mental Health act and transported to a health based place of safety for formal Mental Health Assessment (MHA).
- Secondly there are very rare cases where someone is arrested for an offence and are seriously mentally ill **and** meet the threshold of exceptional circumstances (extremely violent and cannot be accommodated in a Health Based Place of Safety) for being detained in a police station. They can be both held in detention for both the criminal matters and under S.136 MHA. The detainee will then receive a formal Mental Health Act assessment in custody. If they are deemed to need an admission to hospital the process of finding a suitable forensic or secure bed can be lengthy and so acting within the new 24 hour timeframe is very difficult in these type of cases.

In both cases we are acting in the best interests of the patient to ensure that they receive appropriate medical care at the earliest opportunity and they are not detained in police custody unlawfully.

- **Escalation Procedure**

If a mental health crisis occurs and there are issues finding a bed or other procedural difficulties which cannot be easily resolved. Districts have procedures in place where a senior officer brings these matters to the attention of their counterpart in the Mental Health Trust. Although limited, initial feedback is that the escalation procedures are effective.

ONGOING WORK AND DEVELOPMENTS

- **Hub Nurses**

The Hub nurse partnership within West Yorkshire remains strong and supports the police response to general calls for service where an individual has a history of mental illness and also individuals in mental health crisis. The ability to share information with mental health professionals assists in making better assessments of risk.

- **High Intensity service users**

Work is being developed to identify the high intensity police service users and cross check them with data held by Yorkshire Ambulance Service. Early indications are that police and Ambulance are dealing with many of the same individuals who are often suffering from mental health issues. Yorkshire

Ambulance Service (YAS) have a team dedicated to addressing the problems encountered, by linking in with partner agencies including the police. Through a bi-monthly coordination meeting led by Safeguarding Central Governance Unit (SCGU), each District is encouraged to set up their own high intensity user meetings based on some good work developed in Bradford.

- **Data collection**

The Digital Police Pocket Notebook is now enabled to allow officers to record mental health incidents quickly and efficiently. The report provides an overview of how the incident has been managed in line with the new legislation in order to check compliance. Work is on-going to ensure accurate recording.

EQUALITY, DIVERSITY AND HUMAN RIGHTS CONSIDERATIONS

Despite the positive work outlined above, difficulties are encountered by officers faced with an individual in crisis. It is unlawful to arrest someone under S.136 in a dwelling and the immediate options to deal with this situation are limited. Although there are other options such as to obtain a warrant under S.135 Mental Health Act, this is seldom a practical option to address any immediate risks. Breach of the Peace powers or arrest under the Mental Capacity Act if the situation is life threatening are currently being used.

STRATEGIC RISK IMPLICATIONS

- **Compliance with legislation**

Through the regular monitoring of incidents it has been found that the vast majority of officers are not only acting correctly and in line with existing and new Mental Health legislation, but are also displaying real bravery and excellent safeguarding skills when dealing with very difficult situations.

- **Use of Ambulance**

Although overall compliance with the legislation remains very good, it has been identified that the compliance rate for requesting and transporting by Ambulance is low. Often this occurs with sound rationale as officers recognise that the person is agitated and taking them immediately to the Health Based Place of Safety will be in their best interests as waiting for an ambulance would cause significant delays.

- **Demand implications of Mental Health**

Research highlights the fact that 43% of all persons arrested have some kind of entry on their mental health risk assessment. Looking at recorded demand, in the last 6 months since April, there were 450

incidents per week which had a mental health qualifier (over 64 incidents per day) which represents a recent spike in demand. By contrast in the same period 2 years ago, there were only 286 incidents per week (40 per day). It is suggested that these figures are the tip of the iceberg as the identification of mental health problems faced by victims or suspects coming into police contact can never be perfect due to issues around the medical history confidentiality. The true picture will therefore be considerably higher than these reported figures. Safeguarding Central Governance Unit (SCGU) are looking at ways to improve the recording of markers and flags for individuals who we know have a history of mental illness so that any risks can be identified early and individuals can receive appropriate care.

Early observations identify that there are opportunities to better manage a small number of high intensity users, using a partnership problem solving approach. Consultations are taking place to understand which interventions are effective in managing individuals with mental health issues in the community.

SUPPORTING DOCUMENTATION

Nil