



PCC spotlight: Mental Health

PCC Spotlights

Through our First Generation Project, Revolving Doors Agency and the Transition to Adulthood Alliance (T2A) aim to show how Police and Crime Commissioners (PCCs) across the country can help to cut crime, end 'revolving door' offending, and improve responses to young adults and people with multiple needs who come into repeated contact with the police.

This is the second in a series of 'PCC spotlights', highlighting promising work that we have identified on key issues. We aim to share examples that other areas may wish to develop, and to inform the future development of the PCC role.

Introduction: Policing and mental health

One in four people experience a mental health problem in their lifetime. While many experiencing poor mental health will have limited or no contact with the police, it is also true that a high level of police demand is linked to mental health related incidents, and a significant proportion of the offending population experience poor mental health:

- Mental health related incidents account for an estimated **20%-40%** of police timeⁱ
- **72%** of prisoners face two or more mental health problems.ⁱⁱ

There has been a growing focus on this overlap between mental health, policing and the criminal justice system at a national level, with a particular emphasis on policing powers under the Mental Health Act and responses to mental health crisis. Key programmes include:

- **The rollout of 'liaison and diversion' services.** Operating at police custody and courts, liaison and diversion services provide an opportunity to identify mental health issues and a range of other needs among suspects and offenders at an early stage, ensuring the right support is provided throughout the criminal justice pathway, informing any criminal justice proceedings, and creating an opportunity to divert into community support where appropriate.

- **'Street triage' pilots.** The Home Office has supported 'triage' pilots across the country, giving police access to advice from mental health professionals when responding to mental health incidents.
- **Mental health Crisis Care Concordat.** A national partnership agreement to improve mental health crisis responses has been signed, with all local plans now also agreed. The Concordat addresses issues such as reducing the use of police custody as a 'place of safety', and improving links into ongoing support.

Many police and crime commissioners have played an important role in anticipating and informing these national changes, and bringing strategic drive and coordination to the agenda in their area. Mental health has now been identified as a priority by most PCCs, with the Association of Police and Crime Commissioners and their mental health lead Dorset PCC Martyn Underhill maintaining a national voice for PCCs on this agenda.ⁱⁱⁱ

This 'PCC spotlight' focuses on promising practice among PCCs on mental health. We highlight, in particular, areas where PCCs are going beyond the national agenda to develop innovative practice - including seeking to extend improvements to key groups such as those facing multiple and complex needs who often fall through the gaps.^{iv}

Greater Manchester: Strategic Mental Health Partnership Board

Mental health was identified as an early priority for Greater Manchester PCC Tony Lloyd, and the PCC's office has played an important role helping to drive the agenda across Greater Manchester. As part of this, the **Greater Manchester Strategic Mental Health Partnership Board**, chaired by deputy PCC Jim Battle, was established as an inter-agency mechanism to help improve responses. Specific initiatives developed by the PCC and partners through this board include:

- **24/7 'triage' and Greater Manchester Navigation Pathways** – Police now have access to a 24/7 mental health 'triage' phone advice service across Greater Manchester, with dedicated numbers for each of the four mental health Trusts and professionals available to offer guidance and add to risk assessments at any time. An independent evaluation of an initial pilot in Oldham showed benefits in: reduced use of s136 of the Mental Health Act; better partnership working; savings in police time; and a better understanding of pathways.^v The Board have also secured funding from a number of sources to expand on this progress through introduction of **Navigation Pathways**, that will focus resources across Greater Manchester to provide a comprehensive service, including: coordinated access to clinical records systems; a greater ability to manage complex cases; and providing a coordinated approach to aftercare and follow-up where admission to a mental health hospital is not needed.
- **Improving responses for repeat users of crisis services** – The Oldham 'triage' pilot identified a small number of individuals with high levels of need who generated repeated demand, with just 11 individuals representing 17% of all incidents over the 6 month period.^{vi} The Board have targeted an improved response for these individuals, and have agreed to rollout the approach used in a recent Home Office innovation fund pilot in Trafford across Greater Manchester.

The **Trafford Home Office Innovation Fund Mental Health Specialist Practitioners Pilot** involved co-locating a Specialist Mental Health Practitioner in the police Safer Communities Team, who worked alongside the police to identify and engage with individuals coming into repeated contact, and put bespoke support in place through a multi-agency support plan. The model relies on a personalised, relationship-building, and problem solving approach, which the evaluation showing improved service user outcomes and reduced demand on a range of local services.^{vii}

- **Improved pathways for 'lower-level' mental health need** – In seeking to prevent mental health crises where possible, the board have also championed improved provision for people who are in need but often considered below thresholds for intervention from secondary mental health services. This involves working with third sector services, including Self Help Services who run a Sanctuary in three areas of Greater Manchester.^{viii} The Sanctuary offers peer-led, out of hours support from 8pm-6am every day to anyone experiencing a mental health episode. There are plans for further expansion across Greater Manchester, and Self Help Services have also been commissioned by the PCC's office to engage with service users to provide feedback on what is working in regard to mental health and what needs further improvement.

All of this fits in to a broader public service reform approach across Greater Manchester, aiming to coordinate resources more effectively to improve outcomes on shared issues such as preventing and reducing reoffending, and health and social care reform. The mental health board feeds into the Justice and Rehabilitation Executive Board, which is also chaired by the PCC.

Norfolk PCC: mental health and the 'County Coordinator Hub'

An estimated 40% of police time is spent responding to mental health related issues in Norfolk. Having identified mental health as an early priority, the Norfolk PCC has placed a significant focus on improving responses, with mental health identified as a key theme in the PCC's commissioning strategy.

With partnership working key to success, the PCC has employed a coordinator to lead this work at a strategic level as part of the '**county co-ordinators hub**' in the PCC's office.^{ix} The work of the coordinators is focused on priority partnership themes, including supporting victims and witnesses, domestic abuse and sexual violence, and rehabilitation of offenders. They work to advise the PCC on commissioning, and aim to improve services, identify gaps, and avoid duplication, while acting as a central liaison point with key partners.

Acknowledging significant overlaps in need, a single coordinator has been appointed with responsibility for mental health, drugs and alcohol. Key outcomes identified for this workstream include: reducing demand for services; helping victims to recover from the harm they have experienced; early intervention and prevention of crime; and preventing re-offending. Areas of focus for the PCC's office and partners include:

- **Improving mental health crisis responses** - Norfolk was the first area to sign the Mental Health Crisis Care Concordat, with a significant reduction in the use of police custody in Mental Health Act responses achieved in the first year of the delivery plan.^x As part of this, the PCC has funded a **mental health triage team** providing specialist mental health advice in the police control room.

The triage team had over 2000 contacts in the first 5 months, and has seen a significant drop in the overall use of s136 of the Mental Health Act – with the latest quarterly statistics suggesting a 59% reduction. There are plans to extend the team, with a drug and alcohol worker recently added.

- **Offender health profile** – The PCC has worked with Public Health to fund a comprehensive offender health profile in the county, which included a focus on prevalence of mental health problems and a baseline assessment of available pathways and support.^{xi} Published in November 2014, this fed into the county's Joint Strategic Needs Assessment, and has led to the establishment of an **integrated offender health and social care commissioning subgroup of the Health and Wellbeing Board**. The group aims to overcome the fragmentation of services and commissioning identified in the profile, with a coordinated approach to reduce health inequalities among offenders and address other underlying problems linked to offending. The PCC's office is also working with the local authority to encourage a broader county-wide mental health strategy.
- **Improved access to mental health support for women offenders** – A key focus has been the need to develop an improved approach for women offenders, many of whom face multiple needs including poor mental health. The Norfolk offender health profile identified a serious lack of provision in the county for Personality Disorders. The PCC has therefore commissioned a pilot personality disorder service for female offenders as part of a broader initiative to develop Norfolk's women's integrated offender management approach.

Staffordshire PCC: Increasing accountability

Staffordshire PCC Matthew Ellis identified mental health as an early priority, and commissioned a review into policing and mental health that found an estimated 15-25% of police time in Staffordshire was spent dealing with mental health related issues – many of which could have been dealt with more appropriately by other agencies.^{xii} The PCC recruited a mental health programme manager to lead work on this agenda, with key areas addressed including:

- **Strategic partnership review** – a review of key partnerships that has led to new governance structures on mental health and policing across Staffordshire, with senior police involvement and health leadership established. This has also included a full refresh of local Mental Health Act protocols, and provided a forum for the PCC to hold key health partners to account over the provision of mental health places of safety.
- **Community triage scheme** – The PCC provided initial funding for a mental health ‘street triage’ pilot covering north Staffordshire, with a mental health nurse in a triage car available at peak times.

The team received 626 referrals in the first 11 months, and have contributed to a 56% reduction in the use of police cells as a ‘place of safety’. Support workers are also part of the team, providing follow on support after an incident where required, including help to navigate access to ongoing services. The scheme has now achieved continuation funding, and is set to be extended to the south of the county.

- **‘Wraparound services’** – With a significant proportion of demand on the community triage scheme also linked to other issues including alcohol and drugs, the PCC and partners are now exploring opportunities to build on existing operational partnerships such as local vulnerability hubs to improve links into ‘wraparound support’, ensuring that even where ongoing involvement from secondary mental health services is not appropriate there are links into coordinated support that addresses a range of needs and can help reduce future demand.

Other areas

Examples from other areas include:

- **Essex PCC** - the PCC is joint-funding an innovative mental health hub with Local Authorities. Provided by the Tendring Citizen’s Advice Bureau, the Hub carries out holistic assessment and acts as a single point of referral for individual service users and statutory and voluntary sector partners, including GPs and the Police. It aims to provide an opportunity for early intervention, resolving problems at an early stage to prevent people falling into crisis.
- **Leicestershire PCC** – has employed a Mental Health Partnership Development Manager to lead on coordinating improved responses with partners, helping to deliver priorities agreed with a Strategic Partnership Board which includes a focus on mental health.
- **Dorset PCC** – has employed a Mental Health Coordinator to act as a single point of contact working with a range of local schemes, including a ‘street triage’ pilot joint-funded with local Clinical Commissioning Groups, and a recovery and wellbeing programme for victims of crime. Plans to improve access to mental health support through the PCC-funded ‘Victims Bureau’ are also under development.
- **North Yorkshire PCC** – has worked with health partners to ensure provision of health-based places of safety that were lacking in the area previously.
- **Devon and Cornwall PCC** – is funding a Vulnerability and Complex Needs officer embedded in the Community Safety team in Torbay, who works to coordinate support for clients seen frequently by the police.

Conclusion and key themes

As Lord Adebawale's Independent Commission on Mental Health and Policing made clear, mental health is "core business" for the police.^{xiii} However, while the police have an important role to play, it is the work of health and voluntary sector partners that is central to achieving better outcomes for individuals, and reducing the demand placed on the police when people fall into crisis.

With their broader strategic partnership role, PCCs have an important part to play. As this briefing highlights, most PCCs are now prioritising mental health, and there are many examples of promising practice that other areas and future policing leaders could learn from. Key themes include:

- **Strategic leadership and accountability** - In many areas, new strategic partnerships have emerged, with PCCs often taking a leading role alongside mental health trusts, health commissioners, local authorities, and the voluntary sector. These arrangements can encourage joint-commissioning, and provide a forum for partners to hold each other to account.
- **A coordinating role** - a number of PCCs have created a dedicated strategic role to coordinate work on mental health locally, either within the PCC's office or the police force.
- **'Triage' schemes** - many areas have developed a 'street triage' service, whether or not they are part of the Home Office pilots. These vary in approach, but are already showing positive signs in reducing the overall use of s136 of the Mental Health Act, and reducing the use of police custody in crisis responses.
- **Intervening earlier** – Through partnership arrangements, some PCCs have contributed to more preventative services. In Manchester, the Sanctuary offers a valuable out of hours service, improving access to support before crisis for anyone facing a mental health problem, while the Hub approach developing in Essex is an innovative community resource to encourage earlier intervention and reduce future crises.
- **Pathways into holistic support for people facing complex needs** – Many people coming into contact with the police will face a multiple and complex needs linked to poor mental health, but may not meet thresholds for ongoing support from statutory mental health services. As some areas have already acknowledged, improving pathways into holistic support for people in this situation is a key priority in order to reduce demand.
- **Reducing repeat demand through tailored support** – Some areas have developed promising schemes providing tailored support for those generating the most demand, including the Mental Health Specialist Practitioner pilot set to be expanded across Greater Manchester and the complex needs officer supported by Devon and Cornwall PCC.
- **Funding innovation** – in many cases, PCCs have provided initial funding for an innovative scheme or approach, in order to make the case for mainstream funding from health once it has proven its worth.
- **Understanding need and demand** – PCCs can play a key role in funding research to improve understanding of needs locally, helping to make the case for a more effective approach from key partners. The mental health and policing review in Staffordshire has had a national impact, while the Offender Health Profile supported by the PCC in Norfolk has directly led to improved engagement with health and greater integration.

Further resources

Further information and resources are also available at: www.revolving-doors.org.uk/policy--research/library/

Revolving Doors Agency (2014) *The Revolving Doors Checklist: How police and crime commissioners can improve responses to offenders with multiple and complex needs.* Available here: <http://www.revolving-doors.org.uk/documents/revolving-doors-checklist/>

The T2A pathway programme is delivering interventions to young adults in six locations across England over three years. This includes a scheme in Rotherham providing tailored mental health interventions for 18-25 year olds in contact with the police, supported with match funding from the South Yorkshire PCC. Further information available here: <http://www.t2a.org.uk/pathway/>

Young Minds and the Transition to Adulthood Alliance (2013) *Same Old...the experiences of young offenders with mental health needs.* Available here: <http://www.t2a.org.uk/wp-content/uploads/2013/12/YoungMinds-Same-Old...-2013-low-res.pdf>

House of Commons Home Affairs Committee (2015) *Mental Health and Policing.* Available here: <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/202/202.pdf>

Independent Commission on Mental Health and Policing (2013) *Independent Commission on Mental Health and Policing Report.* Available here: http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/10_05_13_report.pdf

New Economy (2015) *Home Office Innovation Fund Specialist Mental Health Practitioner Pilot: Project Evaluation and Cost Benefit Analysis.* Available here: <http://www.aquanw.nhs.uk/Downloads/Crisis%20Care%20Concordat/2015-03-31%20Home%20Office%20Innovation%20Fund%20Specialist%20Mental%20Health%20Practitioner%20Pilot%20Trafford%20-%20Evaluation%20and%20CBA.pdf>

The Mental Health Crisis Care Concordat website includes access to a range of action plans for each area, and other resources including relevant research and project evaluations from across the country. See: <http://www.crisiscareconcordat.org.uk/>

About us

Revolving Doors Agency is a charity and social enterprise working to change systems and improve services for people who face multiple and complex needs, including poor mental health, and come into repeated contact with the criminal justice system. For more about our work and our consultancy services, see: <http://www.revolving-doors.org.uk>

The Transition to Adulthood Alliance (T2A) is a coalition of 13 criminal justice, health, and youth organisations, which identifies and promotes effective ways of working with young adults (18-24) throughout the criminal justice process. For more information see: <http://www.t2a.org.uk/>

For further information on this briefing, or if you would like to share any examples of promising practice in your area, please contact:

Shane Britton, Policy Manager, Revolving Doors Agency
Email: shane.britton@revolving-doors.org.uk Tel: 020 7407 0747

Endnotes

- ⁱ House of Commons Home Affairs Committee (2015) *Mental Health and Policing*, p. 8.
- ⁱⁱ Singleton, N., Meltzer, H. & Gatward, R. (1998) *Psychiatric Morbidity among Prisoners in England and Wales*. London: Office for National Statistics
- ⁱⁱⁱ See http://apccs.police.uk/press_release/apcc-seeks-nick-cleggs-backing-extension-mental-health-support/
- ^{iv} For further information on how PCCs can help to tackle multiple and complex needs, see the Revolving Doors Agency 'checklist' briefing here:
<http://www.revolving-doors.org.uk/documents/revolving-doors-checklist/?preview=true>
- ^v Edmondson, D., and Cummins, I., (2014) *Oldham Mental Health Phone Triage/RAID Pilot Project: Evaluation Report* Manchester: University of Manchester & University of Salford. Available here:
[http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/01/OLDHAMMH TRIAGE-2.pdf](http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/01/OLDHAMMH_TRIAGE-2.pdf)
- ^{vi} Ibid, p. 51-52
- ^{vii} Ottiwell, D., Evans, L., & Berger-Voigt, B (2015) *Home Office Innovation Fund Specialist Mental Health Practitioner Pilot: Project Evaluation and Cost Benefit Analysis* Manchester: New Economy. Available here:
<http://www.aquanw.nhs.uk/Downloads/Crisis%20Care%20Concordat/2015-03-31%20Home%20Office%20Innovation%20Fund%20Specialist%20Mental%20Health%20Practitioner%20Pilot%20Trafford%20-%20Evaluation%20and%20CBA.pdf>
- ^{viii} See https://www.selfhelpservices.org.uk/shs_service/the-sanctuary/
- ^{ix} See <http://www.norfolk-pcc.gov.uk/about-us/meet-the-coordinators>
- ^x See <http://www.norfolk-pcc.gov.uk/news/mental-health-progress-made-much-more-to-do>
- ^{xi} Offender Health Profile for Norfolk: Final Report – November 2014, available online here:
<http://www.norfolkinsight.org.uk/news/item?itemId=742>
- ^{xii} Mental Health Review: overview of statistical information and case scenario scoping, available online here:
<http://www.staffordshire-pcc.gov.uk/wp-content/uploads/2014/05/Mental-Health-Report.pdf>
- ^{xiii} Independent Commission on Mental Health and Policing (2013) *Independent Commission on Mental Health and Policing Report*, p. 12. Available online here:
http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/10_05_13_report.pdf