

## **Briefing for Police and Crime Commissioner**

**Topic:** Mental Health

**Author:** Stephanie Kilili, Policy and Commissioning Officer

### **Purpose of briefing**

To provide a briefing on mental health policy and an update on priority workstreams.

### **Background**

The PCC's main outcome for this policy area is to ensure that robust pathways are in place for early access to appropriate support for vulnerable people with mental ill-health and other, complex needs.

In 2020, there were 16373 incidents flagged as mental health related, this accounts for an average of 40 per day in the Durham police force area, and 71 suicides. Crimes resulting from mental health incidents represent 12% of all crime.

### Local Strategies

A mental health and wellbeing strategic plan 2018-21 exists, informed by national guidance and best practice, set against local needs as determined by the JSNA and national policy and guidance. This is overseen by the County Durham Strategic Mental Health Partnership Board (MHSPB).

The MHSPB currently oversees five workstreams:

1. Children and young people (Chair, Gill, O'Neill, Deputy Director of Public Health, Durham County Council)
2. Suicide prevention alliance (Chair, Jane Sunter, Public Health Strategic Manager, Durham County Council)
3. Crisis Care concordat (Chair, Mike Brierley, Director of Corporate Programmes, Delivery and Operations, North Durham CCG)-statutory group across Durham and Darlington
4. Dementia Strategy Implementation Group (Chair, Neil Jarvis, Strategic Commissioning Manager, Durham County Council)
5. Resilient Communities (Chair, Carol Gaskarth, Chief Executive, Pioneering Care Centre)

### Policy drivers

Given the significance of mental ill health and the importance of mental health, there are a significant number of policy documents guiding the work of statutory organisations across the UK. These include:

- NPCC National Strategy on Policing and Mental Health 2020
- HMICFRS 'Picking up the Pieces' report 2018
- Victim Support report 'At Risk, Yet Dismissed' 2014
- NHS Long Term Plan (2019)
- No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (2011)
- The National Mental Health Crisis Care Concordat (2014)

- Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015)
- The Five Year Forward View for Mental Health (2016)
- Preventing Suicide in England (2017): Third progress report of the cross-government outcomes strategy to save lives
- Living well with dementia (2009): A National Dementia Strategy
- Transforming Children and Young People's Mental Health Provision (2017)

A number of projects locally are aimed at addressing mental health needs:

- **Victim Care and Advice Service** which focuses on a victim's need, and helps them to cope and recover during what can be a traumatic time in their lives;
- The Independent **Advocacy Service** to provide advocacy support for victims of crime with mental health issues;
- **Street Triage Service**-Mental Health nurses in force control room to offer appropriate advice to deescalate crisis incidents and offer follow up work with NPT officers to support mental health issues in non-crisis situations to reduce the time spent by officers at incidents;
- **TEWV Liaison and Diversion** service within Durham Constabulary police custody and Magistrates Court aimed at assessing vulnerabilities of suspects and signposting and/or diverting away from the Criminal Justice System;
- Various work to promote **campaigns** such as: Mental Health Awareness Week and Suicide Prevention Day
- **Early Alert Suicide Process**- monitoring of all suicides and attempt suicides and offer of **postvention bereavement support** (through the Local Authority Commissioned Service If U Care Share) to the family and friends of the deceased (who are at increased risk themselves);
- **Missing Persons Herbert Protocol**- a multi-agency initiative, focussing on the safety of elderly persons and vulnerable adults who are at risk of being reported missing.
- **Familiar faces programme** working with the police to address individuals in the community who are coming to the attention of police. Individuals who are presenting as repeat demand are referred to the High Intensity User Group to identify additional support.

There are of course wider community and inpatient Tees Esk and Wear Valley Trust mental health services, including crisis services, CAMHS which are commissioned by CCGs and many VCS organisations which do a lot of preventative work to improve resilience and good mental health such as men's sheds, crisis cafes, Stamp it Out campaigns, funded primarily by Local Authorities. This work is overseen by the Integrated Care Systems. There will be changes to governance soon as a result of changes to CCG formations in the region.

### **Current issues**

- Increased police demand due to service drift: Gaps in crisis service provision have led to the police on occasions having to provide a 'first response' service to mental health related incidents when it would have been more appropriate for NHS or local authority services to respond instead of or alongside the police.
- S136 Mental health Act assessments and Places of Safety: the objective for the force is to completely eliminate the number of s136s brought into police custody as a place of safety
- Conveyance of patients detained under the MHA: In cases where the police transport people to hospital, police officers spend many hours in hospitals waiting for a mental health assessment to take place, placing demand on police resources and 2 officers are required. The

most common reason for delays was because an AMHP or a section 12 approved doctor was unavailable. The AMPHs and S12 doctors are short in supply and have to leave their day jobs to attend. This is acknowledged nationally as well, but we are unclear what, if anything, is being done about this. The local Crisis Care Concordat piloted a private ambulance provider specifically to transport people who have been detained to hospital and this is now commissioned by the CCGs. A new specification will be written up in the summer of 2021, looking at a regional tender.

- Absent without leave and absconded MHA patients.
- Street Triage Funding: At present there is no PCC/police funding being put towards the service, it is being funded via the CCGs, through the Local A and E Delivery Board. This may change in future following the final evaluation.
- Improving Access to Psychological Therapies IAPT/Talking Changes: This applies to victims, offenders, and wider populations who are struggling to access psychological therapies and counselling for anxiety disorders and depression, due to long waiting lists.
- Staffing issues with the Liaison and Diversion Service in police custody and courts, resulting in fewer assessments being undertaken, fewer suspects having their vulnerabilities addressed and diverted away from the CJS. This has an impact on people being placed in prison as a place of safety. Current feedback is good at this moment in time with dedicated provision in Newton Aycliffe Magistrates Court. There may be an issue following lockdowns.
- Impact of Covid-19 on people's mental health. (Please see [additional briefing](#))

### **Partnership involvement**

The office engages with the Mental Health Partnership Board, and Crisis Care Concordat and the Liaison and Diversion Steering Group.

The PCC is a member of the local Health and Wellbeing Boards and has, in the past, been part of the National APCC Mental Health Working Group.

### **Police involvement**

The force deals with all aspects of mental health, from initial calls to the force control room, referrals to the MASH (safeguarding forms), detainees in police custody, suspects, offender management, suicides/crisis incidents, victims, various powers under the mental health Act, and engage with all relevant partnership groups.

### **People to meet**

Directors of Public Health for County Durham and Darlington

Director of Corporate Programmes, Delivery and Operations, North Durham CCG (Chair of partnership board and crisis care concordat)

Chief Superintendent safeguarding and mental health lead, Chief Inspector operational mental health lead in force control room