About Mind

We’re Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary

Mental health is core police business. Officers are often the first to come into contact with people in a mental health crisis, or people who have been victimised because of a mental health problem. Increasingly police are taking on the role of gatekeeper – ensuring access to appropriate support from other relevant services or the criminal justice system.

People often tell us the response they received from the police was fantastic and we know many forces do a great job. But we also hear of problems such as a lack of awareness about mental health among some officers and a lack of joined up working between police and other agencies, particularly when people have been the victim of crime.

We also know that rising demand for mental health crisis support has lead to increased pressure on some forces because there are too few mental health services available to people. Police need to be equipped and supported to know exactly what to do to provide the best possible service to people with mental health problems.

Key issues in mental health and the policing

Mind works with the Association of Chief Police Officers (ACPO), Victim Support and other agencies on the following issues relating to mental health and police:

- Supporting people in crisis
- Section 136 powers
- Death and injury in custody
- Supporting people with mental health problems who are victims of crime
Supporting people in crisis

Police forces tell us they are spending increasing amounts of time supporting people in mental health crisis. A mental health crisis is when the mind is at melting point - there may be an immediate risk of self harm or suicide, extreme anxiety, panic attacks or a psychotic episode.

We know that mental health services are understaffed, under-resourced and overstretched. It is leading to increased pressure on the police, who must spend additional time helping people who ought to be receiving NHS services. In September 2013, the Home Secretary stated that police are now spending one fifth of their time supporting with mental health problems.

In November 2012, our Crisis Care campaign found that only 14 per cent of people got all the help they needed when in crisis. Increasingly we are hearing reports of bed shortages, people being inappropriately sectioned just to ensure they get a bed and people being sent out of their local area for treatment. People are not getting the help they need at the right time. If this situation does not improve, police are likely to be relied on more and more to support people who are unwell.

‘Places of safety’ - use of Section 136 powers

The police will always play a role in crisis care because of their powers under section 136 of the Mental Health Act to take people experiencing a mental health crisis to a ‘place of safety’ until they can be assessed by a mental health professional. The Mental Health Act code of practice says this should be a hospital, or other health setting, in all but “exceptional” circumstances. However in 2011/12, more than 9,000 people were taken into police custody under Section 136. This is not acceptable – when you are in crisis you need care and compassion and to feel safe. A police cell is not an appropriate environment for someone who is distressed, confused, frightened and unwell.

This year, Government introduced street triage pilots, where mental health nurses accompany police on call outs. This is a positive sign that some local police forces and mental health trusts are attempting to work better together to support people in crisis. We support this move if it ensures people are given the right support when in crisis. But this scheme is not an alternative to investing in crisis care and improving timely access to quality mental health services, nor to making much-needed improvements to mental health awareness training for officers.

Death and injury in custody

Approximately half of all deaths that occur as a result of being held in police custody are of people with mental health problems. This is an unacceptable neglect of people in need of care.

Mind was part of The Independent Commission on Mental Health and Policing (2013). The Commission looked at 55 cases where people with mental health problems had died or sustained a serious injury during or following contact with the Metropolitan Police Service. The report, released in May, found failings in systems and procedures, as well as the behaviour of individual police officers. It cited:

- A failure of Central Communications Command to deal effectively with calls related to mental health
- A lack of mental health awareness among staff and officers and a lack of training and policy guidance in suicide prevention for frontline police
• A failure of procedures to provide adequate care to vulnerable people in custody and a disproportionate use of force and restraint

The report called for improvements in three key areas:

• **Leadership:** Mental health is core business and needs to be reflected in all policy, guidance and operating procedures – such as being included in performance indicators

• **On the frontline:** We need thorough training to improve the skills, awareness and confidence of frontline staff

• **Working together:** There needs to be more effective interagency working to meet the needs of local populations.

**At Risk, Yet Dismissed – supporting people with mental health problems who are victims of crime**

In October, Mind, Victim Support and academics from four universities including the Institute of Psychiatry at King’s College London published ‘At Risk, Yet Dismissed: The criminal victimisation of people with mental health problems’. The report highlights the stark reality that people with mental health problems are **up to ten time more likely to be a victim of crime than the general population**, yet they often face barriers in getting the help they need. We also found people are more likely to be repeat victims of crime, yet were far less likely to be satisfied with their treatment by police.

Some felt perpetrators targeted them because they understood that people with mental health problems are more easily discredited and commonly disbelieved when they report a crime. A few said they felt perpetrators were motivated by hatred and hostility towards their mental health.

> [having a mental health problem] it’s a license, it makes you so vulnerable. It’s awfully awful. It’s like this is a sitting duck we can do whatever we want to, however we want. And then they turn it on you and say that you did it to yourself.
> - A female interviewee and a victim of assault, threats and harassment.

Many people described not being believed or even blamed when they attempted to report a crime to the police or seek help from other services. One interviewee told us that a police officer, on learning she had bipolar disorder, told her “Well, his offender’s barrister will tear you apart in court”. Understandably she took this to mean “why bother giving a statement? Your case isn’t worth pursuing if you have a mental health problem.” We know if someone has a bad experience with a public service, they’re less likely to engage with that service again. So it’s vital the police get it right first time.

**How can we improve the situation?**

Urgent cross-agency improvements are needed to protect against people with mental health problems being denied rights to justice, equality and fairness. No one should have to think that their only chance of accessing the care they need is to be sectioned under the Mental Health Act. And no-one’s experience of being a victim of crime should be dismissed because of their mental health.
More and better mental health services

We can begin to help reduce the pressure on police forces by ensuring timely access to a choice of services that help people recover and stay well. Preventative social care needs to be combined with early intervention services such as talking therapies, and made widely available within a maximum 28 day waiting time.

We also need to ensure that when people are in crisis they can access the support they need as urgently as they would for a physical health emergency, and are treated with compassion and respect. Non-clinical services such as crisis houses allow people to self refer and are often preferred to a stay in hospital.

Improved procedures and training

We welcome the findings of The Independent Commission on Mental Health and Policing report. We encourage other forces to follow its recommendations to ensure their culture is one that recognises their role in supporting people in crisis and their responsibilities under the Mental Health Act.

There also needs to be a better level of mental health awareness. Investing in training is the only way to ensure all police officers attain a consistent level of mental health awareness. Some police forces have teamed up with community groups, local health trusts or universities to deliver innovative and interactive training with the input of mental health service users themselves. We would like to see this sort of practice more widely adopted.

Supporting people who are victims of crime

We need MPs to lead a national debate and a central strategy to address the needs of people with mental health problems who are the victims of crime. At a local level we need the police, commissioners, healthcare staff, support agencies and local government to work together and improve services for people with mental health problems who are the victims of crime.

What can MPs do?

MPs can play a role in ensuring good practice is in place in their constituency. You can raise the issue of mental health and policing by:

- Asking your local Chief Constables and Police and Crime Commissioner to take on board the findings and recommendations of At Risk, Yet Dismissed;
- Telling your local police force to look out for Mind and Victim Support’s good practice guide - ‘Police and Mental Health: How to get it right locally’;
- Finding out how your Clinical Commissioning Group is providing the mental health crisis services your constituents need.