Independent Commission on Mental Health and Policing **Report**

Executive Summary

MAY 2013

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The Independent Commission on Mental Health and Policing was set up in September 2012 at the request of the Metropolitan Police Commissioner. Terms of reference and membership are in Appendix 1.

The Commission's brief was to review the work of the Metropolitan Police Service (MPS) with regard to people who have died or been seriously injured following police contact or in police custody and to make recommendations to inform MPS conduct, response and actions where mental health is, or is perceived to be, a key issue.

While reports like this cannot take away the anguish families have suffered, it is the hope of the Commission, and the duty of those who receive this report, to ensure that the recommendations are implemented in the name of the families as citizens who have lost loved ones in terrible circumstances. By doing so, a level of reassurance can be given to the families that others may not suffer the same loss.

Although the Commission was focused on the MPS, the issues identified are national and the recommendations are likely to be applicable to all forces across the country.

The Commission independently examined 55 MPS cases covering a five-year period (September 2007 — September 2012). As some cases are still to receive judicial findings in those reviewed, we have been careful to avoid making any comments that would prejudice future findings. All cases, therefore, have been made anonymous[1].

We focused on the roles and responsibilities of the MPS in dealing with issues of mental health in custody, at street encounter and in response to calls made to police, including call handling processes when dealing with members of the public where there is an indication of mental health.

Everything which follows in this report must be seen through the lens that mental health is part of the core business of policing. The role of the police is not a clinical one but mental health issues are common in the population and will often be found in suspects, victims and witnesses. A person may commit an offence or cause a public disturbance because of their mental health issues. In addition, the police may be first on the scene of a person in mental health crisis or a potential suicide. It therefore cannot be a periphery issue, but must instead inform every day practice. As existing guidance[2] states: 'Given that police officers and staff are often the gateway to appropriate care — whether of a criminal justice or healthcare nature — it is essential that people with mental ill health or learning disabilities are recognised and assisted by officers from the very first point of contact. The police, however, cannot and indeed are not expected to deal with vulnerable groups on their own.'

Findings and evidence from case reviews, surveys, meetings and visits

The shortcomings in the police performance are the primary focus of attention in this inquiry. In many instances this is an issue of the systems and procedures as well as the behaviour of individual police officers. There are also issues identified in regards to how the MPS and other agencies, including the NHS and social services, work together and how roles and responsibilities are handled when responding to a situation involving an individual's mental health. For example, during the course of our meeting with the London Ambulance Service (LAS) we were told that their protocol states that if the call is in regards to someone with a mental health issue and the Police are on site, the priority is reduced for the LAS to attend.

It is important to note at the outset that in the case reviews we also found instances of prompt, efficient and expert responses to people with mental health issues.

Based on the Commission's review of the evidence a number of findings are highlighted, namely;

1 Cases within the report are referenced by numbers, rather than initials, to protect the identity of the individuals and families involved.

2 Joint ACPO/NPIA/DH guidance (2010) 'Responding to people with mental ill-health or learning disabilities.

Findings and evidence from case reviews, surveys, meetings and visits

1. Failure of the Central Communications Command to deal effectively with calls in relation to mental health
2. The lack of mental health awareness amongst staff and officers
3. Frontline police lack of training and policy guidance in suicide prevention,
4. Failure of procedures to provide adequate care to vulnerable people in custody
5. Problems of interagency working
6. The disproportionate use of force and restraint
7. Discriminatory attitudes and behaviour
8. Failures in operational learning
9. A disconnect between policy and practice
10. The internal MPS culture
11. Poor record keeping
12. Failure to communicate with families

Summary of Recommendations

The Commission's findings lead to 28 recommendations for change, falling under three areas for action:

- Leadership
- On the frontline
- Working together: Interagency working

LEADERSHIP

Mental health is core business and needs to be reflected in all policy, guidance and operating procedures;

Recommendation1: Implementation of the One Met Model for policing in London should reflect, at all levels, in day to day police business, the impact of mental health for vulnerable adults who are at risk.

Recommendation 2: The MPS should include a mental health-specific indicator as part of performance measurement of the 20% Mayor's Office for Police and Crime (MOPAC) target for improving public confidence.

Recommendation 3: MOPAC should hold the MPS to account for identification and delivery of a mental health specific performance indicator within the 20% MOPAC target.

ON THE FRONTLINE

Skills, awareness and confidence of frontline staff need to improve in regards to mental health and the MPS must become a learning organisation;

Recommendation 4: The Mental Health Liaison Officer (MHLO) role should be full time to at least co-terminous levels with mental health trusts and supported by expert teams based on assessment of local needs.

- The MHLO role should have explicit and accountable links with external agencies, including the NHS, Local Authorities and the voluntary sector.

- The MHLO role should be integrated and supported throughout the MPS, including with frontline police officers and neighbourhood teams.

- The MHLO role should be operationally accountable at senior management level; and should include provision for continuing professional development.

Recommendation 5: The MPS Commissioner should take personal responsibility for devising and implementing a strategy to ensure that the culture and working practices of the MPS demonstrably promote equality in relation to those with mental health conditions. This should include devising a strategy with key milestones and providing annual reports on progressing this strategy. This report should also detail complaints concerning the treatment of people with mental health conditions and action taken to address them.

Recommendation 6: The MPS needs to implement an organisational learning strategy in order to give lasting effect to the recommendations of external bodies, and the key findings of internal reviews. This strategy should include a named lead and clearly defined timeframe for implementation and review, ensuring that responsibility for the implementation process resides at Commander level and not within each business group.

Recommendation 7: The MPS should ensure that personal issues of mental health and wellbeing are incorporated into staff induction, and ongoing mental health awareness training.

- The MPS should ensure that processes for debriefing and supervision enable police officers and staff to discuss issues of concern and stress which may relate to their own mental wellbeing.

- The MPS should ensure that occupational health policies and procedures enable all frontline staff to access appropriate mental health support, without recourse to stigma or discrimination, if a need is identified.

Recommendation 8: The MPS should establish a high level expert group of stakeholders that can provide the MPS with ongoing and specific advice and review; which are aimed at improvements in outcomes with regard to race, faith and mental health. This group should report to the Commissioner.

Recommendation 9: That the MPS should create a comprehensive suite of mandatory training for staff and officers developed in partnership with experts, including from the voluntary sector, and individuals with mental health needs. This programme should be developed in conjunction with the London Mental Health Partnership Board; College of Policing and be independently evaluated.

Recommendation 10: The MPS should seek external experts in mental health to assist in the routine review of guidance, SOPs and information materials. This review should be a public report, available on the MPS website and submitted at six-monthly intervals to the London Mental Health Partnership Board.

Recommendation 11: The MPS should adopt a corporate approach to suicide prevention with both a strategic and operational focus. Suicide prevention training and guidance must be put in place immediately with the advice and assistance of external stakeholders.

The police need to develop a safer model of restraint

Recommendation 12: The MPS has to work with ACPO and the College of Policing on policy and training on restraint to ensure that the principles outlined in this report are enforced or utilised.

Better information and IT systems are needed

Recommendation 13: The MPS information systems need to be improved to provide:

- A central intranet depository to collect policies and protocols information, advice, news on mental health issues to be a resource to police officers and staff; and
- A centralised database and paper based collection of all internal and external case reviews involving mental health.

Recommendation 14: A new process needs to be introduced in the review of standard operating procedures and policies with relevance to mental health so that stakeholders from the statutory and voluntary sectors are involved as partners in the process.

Recommendation 15: Establish a system on Merlin for vulnerable adults which includes both a mechanism to record and a mechanism to refer incidents involving adults in mental distress.

Recommendation 16: The MPS should invest in technology for CCC which is fit for purpose.

- Guidance and protocols on vulnerable persons and mental health at CCC should be reviewed in collaboration with external sources, including service users and carers, as well as voluntary sector agencies, to improve their effectiveness at identifying relevant issues.

- Within the bounds of confidentiality information about carer/ family member and a health support person should be captured.

Improved health care in custody must be assured

Recommendation 17: Mental health nurses with experience related to offenders must be available to all custody suites as required. The MPS should conduct a 360 degree review every six months to ensure that they are accessing the proper advice from psychiatric nurses in the delivery of health care in custody suites.

Recommendation 18: Practices and policies in custody suites must acknowledge the needs of people at risk on grounds of their mental health issues as part of pre release risk assessment and take appropriate steps, to refer them to other services and to ensure their safe handover to relatives, carers or professionals.

Recommendation 19: The MPS should adopt the Newcastle health screening tool or one that meets the same level of effectiveness for risk assessment in all custody suites.

Recommendation 20: The MPS Commissioner should publish a public report on the care of people with mental health and drug or alcohol conditions in custody suites, the referral pathways and the outcomes of pre release risk assessments.

Recommendation 21: The MPS should transfer commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS.

WORKING TOGETHER: INTERAGENCY WORKING

There needs to be more effective interagency working

Recommendation 22: The Mental Health Partnership Board should have formal recognition and mandate specifically agreed with NHS England, the MPS, the Association of Directors of Adult Social Services (ADASS) and Mayor's Office for Police And Crime (MOPAC) as part of the Mayor's accountability for health. This would constitute a central oversight mechanism for improving mental health and policing in London.

Recommendation 23: NHS England should work with Clinical Commissioning Groups, health and wellbeing boards and the CQC to ensure that:

- No person is transferred in a police van to hospital;
- Funds are made available through an appropriate dedicated response for mental health, for instance provision of a dedicated paramedic in a car; and
- That demand management systems of the LAS be reviewed, and changes implemented in order to ensure parity of esteem between mental and physical health.

Recommendation 24: NHS England should work with Clinical Commission Groups to ensure sustainable liaison psychiatry services are set up, which are based on and reflect the needs of local populations.

Recommendation 25: The MPS should:

- Establish joint protocols to identify a basis for effectively sharing information London-wide with partner agencies for adults at risk with mental health problems;
- Work with the Mental Health Partnership Board to establish a multiagency mechanism for risk assessing, case managing and information sharing in relation to people with mental health problems who are perceived to be at high level of vulnerability.
- Ensure senior and authoritative representation on the Local Authority-led multiagency Adult Safeguarding Partnership Boards.

Recommendation 26: The MPS and its NHS partners should immediately implement the Bradley Report recommendation so that all police custody suites should have access to liaison and diversion services.

Recommendation 27: The MPS should urgently work with local authorities and mental health trusts to ensure existing protocols and procedures for information sharing; risk assessment and management are adhered to and monitored. This should include taking account of local authority led strategic safeguarding structures to promote public safety and wellbeing.

Recommendations 28: The MPS should agree protocols for joint working on service provision with reference to AMHPs, emergency duty teams and wider social care services.

Conclusion

If all our recommendations are implemented, it is the view of the Commission and the collective conclusion from our recommendations that the events that informed this inquiry, are far less likely to happen in the future.

We therefore hope the Commissioner takes on board these recommendations as a priority and implementation is seen within the timeframes we have outlined in this report.

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