



**Title: Mental Health**  
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## **SUMMARY**

Mental Health (MH) continues to be an area of priority for West Yorkshire Police (WYP) and we are currently reviewing our structures, workstreams and resourcing to ensure we continue to provide the best possible service working with our key partners to deliver effective safeguarding.

### **Mental Health occurrence and demand on services**

Demand around Mental Health is complex as it is an underpinning cause of many crime/vulnerability issues. Around 25% of missing person's occurrences involve mental health, but this is closer to 50% for those over 65.

In an OPCC commissioned survey almost 90% of prison respondents said that Mental Health was a major factor contributing to offending and re-offending, with particular concerns around the length of time it took to access Mental Health services. The NPCC Strategy on Mental Health outlines that adults with mental health issues are three times as likely to be a victim of crime as adults without mental health issues and adult women with Mental Health issues are ten times more likely to be a victim of violent crime than those without mental health issues.

The number of reported Mental Health related incidents was stable in 2017/18, however the volumes have **increased sharply over recent months** with over 2,000 incidents per month being reported in the past 12 months to September 2020 compared to an average of 1,300 in 2016.

The Force reported a 34% increase in mental health incidents in 2018 equating to more than 5,000 additional Mental Health related incidents during the year. In 2019, a further 9% increase in Mental Health incidents was reported and in the latest 12 months to September 2020 an 8.0% increase has been recorded.

In response to the HMICFRS recommendation around developing a better understanding of Mental Health demand, West Yorkshire Police in line with all other forces undertook a 24 hour snapshot exercise, using the new national definition of mental ill-health. On the basis of this exercise, it is estimated that the Force deals with **62,000 Mental Health related calls per year**.

Analysis shows that whilst many of the calls were quick and easy to deal with such as nuisance calls, many were **very high risk** and officer intensive. In addition there are a high number of repeat callers who have complex Mental Health related issues and come to the attention of the police over 100 times in 12 months. This creates significant complex and costly demand for the Force to deal with.

**Concern for safety** accounts for a large proportion of all Mental Health calls and there are strong links with other areas of vulnerability such as missing persons and the risk of suicide. Currently 40% of adult mispers are graded as high risk due to suicide risk. ONS statistics identify a **significant increase in the number/rate of suicides** in the UK from 5,821 in 2017 (equating to a rate of 10.1 deaths per 100,000 population) to 6,507 in 2018 (equating to a rate of 11.2 deaths per 100,000 population). According to the ONS, although the reasons for this are unknown, the rise is driven largely by an increase among men who continue to be most at risk of suicide. Links need to be made to **missing persons**, as for those over 40, men are twice more likely to go missing than females.

### **WYP approach to managing Mental Health**

MoRiLE scoring places Mental Health at 14th in terms of risk assessment to the Force, but in the Force management assessment (FMS3) this was an area under Q6 (PVP) that was RAG rated **Red** throughout in terms of demand and performance.

The Thematic strategic lead with responsibility at WYP SCGU is DCI Allan Raw who represents the Force at regional meetings including the Criminal Justice and Mental Health Forum chaired by the WYCA.

Key measures to tackle Mental Health and deliver improved safeguarding in this area across the Force are;

- Mental Health Improvement Meeting with District CIs to drive improvement around Mental Health with Response/NPT staff, problem solving with partners and working with custody.
- Attendance at Crisis Pathway Meetings and other meetings with Health partners, as well as representing the Region at the national meeting and having ongoing discussions with colleagues in BTP who have a dedicated inspector to deal with Mental Health and suicide.
- Live time front line Mental Health Nurse workers working in support in each WYP District HUBs to support live MH incidents and people in often crisis.

## i) Covid-19 Impact and Critical Flashpoints on Mental Health

- Throughout the pandemic we have seen a gradual rise in the number of Mental Health incidents being reported, with the peaks understandably being during the imposed lockdown periods. However, since the lifting of restrictions there has been a rapid decline to more usual levels.

### Suicide Prevention

- Work is currently ongoing with partners to ensure we have a more streamlined and efficient way of capturing, sharing and interpreting the data on suicide. There are a number of options currently being considered, one of which is currently being utilised by South Yorkshire Police and is deemed 'best practice'. A visit is being conducted to SYP in early September to explore this further.

This data will also allow all partners a better understanding of attempted suicide rates and therefore enable services to be directed accordingly.

Alongside this, Districts are already working on their known problem areas. For example, Calderdale had concerns regarding calls at North Bridge and the Flyover, which led them to set up a working group to consider options for people in crisis alongside target hardening opportunities.

## ii) ONGOING WORK AND DEVELOPMENTS

### S.136 Detentions, Patient Transport and Service Level Agreements

- **S.136 Pathway** - Currently WYP detain on average 113 people per month who are found to be mentally ill and in immediate need of care and control. WYP is compliant with the Police and Crime Act with only one patient being brought into Police custody in the last 12 months. WYP have worked closely with partners to ensure that patients can be taken to health based places of safety for treatment and assessment.
- **Service Level Agreements** - SCGU and District Mental Health leads have worked closely with Mental Health colleagues to ensure that appropriate and lawful pathways are followed in a timely manner. A full review of these will be required when the revised Mental Health Act legislation is enacted in due course.
- **Pathway Issues** - There are still a few occasions where Police Officers spend several hours waiting with patients, however the majority are resolved within 1-2 hours. All Districts have effective and well-established processes to manage any exceptions to this with Mental Health colleagues to resolve any learning points that may be raised at the earliest opportunity.
- **Transport of Patients** - Currently WYP convey patients in approximately 60% of cases. Often officer's act in good faith as they feel it is best to take the patient to a health based place of safety themselves rather than wait for an ambulance.

Work is currently ongoing with YAS to implement a pilot scheme, initially on the Eastern side of the Force. YAS are funding a MH vehicle, resourced with a paramedic and mental health professional that will respond almost exclusively to MH transport related calls, the only exception will be CAT A (cardiac arrest) calls. The project is due to commence in September. This should reduce the number of time Police Officers are required to transport and ensure they are able resume at the earliest opportunity.

### iii) **N8 Evaluation of the Mental Health Nurses that work in Police Stations.**

- In WYP, Mental Health Nurses work in the operational hubs to help deal with calls to the Police that involve Mental Health issues. In 2019, funding was secured from the N8 partnership in order to academically evaluate the WYP model.

## **KEY FINDINGS**

- Embedding Mental Health nurses in District police stations in West Yorkshire is uniformly perceived to have resulted in better informed, and therefore more effective responses to individuals in mental distress who are subject to 999 calls.
- By reviewing police logs, Mental Health nurses were able to ensure a response from the most appropriate professional, including mental health or social work support, and therefore reduce inappropriate police intervention.
- Subsequent benefits to broader policing and health services provision include more efficient use of police resources, reduced burden on health services (particularly A&E), and the impact of stronger awareness and understanding of Mental Health on other police interactions with the public.
- It was widely perceived that the number of individuals in mental distress being arrested or detained on a s.136 had reduced, though we have been unable to access data to confirm this.

### iv) **High Volume Service Users**

Information on our repeat callers is now provided to Districts on a regular basis so that problem solving work with partners can take place. This ensures these vulnerable people receive the help and support they need and reduce unnecessary demand on both the call centre and the district patrol teams.

Work is ongoing to review how this is being implemented and addressed at each District to identify and share best practice.

## **EQUALITY, DIVERSITY AND HUMAN RIGHTS CONSIDERATIONS**

In relation to WYP District focused response around targeted vulnerability with a focus on DEI and amongst minority groups and emerging communities, significant work is ongoing and indeed developed to support and understand the needs and vulnerabilities of these communities. With community mapping and relationship building on going and a key focus for the Districts working with groups and communities, but also partners and stakeholders.

**With regard to Adults at risk and Adult and child Mental health** and supporting from a DEI perspective the Force is acutely aware that some sections of the community are more likely

to experience Mental Health issues and require support at points in their lives than others. Such as members of the LGBT community, asylum seekers and those from emerging communities, those sleeping rough or habitual drug users. Victims of specific crime types also suffer more than other people in terms of experiencing Mental Health, as a result of trauma experienced i.e. sexual offences including CSEA, serious violence and CCE as examples.

Mental health as previously outlined also has strong risk links to missing people and indeed can be linked on occasions also to Domestic abuse incidents due to the trauma from abuse suffered by victims.

Wider focus on DEI is a priority for the Force response including across Domestic abuse, stalking and Violence against women and girls and specific vulnerabilities such as HBV, FGM, forced marriage and forced labour/exploitation and CCE and CSEA. Street working and on and off street workers are also being prioritised.

The Force has and continues to commit fully to supporting under represented groups and emerging communities and safeguarding them across all vulnerability types including mental health. The Force is committed to understanding our communities and their makeup and across Districts work is ongoing to continue to monitor and map our communities so we know where to target our resources, and then work with them. A key example is the work of Bradford District;

Bradford have a project running with CNET mapping Roma communities which is believed to be still the fastest growing emerging community Nationally.

It has been recognised that the community can be transient but also have very little in the way of links locally or Nationally and links to partners to report vulnerability, offences and concerns largely due to distress of police and local authority and government departments.

Insp Taylor overseeing community engagement and partnerships undertakes significant work to improve community engagement, cohesion and support for such communities. An officer has recently been appointed to the role for New and Emerging communities, developing the following;

- Roma community focused outreach work.
- Refugee and Asylum Seekers focus - The officer is heavily involved in these communities and visits the three hotels being utilised in Bradford weekly providing advice and support and linking in other agencies such as MH support. Running with partners a variety of sessions on vulnerability/crime related matters and also on personal safety issues.
- Bradford East African Community – Identified and set up Community groups and has established lines of communication
- El Salvadorian Community in Manningham as above
- Deaf Community – helping to build a community garden at the deaf centre, also looking into systems to report issues to Police as touch speak often seen as not fit for purpose
- Bisan – Refugee Charity established links.
- Kashmiri Community – managing tensions particularly re ongoing protests

- Bradford Hate Crime Alliance – key focus on Hate Crime Victims.

### **Understanding the Impact on Women and Girls;**

From the limited data currently available from Covid analysis, as we come out of the Covid period Nationally, it appears the dynamic of Mental Health presentations has altered during the pandemic. There has sadly been an increase in the number of Women presenting with Mental Health issues but also younger people and children in general.

Partners have also raised that the complexity of these presentations is more severe, which in turn is putting additional pressures on their already limited resources.

The Force is working closely with Adult and Child social services and partners across Districts and specifically via the MASH to ensure we fully understand the increase and are able to work effectively together to support those reporting. Whilst also identify those requiring help and support at unreported incidents and safeguard those involved and their families

### **Impact on all Victims**

We continue to focus on supporting the ***Victims Journey*** from point of contact to outcome for a victim to ensure that our officers and staff have the appropriate skills, training and experience to investigate crime, resolve incidents. Ensuing the *victim* is at the heart of all that we do to deliver the most suitable outcome for them, whilst ensuring they are appropriately safeguarded with the appropriate methods of support in place.

We work in partnership with a range of partners including victim support, witness care, social care our Local Authorities and NHS and private health care providers to support victims, families and our communities.

All officers have extensive front line training on spotting the signs of all types of vulnerability/abuse and on dealing with this to improve outcomes for victims. There has been significant training and development of staff around DEI and supporting individuals and communities from emerging communities and under represented groups.

We have not forgotten about our own staff too and have undertaken an internal review of wellbeing of our officers and staff and implemented a suite of supporting tools to assist officers with coping with trauma from incidents and in their personal life too. These range from TRIM, PEER Support scheme, OHU referrals, Counselling and support and financial advice and physiotherapy. Also we have trained Mental Health champions in the work place and Mental Health first aiders.

The Police Federation and Unions also have a range of support packages in place to support staff and officers.

### **An overview around Early Intervention and Prevention**

WYP is committed to working with our partners around maximising across West Yorkshire prevention and early intervention opportunities around Mental Health. Working with partners to reduce risk to individuals themselves, families communities and our wider public

in relation to people suffering from Mental Health episodes. As stated the Force has implemented;

- Mental Health Improvement Meetings with District CIs to drive improvement around Mental Health with Response/NPT staff, problem solving with partners and working with custody.
- Attendance at Crisis Pathway Meetings and other meetings with Health partners, as well as representing the Region at the National meeting and having ongoing discussions with colleagues in BTP who have a dedicated inspector to deal with Mental Health and suicide.
- Live time front line Mental Health Nurse workers working in support in each WYP District HUBs to support live MH incidents and people in often crisis.
- Working with partners and their specialist skills in this area the Force has supported and worked with key initiatives for example;
  - Mental Health Information for Everyone - Leeds
  - Hub of Hope
  - Chasing the Stigma
  - MindWell (MHS Mental Health Website)

**Power Bi** - The Force can demonstrate effective use of predictive software that can be overlaid with partnership data to better target resources to a specific geographical area, community, victim or indeed down to street level, successful at both Kirklees, Wakefield and Leeds District and elsewhere in developing the capacity and capability to understand the threat/harm/risk posed from Domestic Abuse to our communities. This is being adopted for other key areas of vulnerability and to support work to improve WYP and partnership Safeguarding response to Mental Health.

## **Summary - WYP & Partner Key Strategic Risk Implications for Mental Health**

Going forward as we negotiate our way hopefully through the post Covid period WYP working with our key partners are required to focus on the below areas, to deliver continued and improved safeguarding around Mental Health;

- Demand on service - The main concern for WYP is still the high demand that Mental Health places on the Police. This is currently estimated at 9% of all police incidents. This results in significant implications for police resources and availability of resources to be deployed to the range of demand WYP faces daily.
- Resilience for 136 suites – given capacity and availability, these are not readily available which mean officers and Mental Health professionals are unable to ensure those acutely affected receive timely and appropriate intervention and treatment.
- Improved A&E provision for Mental Health patients so that patients do not remain in the care of Police Officers for long periods and more quickly access the specialist support and help they need by trained professionals.
- Continued Partnership focus on delivering a joined up approach to early intervention and problem solving to more effectively provide support for those suffering from Mental Health.