

Project title – Are police officers adequately trained to respond to mental health incidents?

The role of police officers has altered drastically over the last 40 years. Responding to and managing mental health calls now makes up 40% of calls made to the police (Police Federation, 2022). An incident can be classified as a mental health incident if either a suspect is diagnosed with a mental health problem or if they are responding to an individual in mental health crisis (National Police Chief's Council, 2020).

This change has been recognised by Chief Constable Mark Collins who stated that the police service is not the most appropriate service to manage mental health incidents and responding to these incidents prevents police from carrying out their key role, investigating crime (National Police Chief's Council, 2020).

The literature has also highlighted that mental health incidents have been at the forefront of key failings made by the police service. For example, Kane (2021) stated that suspects of minor crimes who are experiencing mental health concerns are more likely to be arrested. Moreover, deaths in police custody have involved many individuals suffering with mental health problems which might be related to the use of custody as a place of safety (National Police Chief's Council, 2020).

The failings highlighted in the literature along with a lack of confidence reported by the public and the police officers themselves in managing mental health incidents (Bittner, 1967) has resulted in a growing body of research examining whether the police service is adequately trained in managing mental health incidents.

This dissertation aims to address the research topic need by exploring the following research objectives by conducting a review of the literature.

1. Assess police officers current training levels in dealing with mental health incidents
2. Determine whether police officers should be the primary resource in dealing with mental health incidents
3. Highlight how police officers can improve their skills and knowledge to deal with mental health incidents

A research study exploring officers' perceptions of the above objective will be conducted. Recommendations will be made following an analysis of the results of the study.

To ensure the sources are relevant, advance searches utilising Boolean operators were used in Google Scholar and the University of Wales Library search. An example of the searches used were:

- “Mental health” AND “Police”

The date ranged to include research from the 1980’s as deinstitutionalisation which occurred during this decade had a major effect on policing and mental health, allowing this research to be included in the literature review.

Objective 1: Assess police officers current training levels in dealing with mental health incidents

The increased demand placed on the police to respond to mental health calls has been noted to be a result of deinstitutionalisation in the 1980’s and 1990’s where psychiatric hospitals began to close, and a focus was placed on mental health treatment in the community (Hamlin and Oakes, 2008). These concerns have been intensified because of austerity measures (Cummins, 2022). As a result, there has been a range of literature exploring the effectiveness of the police service’s training in managing mental health incidents (shah, 1989).

The overriding theme within the literature is that the police service is not sufficiently trained in dealing with mental health incidents. For instance, The Mental Health Act Commission (2005) highlighted several concerns with the police supporting those with mental health. One concern was the lack of training police officers receive. They note that training focuses on the legislation around detaining those with mental health including Section 135 and Section 136 of the Mental Health Act (1983). They also note that the lack of training has resulted in a lack of confidence by the police when responding to mental health situations and a conflict between partner agencies (Home Office, 2002). This recommendation demonstrates that there is the police service has insufficient training in managing mental health concerns. This is particularly important as accountability is a professional standard that police officers must always uphold. Thus, if they are not confident in their support and practices, this might leave them open to criticisms and potentially an investigation. Moreover, it could impact upon police officers’ wellbeing.

Moreover, a range of research has been conducted by Cummins in this field who has found that most police officers receive little training around mental health and instead they pick up skills and knowledge 'on the job' through other colleagues (Cummins, 2007). Thus, the majority of research conducted within the field demonstrates that police receive insufficient training in managing mental health incidents.

Moreover, a key piece of literature was the Bradley Report (2009) which reviewed people with mental health and/or learning disabilities experiences within the criminal justice system and made recommendations based on this. The report found a lack of engagement between the police and other partners to divert those with mental health out of the criminal justice system. Despite these significant recommendations it appears that there has been a lack of research examining whether these have been carried out (Cummins, 2012).

Despite this, an inspection was carried out by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) (2018) of the 43 police forces across England and Wales to determine their effectiveness in managing mental health incidents. Results showed that the mental health training received by police officers and staff varied between forces. Findings showed that only 18 forces provided intensive training such as handbooks, signposting advice, and face-to-face joint training with partner agencies. Despite this, other forces have adopted an online training platform with little time allocated to completing the training. Thus, since the Bradley Report (2009) and information received from the literature, it demonstrates that changes are beginning to be made, however this is not systematic across forces.

Moreover, Holloway (2018) considered the question of whether police officers receive sufficient training in mental health by interviewing 10 serving police officers in England police services. Findings showed that the police officers do not feel that they received sufficient training to respond to mental health calls.

Thus, research continues to suggest that police are receiving insufficient training to respond to mental health calls. Despite Holloway (2018) providing a review of the literature, only 10 serving police officers perspectives were examined and the research was conducted prior to the Covid-19 pandemic where mental health calls soared (Mind, 2020).

As a result, there is a clear gap in the literature, the current dissertation will aim to obtain the views of a larger number of serving police officers of various ranks post covid-19 pandemic.

Objective 2: Determine whether police officers should be the primary resource in dealing with mental health incidents

Despite responding to mental health calls being a frequent role for police officers (Cummins, 2022), there is debate around whether police officers should be the primary resource in dealing with mental health incidents.

A core principle of the National Police Chief's Council (2020) is that the police service is considered the most appropriate services to a healthcare situation when the threat and risk level is high. However, it is also noted within this literature that the police are not the most appropriate service to identify self-harm risks which are not obvious. This confusion in what police officers is best placed to respond to is not practical as incidents which fit in to each of these categories cannot always be identified at the point of when an incident is reported to the police.

Moreover, the paper notes that police officers have no legal powers in private premises which can prove difficult in providing support to an individual if they haven't committed any offences. Moreover, the formal appearance of an officer could be more distressing (National Police Chief's Council (2020)). Thus, this relatively recent research gives a conflicting account on whether the police should be the primary resource in dealing with mental health incidents. Overall, it appears that the authors disagree with this statement.

Similarly, research shows that police officers were unable to identify an individual suffering with mental illness (Bather et al, 2008). This is a worrying stance due to the police service playing a primary role in responding to mental health incidents both in the community and in hospital settings (Holloway, 2018).

HMICFRS (2020) report that forces are good at identifying vulnerable individuals in crisis. This change in findings might be reflective of the differences in years the studies were conducted. Attitudes to mental health changed in society positive reception (mind, 2014) society and the police responding to more mental health calls.

However, HMICFRS (2020) conducted a survey in England. 17,043 individuals were asked about their perceptions of who's responsibility it was to respond to mental health calls. Only 2% of the public felt police responsibility to respond to mental health calls. Alternatively, the public viewed offences such as violent crime and child sexual exploitation as priority policing matters.

Research has likened the increase in police responding to mental health calls because of austerity and the reduction in key societal services such as mental health services and education services (Vitale, 2017). Vitale further argues that the police are ill-trained in responding to these calls which may result in an excessive use of force and has resulted in fatalities (Sherman, 2020).

If police officers are ill-trained in identifying and managing mental health and are generally the first responders to these instances, it has been noted that a person suffering with an unidentified mental illness could be taken to custody if being arrested for a crime despite police custody not being considered as a place of safety (National Police Chief's Council, 2020). Thus, the individual may not receive the appropriate assessment and treatment (Holloway, 2018).

Despite this, The NHS Long Term Plan delivered by NHS England aims to improve care for those with all types of mental health through £2.3 billion of investment in 2023-24 (Department of Health & Social Care, 2021). The legislation aims to provide care earlier to lessen the risk of individuals reaching crisis and creating better services for when crisis point is reached. This will in turn end the need for police custody to be used to detain individuals suffering with mental health. Moreover, the legislation aims to increase the powers of accident and emergency staff to deprive a person of their liberty if it is essential to their treatment. This prevents the police from detaining individuals in crisis from leaving the hospital. Thus, the government have proposed positive changes to the mental health act which will improve the treatment of those in crisis.

Objective 3: Highlight how police officers can improve their skills and knowledge to deal with mental health incidents

A consensus within the literature is that police officers are not adequately trained in managing mental health incidents and they are not the best placed service in responding to these incidents. However, approaches have been implemented to improve officers' skills and knowledge in managing mental health incidents.

A multi-agency approach through effective partnership working is essential to all areas of policing. The comorbidity, complexity and potential violence associated with mental health incidents calls for a collaborative approach from the police and healthcare systems (Zealberg

er at, 1996). Research has shown that individuals in crisis value a response from both agencies more than a response from police only. Specifically, they note that those with a mental health background can verbally deescalate and take a compassionate approach (Lamanna et al, 2018). Moreover, a review on police training models conducted by the university of York and North Yorkshire police alongside other literature (Wood and Watson, 2017) shows that a joint training programme between the police and mental health services is effective by allowing services to understand each other's roles and barriers. Thus, it appears that a joint approach between services would aid learning.

However, austerity measures have resulted in other services such as the healthcare system also having to respond to an increased demand in incidents despite a reduction in budgets (Cummins, 2018).

Several interventions aimed at effectively responding to the increase in mental health incidents have been implemented across the world. One approach has been the implementation of Crisis Intervention Teams (CIT) which aims to improve police officers' interventions with individuals suffering with mental illness by providing training and signposting resources. The programme also encourages collaborative working with partner agencies to avoid unnecessary arrests (College of Policing, 2020). The programme has been widely implemented across the United States and has shown to improve officers' ability to identify mental health incidents (Strauss et al, 2005) and improvements in officers' confidence in managing these incidents (Wells and Schafer, 2006).

However, studies are limited and a meta-analysis of eight studies has demonstrated that CIT'S have no significant effect on number of arrests and use of force (College of Policing 2020). Nonetheless, the increase in confidence and skills reported by the officers is a positive indication that multi-agency teams and increased training is effective.

Research conducted by HMICFRS (2018) recommended that improvements can be made prior to police responding to the incidents. They suggest that police forces are not sufficient in understanding the demand around the mental health calls to focus resources. For instance, it is suggested that command and control systems are not well equipped in identifying repeat mental health callers. This is key as in 2018, a study conducted by the four Welsh police forces showed that 50% of those who called the police were already known to mental health services (HMICFRS, 2018). However, improvements are being made across some forces. For example, Humberside Police have developed a dashboard on the force intranet which

provides information on repeat callers along with their care plans (HMICFRS, 2018). Thus, the literature shows that efforts are being made across some police forces to improve the forces skills and knowledge in managing mental health incidents.

Moreover, the research reflects the importance of improvements being made at all levels and a range of departments across the force to provide the best response to those with mental illness.

Thus, despite it being accepted that responding to mental health incidents has become a key role of a police officer, there has been little research exploring police officers of varying rank's perception of their levels of training and skills and knowledge in managing these incidents. Despite a study being conducted by Holloway (2018) exploring police officers' perceptions, the author interviewed only ten officers. The present study will expand on this whilst aiming to examine how the covid-19 pandemic affected the volume of mental health incidents and their ability to manage the incidents. Moreover, a large sample will be used and officers' perceptions of varying ranks will be explored. Moreover, majority of research has been conducted within countries such as America, Canada, and Australia (Holloway, 2018). Thus, it is difficult to generalise findings to the United Kingdom due to the differences in healthcare systems.

It is widely accepted in the literature that there is a lack of training on mental health for police officers. Research has highlighted that some forces are beginning to rectify this, however this does not appear to be adopted by all forces in England and Wales.

(2500 words)

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