

# **JUSTICE MATTERS: Mental Health and Vulnerabilities 21 July 2017**



# AGENDA

- **Welcome, aim and introductions**
- **Part One: The Journey – Health and Justice Pathway**
- **Part Two: Mind the Gap: Risks/concerns and opportunities**
- **Summary and Close**

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OFFICE FOR POLICING AND CRIME

# Police and Crime Plan 2017-21

## Key principles

- Victims first
- Reducing inequalities

## Five priorities

1. A better police service
2. A better criminal justice service
3. Keeping children and young people safe
4. Tackling violence against women and girls
5. Standing together against hatred, intolerance and extremism

# Key Health-related Commitments

- Trial dedicated Mental Health Teams in two areas of London to work with partners to problem-solve cases and reduce demand
- Review the effectiveness of London's appropriate adult scheme, local authority accommodation and the availability of mental health secure beds so that action can be taken to reduce the number of young people going into police custody as a place of safety.

# Key Health-related Commitments

- Take a trauma-informed approach to commissioning rehabilitation services and working closely with health services to jointly commissioning better provision.
- Influence local health commissioning priorities to ensure better alignment of services and improved transfer and continuity of care between settings, particularly for those with vulnerabilities.

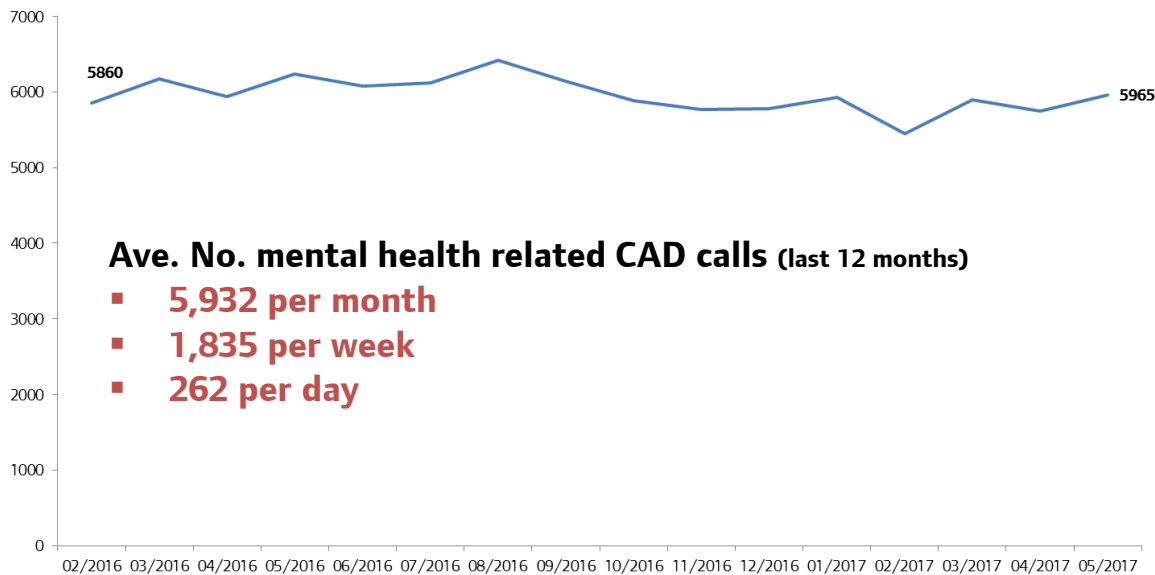
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# Mental health incidents – a heavy demand on the MPS

- It is estimated that **1 in 4 individuals** will **experience a mental health condition**.
- **Wider impacts of mental ill health** result in around **£26 billion a year** in total **economic and social costs** to London.
- **£7.5 billion** is spent a year **to address mental health in London**.
- **The London criminal justice system** spends approximately **£220 million per year** on services related to **mental health**.
- Compared with other regions, **London has the largest** proportion of the population reporting **high levels of anxiety**. **Life satisfaction** and feelings of **worthwhileness are also low** compared with the UK.

Count of CAD calls with Mental Health opening code



- **21% of detainees** answered “yes” to **Mental Health assessments** in **Police custody FY16/17**
- **Around 20% of mental health related calls to police** come from **hospitals or mental health units**

- Over the last 2 years, the MPS has received around 6,000 to 7,000 mental health related calls **each month**.
- Around **2.5% of all CAD calls** contain the **mental health incident code**, this is likely to under-estimate those incidents involving mental health issues.
- In 2016 there were 391 MH Community Order MHTRs and 277 Suspended Sentence MHTR. National MOJ data.



# Demand is not evenly spread across London

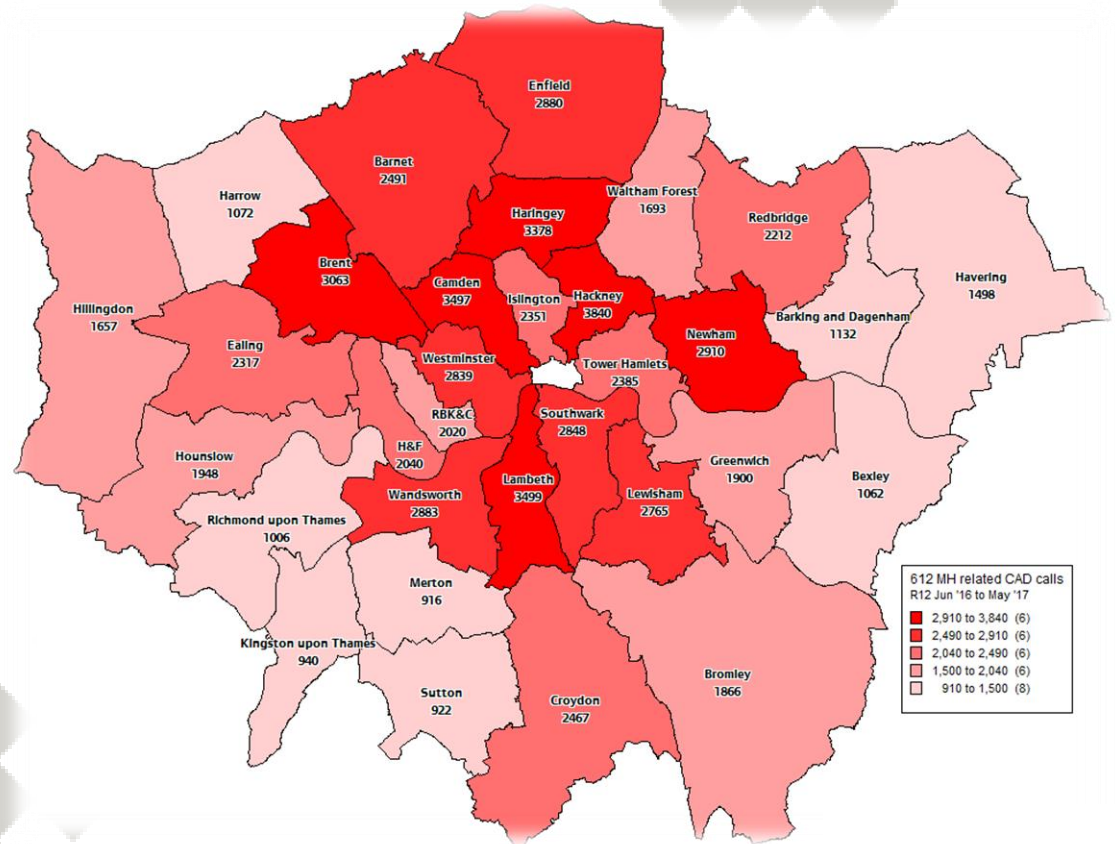
## Victims and Suspects (CRIS data):

- The **top 5 volume boroughs** dealt with nearly **a quarter of all victims and suspects with mental health needs**.
- Lewisham** dealt with **over 3 times the number of individuals** with mental health needs but just double the number of TNO offences as the borough of Merton.

Borough	Victims	Suspects	Total
Lewisham	392	244	636
Lambeth	381	237	618
Hackney	359	232	591
Croydon	353	227	580
Ealing	338	224	562
Wandsworth	337	218	555
Islington	326	211	537
Newham	313	197	510
Haringey	303	187	490
Brent	287	182	469
Barnet	281	181	462
Greenwich	280	177	457
Camden	278	174	452
Hillingdon	272	171	443
Bromley	267	169	436
Southwark	253	161	414
Hammersmith	250	159	409
Enfield	242	152	394
Tower	241	151	392
Barking	236	137	373
Hounslow	233	132	365
Havering	232	127	359
Waltham	206	114	320
Westminster	205	113	318
Redbridge	194	108	302
Kensington	173	95	268
Sutton	166	92	258
Harrow	140	85	225
Richmond	129	81	210
Bexley	126	74	200
Kingston	110	71	181
Merton	106	68	174

## CAD calls to police:

- The London picture shows a disparity in borough demand with the highest volume borough **Hackney** receiving over **4 times more calls relating to mental health** when compared to the lowest volume borough of **Merton**.
- A quarter of calls** received during the last 12 months were **located in the top 5 volume boroughs of Hackney, Lambeth, Camden, Haringey and Brent**.



1. MPS CRIS data – Supplied directly from the MPS (fy16/17)  
2. MPS Daris CAD call data base

## Case Study 1: Key Points

- Fairly positive about police and CJS but some important limitations (i.e., police not knowing his MH issues, wanted better communication and information throughout, importance of dignity)
- MH training for police to recognise MH incidents
- At time of arrest and entry to prison; "Should have had someone from MH services there."
- Stigmatisation and lack of cultural understanding from services around BME
- External support was key to recovery
- Very positive about mental health services

- Excellent care at MSU – built good relationship with primary nurse who gave encouragement
- Consistent keyworker who had cultural/BME understanding made a difference

Police seemed unaware of MH issues, "felt like a criminal"

'No early intervention' – reactive not proactive; Only taken in when in crisis

- Felt safe once in police cell and was handled well
- Felt a loss of dignity when given 'white suit' to wear in the cell
- Wife (primary carer) wrote in with details of his MH, was then able to get assessed

Waiting in cell for court was 'horrible' ("it's just you and four walls") but Victim Liaison Officer in court was made available - very supportive and sympathetic

Wife was key to recovery; External support was very important



## Case Study 2: Key Points

- Needs to be some recognition of the prevalence of mental health issues in gangs
- PRU's are not conducive to learning and often expose young people to crime/gang culture in the first instance
- Community policing; needs to be some intermediary peer support between police and the community
- Peer support is key
- Prisons rely on segregation units for mental health – how appropriate are these?
- Police need more training around mental health – prevalence and presentation
- Greater understanding of culture, religion and social circumstances is needed

“First Remand - One of the best interventions for me”

“I'd be praying and people would interpret that as me talking to myself”

Underwent multiple assessments for transfer to secure hospital services, but was always moved on before this process was completed

“The court case was traumatising”

“You're like a Pokémon card being traded back and forth between prisons”

## Case Study 3: Key Points

- Lack of recognition and support about mental health situation and needs (from social worker, police and services)
- Always considered to be older than she was, and as such was never provided with appropriate support (at age 15) – Police and local authority failed to undertake the statutory duty of care to a minor
  - Education gave her more focus and direction and with the support of teachers who were sympathetic to her situation
- Everybody should share a responsibility for mental wellbeing of young people, including communities, police and criminal justice agencies.

Taken to police stations aged 15, but no support worker, no responsible adult, and “no one asked if I had anyone”

“CJS didn’t seem aware that I didn’t have anyone”

“Police don’t know how to handle young girls”

“Need more relatable people in MH services so they can reach out to communities”

Wasn’t informed of the right to say ‘no comment’ at police interview

“Wasn’t offered anything concrete” from MH services after suicide attempt

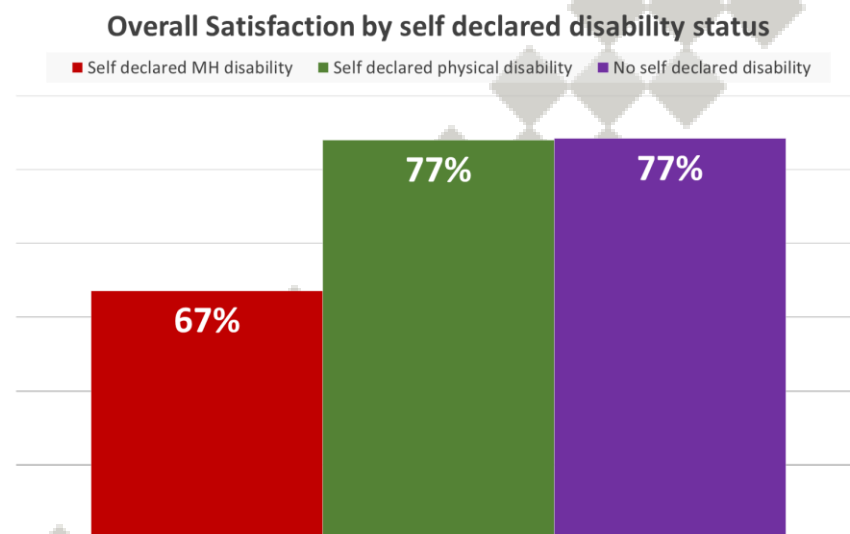
All services need to be responsible for mental health, i.e. education, police, local authorities etc.

# The importance of effective contact and engagement

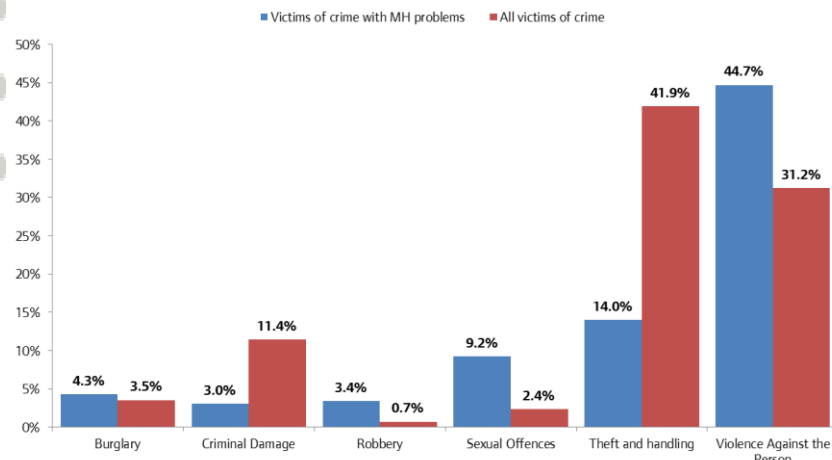
- Majority of **all** Londoners want a fair and legitimate police service. This is especially important for those with mental health needs.

- Individuals with a self declared mental health issue are ten percentage points **less satisfied** with the police (67% versus 77%) when the victim of a crime.
- The gap seen between those with a disability and those without is **entirely driven by those** respondents **who specifically report a mental health disability**, as apposed to a physical one.
- Individuals with mental health issues are **more likely to be victims of violence** and are also **more likely to report to be vulnerable** and to **not have this identified or catered for**.

- There were nearly **750,000 victims of crime** recorded by the MPS in the last 12 months.
- Just over **8,000** of these were **recorded as having mental ill health**.
- Individuals with mental health problems are heavily overrepresented as victims of: **violence against the person, sexual offences** and **robbery**.



**Victims of crime with mental health needs vs all victims of crime - Reported offences**



# Importance of a fair encounter

- MOPAC E&I conducted a evaluation into London Street Triage – part of this compared the perceptions between police officers and London service users and carers <sup>3</sup>.
- Service users reported to feel the police do not understand them or their illness, perceiving the police to be overly result focussed, often aggravating the encounter through poor body language, mannerisms, tone of voice and personal contact.

“Police make the situation hot and heated so they can get the result they want”.

*Service User*

“Uniform is very intimidating. In the height of a crisis all you are is uniform. Its like a red rag to a bull”.

*Service Users*

- In contrast - police officers tended to focus upon the unknowns and potential risks when dealing with individuals in crisis.
- Many officers described fearing for their safety when dealing with individual with mental health needs, not wanting to make the situation worse and worrying about making the wrong choice of action.
- Whist there are links between certain mental health issues and violence<sup>4</sup>, these links are often exaggerated<sup>5</sup>.
- None-the-less, such background beliefs are not conducive in promoting fair treatment and an effective encounter. The views described here should not be generalised to all officers or mental health crisis - yet do provide an interesting snapshot. Demonstrate the need for improved information and training.

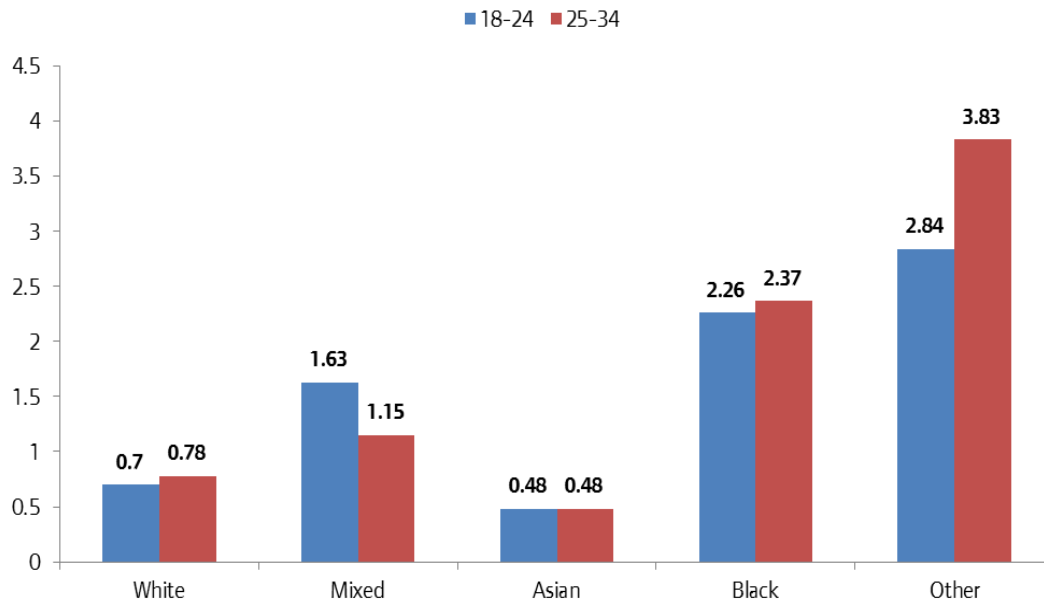
<sup>3</sup> Hobson, Z., Grossmith, L., & Dawson, P. (2015) Research into the London Mental Health Street Triage Pilot. MOPAC.

<sup>4</sup> Choe, J. Y., Teplin, L. A., and Abram, K. M. (2008). 'Perpetration of violence, violent victimization and severe mental illness: Balancing public health concerns'. *Psychiatric Services*, **59**(2), 153 – 164.

<sup>5</sup> Markowitz, F. E. (2011). 'Mental illness, crime and violence: Risk, context and social control'. *Aggression and Violent Behaviour*, **16**(1), 36 – 44.

# Within London young black males are over represented in admissions to psychiatric units

## Ratio of admissions by Ethnicity and Age Group - London Oct to Dec '16



- Only **9%** of those **admitted were repeat episodes**. 2 subjects experienced 6 repeat episodes during this period.
- **Approximately 60%** of those **admitted under S136 were male** during this quarter.
- **8 of the 9 contributing psychiatric units** record the **highest proportion of admittance as being between 25-34 years of age**.
- Most ethnicity strands show a proportionate to low admission ratio, however **the number of those admitted of a black ethnicity is higher at 1.2 against the population demographic**.

If we concentrate on **younger male admissions** to London psychiatric facilities we can see **those identified as black are represented over 2 times higher** than what you would expect them to be according to their the underlying London population.