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Mental health crisis takes huge and increasing share of police time

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Exclusive: Guardian research reveals 33% rise in cases linked to mental health over three years

UK police are spending as much as 40% of their time dealing with incidents triggered by some kind of mental health issue, against a backdrop of severe cuts in social and health services, the Guardian has learned.

Research by the Guardian shows that the overall number of incidents recorded in police logs as being related to mental health rose by a third between 2011 and 2014, a trend that looks set to continue.

It comes after warnings that a perfect storm is gathering over already overstretched police forces as they try to cope with the knock-on effects of cuts to mental health services.

Figures for mental health “qualifiers” – identifiers used by the police to mark incidents in which mental health has been a factor – were obtained for the period from 2011 onwards under the Freedom of Information Act. A total of 35 forces in England, Wales and Northern Ireland provided complete and consistent data.

The research found that the overall number of incidents with a mental health aspect rose by 33% between 2011 and 2014, the last full year for which data is available. This was despite the overall number of incidents recorded by the police forces falling by 10% in the same period.

The College of Policing estimates 20-40% of police time and vast amounts of money are taken up dealing with incidents involving people with mental health problems. Metropolitan police officers have estimated in the past that mental health issues account for at least 20% of police time.

Joanne McCartney, chair of the London assembly’s police and crime committee, said local authorities and health services had less capacity and staff to deal with mental health issues as they came under pressure from cuts.

“As a measure of last resort the police are going to have to be the ones to respond to incidents,” said McCartney. “They will do their best and do now have training in how to deal with vulnerable people, but they are not best placed to do that. They are not mental health professionals.”

Compared with other forces, South Wales and North Wales police recorded particularly large jumps between 2011 and 2014 in the proportion of incidents related to mental health.

Pressures are also particularly high in Suffolk, where police spent a month last year analysing how much police time was spent on responding to mental health incidents. The results were stark: in one month 37% of officers’ time was devoted to dealing with incidents involving some mental health aspect.

“I wasn’t surprised when we saw how high that figure was,” said Ch Supt David Skevington of Suffolk police. “We knew the profile of mental health was being raised significantly through the number of operational incidents we were dealing with where people were suffering from mental health issues, whether it is people suffering from alcohol or substance abuse, or people just

struggling in life.

“It could be an angry man who is smashing a place up; it could be concerns for someone wandering around the streets or someone at the top of a multi-storey car park. Mental health is a key part of policing and we needed to do more to better equip our police officers. We have to look at these people being at a point of crisis in their lives, not being criminals.”

Michael Brown, a West Midlands police officer who is an expert in policing and mental health, pointed to the high-profile cases of Seni Lewis and Kingsley Burrell as examples of the risks involved. Both men died after NHS staff called in police officers to help restrain them.

“In both of these cases police officers were asked to attend a psychiatric inpatient unit in order to restrain a patient, and in both cases it ended in death,” said Brown. Seconded to the College of Policing, Brown has helped to draw up new guidelines and training for frontline officers dealing with mental health issues.

Such are the pressures that some police forces are trialling schemes that place mental health nurses inside police cars to accelerate first response.

“The whole world calls the police; they are the last port of call and they are expected to manage many, many different situations,” says Louissa Friend, one of two such nurses employed by the Norfolk and Suffolk NHS trust to work alongside a police officer in a patrol car. “But the officers aren’t trained in mental health – they can’t be experts in everything. So what I can do is provide information and expertise.”

Friend cites an example: on Christmas Day last year, a distressed young woman had set her bed linen on fire and was having trouble breathing. She had made one phone call to a mental health unit. There was nothing more: no name, no address, no clue to her whereabouts.

Friend called for a grade one emergency response, the highest level. Officers in the police control room pinpointed the location of the mobile phone used by the woman, and police, fire and ambulance crews rushed over.

“It was a very real incident that could have had terrible consequences, but that engagement with myself and the police worked brilliantly,” said Friend. “It was a really busy shift on Christmas Day. There were a number of incidents coming through, some awful incidents.

“People can really struggle at Christmas. But because I was called by a colleague at the mental health unit about the call, and because I was sitting next to a police officer in a response car, because I was able to tell the police this is real, you need to go to this ... it worked out. In the end no one was harmed.”

Friend’s laptop gives her 24-hour access to mental health data and patient records. “As we respond to an incident I will be on my laptop and my phone finding out whether the individual is known to mental health services – often I will know the person myself and I can advise the officers. If the person is very unwell and cannot be managed safely I can call for a Mental Health Act assessment to see if they need to be sectioned. It’s very difficult for the police to do that alone.”

In Suffolk detentions by police under section 136 of the Mental Health Act 1983, where an officer exercises the power to take someone to a place of safety in a hospital or – if there is no alternative – a police cell, have reduced since the triage system was introduced in 2014. The biggest decreases were in the Ipswich area where the triage car operates.

The number of people detained in a place of safety within the NHS fell to 359 in 2015 from 399 in 2013, with just six held in police cells – evidence that if the police are supported by NHS professionals at the right time, vulnerable people receive a better response.

Paul Farmer, the chief executive of the charity Mind, said mental health was “core” police business but it was essential that NHS and other local services were there to support forces.

“Cuts to mental health and other local services in recent years have heaped pressure on all parts of the system, leaving many without the right help at the right time,” he said. “We often hear that the police have been fantastic in their support of people who have been in crisis. However, we also hear of people ending up in police cells when they are unwell as there are no alternative places to take them.

“Those involved in the planning and commissioning of NHS mental health services must make sure that adequate hospital beds and other alternatives are provided so that no one who is unwell ends up being treated like a criminal.”

Brown said: “The gold-dust situation is if you can achieve a position where a frontline cop can speak to a frontline nurse in real time.

“You can make far, far better decisions if that happens. But the solution ultimately has got to be about the mental health system having the upstream capacity to provide services and community care that is consistent with the needs of patients –and to provide an accessible, transparent mental health service which responds.”

Mental health qualifier tags have been introduced in recent years by police forces. Their use in all forces covers a broad range of mental health issues. Their deployment is subject to the protocols of each individual force.