


Handle with care

Police officers feel they are increasingly being called upon to fulfil the role of health professionals when it comes to taking care of people with mental illnesses within communities. Helen Gilbert reports on the worrying trend that can leave officers vulnerable when things go wrong.

 Police officers are increasingly taking on the responsibility of a pseudo-nursing role when they are dealing with detainees who have mental health problems – a practice that needs to stop, according to the Federation's vice-chairman Alan Gordon.

The sergeant reiterated the Federation's view that police stations should not be used as a 'safe' environment for vulnerable people experiencing acute mental illness, describing the process of 'locking people up' as both unfair on the individuals, as well as officers who have not been trained in providing care.

DC Mick Swindells, a West Midlands officer, was fatally stabbed by a paranoid schizophrenic.

Glaister Butler, of Long Acre, Nechells, Birmingham, was acquitted of murder at Birmingham Crown Court in May this year, but convicted of manslaughter due to diminished responsibility.

The 44-year-old has been detained indefinitely under the Mental Health Act and an independent inquiry has been set up looking at why he was seen as suitable to receive care in the community.

'Police stations are no substitutes for psychiatric hospital places and should not be treated as places of safety,' John Wadham, deputy chairman of

the Independent Police Complaints Commission said last month.

Mr Wadham made the comments as he addressed a London conference on the police service and civil actions,

'Police are often called to deal with people in public places, who are in need of help and who turn out to be suffering from a mental illness. They can use section 136 of the Mental Health Act to detain them to protect them or others. The aim is laudable, to ensure that the person concerned is taken to a place of safety.

'A survey among doctors, nurses and police on Humber-

side showed that four in 10 consultants and half of specialist registrars recognise that hospital accident and emergency departments are not a place of safety. Many hospitals will not accept such patients because they do not have secure facilities.

'If we accept that A & E departments in a large hospital are not a place of safety for somebody who may be mentally ill, then how can a cell block, staffed entirely by police officers be designated a place of safety?

'Cell blocks can keep somebody safe in the sense of 'under lock and key' but they

cannot provide the skilled, medical care that a mentally ill person needs.

'It is also of concern that only one in 10 of A&E staff and just over one in five of police had received any formal training about Section 136 powers.

'The IPCC would like to see more places made available in secure psychiatric units for people who have been detained by police.

'There are some possible solutions but at first we need to know the full extent of the problem that the police service faces and with their cooperation and encouragement we are planning to start a research



Behind bars: the wrong place for those with mental health problems

project on the use of police cells as a place of safety,' said Mr Wadham.

The comments come in light of a call by the Independent Police Complaints Commission (IPCC) for closer inter-agency working to ensure people in police custody with mental health problems receive appropriate care.

It follows the conclusion of an IPCC investigation into complaints made by a woman over the initial treatment and welfare she received from officers at West Midlands Police following an incident in August 2004.

Officers had arrested the woman in relation to a public order offence and she was taken to Queens Road Police Station in Birmingham. During her time in custody, the woman attempted to commit suicide on a number of occasions. As a result she ended up naked as clothes that could act as ligatures were removed. She was held in police custody for around eight hours in total before being transferred to Birmingham's Queen Elizabeth Hospital under section 2 of the Mental Health Act 1983.

Although the IPCC found no criminal offences had been committed by the officers, the body concluded there were 'shortcomings' in some of their actions and despite custody staff acting in good faith, the woman's treatment could have amounted to a breach of Article

3 of the Human Rights Act 1998 - that 'no-one shall be subjected to torture or to inhuman or degrading treatment or punishment.'

The officers involved will receive advice from their local commander rather than formal disciplinary sanctions. But Ian Bynoe, one of two commissioners leading on mental health at the IPCC, thinks similar difficult situations will continue to arise unless fundamental changes to the basic system are made.

'It is time to recognise the cell is inappropriate for assessment,' he says. 'The system isn't set up for officers to be quasi-nurses. It requires a level of sensitivity that the police aren't trained to show and the management of psychiatric cases is not in their field. This won't stop until someone rules it doesn't happen.'

Currently assessments are carried out in cells because they are deemed to be a 'safe or satisfactory' environment, but Mr Bynoe believes other settings, such as GP surgeries, should be investigated.

'Health and social services should be taking more responsibility so the police don't have to work alone,' he continues. 'If a person is behaving badly, it shouldn't just be a police officer turning up in a van [to deal with the situation.] That response criminalises behaviour. There should also be provision of an ambulance.'

Mr Gordon agrees: 'These people don't deserve to be locked up in a cell. They should be getting medical treatment and taken to a place of care, not a place of detention. The police service is a dumping ground by all other agencies. This has been the same for many years, but unlike other agencies the police service doesn't refuse to admit people.'

One of the reasons why progress has been slow in this area is perhaps due to a distinct lack of data. The most recent figures published by the former Police Complaints Authority (PCA) were over two years ago when it revealed that between April 1998 and March 2003, 30.6 per cent of deaths in custody involved a victim that had previously been identified as having a mental health problem.

Mr Bynoe describes the sparse data as a major concern for policymakers. 'There is no national collation of data which is essential if one wants to move things along.'

Evidently, change needs to happen and there is no shortage of recommendations. In December 2004 the Joint Committee on Human Rights issued its third report examining the causes of deaths in custody and ways to prevent them.

The report states that as long as police cells are used,

officers will have obligations under articles 2, 3 and 8, to protect the safety of people detained in this way by addressing their particular needs.

"Compliance with Article 2 in the detention of a person known to be seriously mentally ill, and who may be at risk of suicide, requires informed psychiatric assessment and treatment and expert monitoring," says the report.

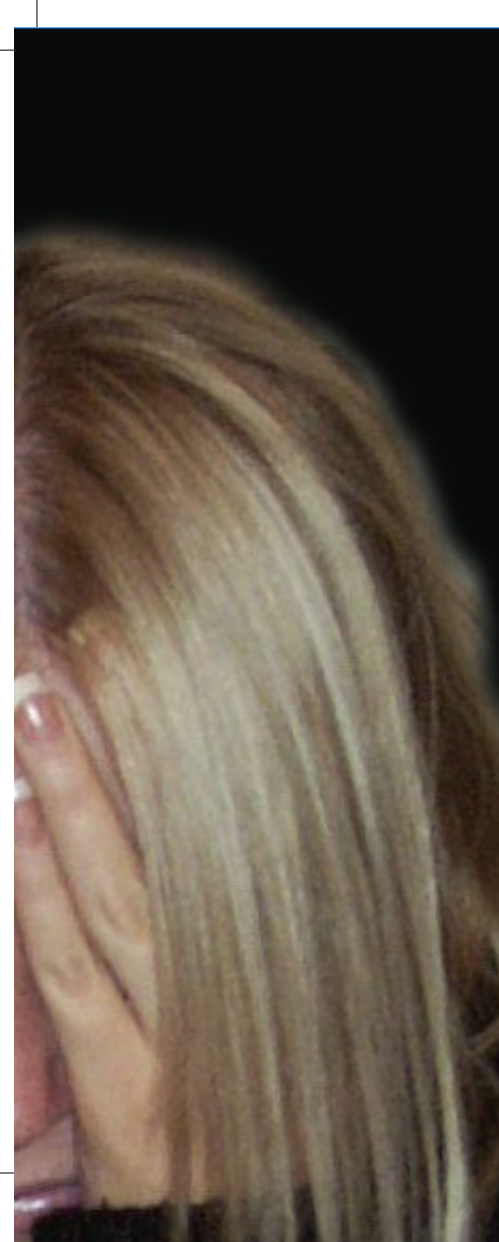
"People requiring detention under the Mental Health Act should not be held in police cells. Police custody suites, however well resourced and staffed they may be, will not be suitable for this purpose and their use may lead to breaches of Convention rights.

"In our view, there should be a statutory obligation on healthcare trusts to provide places of safety, accompanied by provision of sufficient resources for this by Government."

The committee also called



Hospitals do not provide a 'place of safety'



and taken into their care. The custody officers, tried to make a positive and practical decision in order to protect the woman but subsequently received 'advice' because they may have breached her human rights.

'Some years ago the Government took the decision to extend its 'care in the community' programme, releasing potentially dangerous individuals into communities without the appropriate and adequate systems in place to enable their safety. Until this imbalance is acknowledged and addressed I fear that more police officers are going to be subject to mental health investigations and failings.'

for a national code of practice on restraint in police custody backed up by statutory obligations, which require all incidents involving force to be recorded.

Paul Tonks, chairman of the West Midlands Federation, said: 'Within the West Midlands we have certainly had our fair share of cases where officers face difficulties when dealing with people with a mental illness. It appears that in this country we do not have anywhere near enough adequate support for those with mental health problems.'

'This article highlights a case where officers were the subject of a formal and lengthy investigation when faced with dealing with a female who was intent on causing harm to herself and they took the decision that to protect her they would remove her clothing, such was the threat posed. After an unacceptable period of time the woman was eventually accepted by a psychiatric unit

Northumbria scheme

At local level the issue of mental health is certainly moving up the agenda. Last year Northumbria Police ran successful courses covering areas such as mental health legislation, suicide and self-harm prevention for firearms officers and negotiators.

The idea won a Queen's Award for Innovation and is now being developed as a module under Stage 2 diversity training for general officers.

Alan Pearson, a former officer of 32 years and senior trainer in race and diversity at Northumbria Police says officers want to be able to quickly identify whether someone is suffering from a mental health

disorder or are under the influence of drugs or alcohol.

'The course will last one day and is designed to raise awareness and help them pick up the signs,' he explains.

'The officers will hear from service users who have been through the system and are now social workers in the mental health field, as well as from carers so they can hear both sides of the story.'

While the IPCC is developing its work on mental health through an internal strategy group of operational staff, it is clear that much more work needs to be done if officers are to see a difference in the number of difficult situations they are placed in.

Case study

PC Lee Busby, 33, from Durham Constabulary, and his colleague PC Paul Williams were nominated for the Federation's Police Bravery Awards in July this year for their part in preventing a mentally ill man potentially killing himself or harming others.

Both officers risked their lives when they were called out to a horrific scene in April last year where a knife-wielding man was slicing himself with two kitchen knives.

PC Busby, who is married with a son and stepson, described the scene: 'Some people with mental health issues can be talked down. He had made his mind up. When we got there, he had already stabbed himself repeatedly. He had ripped his throat out before me and my colleague had a chance to restrain him.'

The man was threatening the officers as they tried to stop him but turned on himself in a frenzied attack, stabbing himself about the head and throat.

'It was pretty scary, his mother was screaming saying he was trying to kill himself and when we arrived I could see through a crack in the door that he was covered from



PC Lee Busby



PC Paul Williams

head to toe in blood. The four walls of the room were covered in blood.'

More officers rushed to the scene and tried to help restrain him, but he broke free grabbing a porcelain cup, smashing it and using it to cut his wrist to the bone.

Eventually officers used a duvet to wrap the man up and prevent him hurting himself or others around him.

Once the man was restrained he was given immediate medical treatment and then taken to hospital where he underwent more than six hours of surgery followed by several weeks in an Intensive Treatment Unit.

Following the incident, the man wrote a heart-felt letter thanking the two officers per-

sonally for their intervention.

However, PC Busby questions who should be dealing with those with mental health issues, adding that it often falls to police officers.

'I have three years service in the job and I cannot speak for everyone but we seem to be dealing with a lot more community care issues and people with mental health problems.'

He added that they were recently called to deal with a mentally ill man hearing voices, but when he was taken to hospital he was turned away because he had drunk one beer.

'Taking someone with those problems into a police cell is just not the right way to go about things.'