

Mind the policing gaps

One in four people will experience mental health problems during their life. How do you deal with both victims and offenders. Amy Whitelock, policy and campaigns officer for mental health charity, Mind, writes as they launch guidance with practical tips for police



Mental health patients in a therapy session

Whatever your rank or role, the chances are you have dealt with members of the public with mental health problems. It is also possible this was a stressful experience for all involved – whether the individual was a victim, witness, offender, or person removed to a ‘place of safety’ under the Mental Health Act.

Getting to grips with the issue of mental health can seem daunting, but it is also an essential part of good policing and need not be a burden. A new guide from Mind, enclosed with this issue, shows just how practical and positive it can be. Forces around England and Wales are already working in partnership with local voluntary groups and health services to deliver better outcomes for both the public and the police. Mind hopes the guide will encourage other forces to follow suit, to tackle some of the traditional challenges around mental health and policing.

Key facts: mental distress and policing

- One in four people experiences a mental health problem during their lifetime
- Mental distress includes anxiety, depression, panic attacks, phobias and obsessive-compulsive behaviour, as well as severe conditions like schizophrenia and personality disorder
- People with mental health problems are 11 times more likely to be a victim of crime than the general population
- Up to 90 per cent of prisoners and two-fifths of offenders on community sentences have a mental health problem
- People with mental health problems are more likely to come into contact with the police as a victim than an offender

Since 2007, Mind has been campaigning for better access to justice for victims and witnesses with mental health problems. Our Another assault research, 2007, identified a significant barrier to justice is the complex relationships between the police and people with mental distress, fuelled by fear and mistrust on both sides of the fence. We found victims and witnesses were reluctant to report crimes to the police, owing to fear officers would not believe them or would react unsympathetically. For police officers, insufficient training and the familiar experience of dealing with people during mental health crises can lead to a lack of confidence about how to respond appropriately to people's needs and behaviour. Wider social stigma about



the links between mental distress and violence perpetuate the problem.

Yet Mind has been cheered that police agencies are ready to tackle these issues head on. The new mental health strategy, training and guidance from the Association of Chief Police Officers (ACPO) is timely and welcome, showing real commitment to improving police practice towards people with mental distress. Now the challenge is to translate national momentum and leadership into real change on the ground.

Mind's new guide *Mental Health and Policing: How to get it Right Locally* aims to help police forces do just that. Good practice examples demonstrate various straightforward and cost effective ways officers can make adjustments to normal working practices, with clear improved outcomes. Frequently, close working

relationships with voluntary groups, like local Minds, are the key to success, breaking down the traditional barriers that exist between the police, mental health services, and people with mental distress.

Ten ways to get it right locally

1. Voluntary sector placements where student officers or probationers spend time with their local Mind, improving their mental health awareness and developing community relationships.
1. Third-party reporting schemes which enable victims and witnesses to report crimes in a safe and supportive environment, improving reporting rates and community confidence in the police.
2. Antisocial behaviour services where police refer perpetrators of low level crimes to intensive support services, reducing reoffending and improving community safety.
3. Support card schemes which provide officers with upfront information about people's support needs and how to respond appropriately.
4. Appropriate adult schemes provided by voluntary groups, so officers have expertise on hand to ensure custody interviews are productive and people in distress get the right support.
5. Information sharing protocols between the police and community mental health teams, to facilitate early intervention and appropriate support before someone reaches a crisis, reducing reoffending.
6. Surgeries and drop-ins at local Minds, which give people an opportunity to report crimes or seek advice informally, improving reporting rates, intelligence gathering, and community confidence.
7. Places of safety schemes between the police and local health services, so people detained under the Mental Health Act get appropriate assessment and support, and use of police cells as places of safety is no longer routine.
8. Liaison and diversion schemes where the police, courts and health services work together to identify offenders with mental health problems and ensure they get support alongside a sentence, to break the cycle of reoffending.
9. Expert-by-experience training involving people with mental distress in delivering training to officers, to improve their mental health awareness and confidence in responding to people in crisis.

Mind hopes officers will consider how these local examples might be replicated or adapted in your own force. Working together, we can ensure good police practice towards mental health becomes embedded and routine at a local level – ultimately making your job easier, improving community safety, and helping you serve and protect the public.