

# Care in custody?

Is a police cell an appropriate place for someone with a mental illness and should police officers be responsible for their care? Syreeta Lund reports.

If a criminal robs someone in the street you would not expect him to be taken to a hospital and dealt with by a nurse. After all, they don't have the legal knowledge or skills and should something go wrong and the criminal escape or be harmed in some way, how could you expect them to be accountable?

Yet a person with mental health issues was detained in police custody every day over the course of a year, according to the Joint Committee on Human Rights 2004 report, *Deaths in Custody*. This is the stark reality of the situation being faced by many police officers across forces, sometimes facing extreme cases where individuals may be self-harming or threatening to harm others due to their mental health.

Although expert care should be available, police officers are often forced to take on that responsibility when health facilities and professionals are lacking. Police cells are being used as a first resort under section 136 of the Mental Health Act 1983 – despite the Act itself suggesting they should not be routinely used in this way.

This is why the Police Federation is lobbying for changes under the Mental Health Bill, currently due to go to The Commons which proposes amendments to the Act. The Federation want to see an obligation on mental health trusts to take responsibility for those detained under section 136 and believe a police cell should not be considered a 'place of safety' for such vulnerable people.

John Coppen, from the Police Federation's national custody forum, who has been a sergeant for 20 years and has first-hand experience of working in a custody suite, has been campaigning for a change in legislation since the mid 1990s.

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## Feature

During his time as an officer in Swindon they took 100 calls to deal with a person with mental illness in the space of three months, more than one a day, and this pattern is repeated in some areas throughout the country. Mr Coppen said: "There is under investment in the health service. Care in the community means being arrested and put in a police cell and that is disgusting.

death occurs. The IPCC (The Independent Police Complaints Commission), which looks at the efficiency of the complaints system against officers and can also manage investigations itself, often becomes involved when something has gone wrong. The IPCC reported in *Deaths during or following police contact 2005/2006* that 24 of the 28 people who had died in police custody had alcohol, drug or

long as the levels of care were appropriate to the resources available. I consider that Federation members have done all that they could."

The organisation is currently also involved in a collaborative study with the Met Police, *Near Miss in Police Custody* research project, alongside the Linguistic and Forensic Medical Service and the Association of



No one seems to be prepared to do anything about it and that's disgraceful. "Our members, police officers, are the ones who end up opened up to ridicule and shame if something goes wrong when a person with mental health problems dies or kills themselves after leaving police custody."

Police officers can face being suspended; lose their job or a criminal trial if things go wrong as well as an investigation if a

mental health problems or a combination. Nicholas Long, commissioner on custody issues nationally for the IPCC, said that they have always believed a police cell is an inappropriate place for someone with a mental illness and should only be used as an exception to the rule.

"From an IPCC point of view, if things go wrong [when someone with mental health problems goes into custody] the investigation is a search for the truth as

Forensic Physicians. The study, which began in May 2005, is looking at near miss incidents in police custody and aims to draw on the experiences of forensic medical examiners (FMEs) in order to get a better understanding of policy and practice in relation to preventing and managing such incidents in the future.

A 'near miss incident' is defined as 'any incident which resulted in, or could have resulted in, the serious illness, injury or

self-harm of a detainee. Although findings from the research have not yet been published, they are due out soon and Mr Long said that the IPCC has already discovered that at least half of those who come into police custody can have a background of mental health issues.

Mr Long said: "All the evidence we have amassed shows the number of people presenting themselves in

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custody with a background of mental health issues is substantial, certainly over 50 percent and could be as high as 80 percent; it's very significant. When combined with drug or alcohol factors, it's clearly one of the most serious we confront in terms of care of detainees."

Alan Gordon, vice-chairman of the Police Federation, said that health care professionals with expert knowledge, not police officers, are the right people to be

dealing with those suffering from mental health issues.

"The onus should be on the health authority to provide places of safety for people with mental health issues, who are ill and certainly not criminals. It becomes a tremendous burden and responsibility on police officers and staff who have the responsibility to look after people in that situation. Mentally ill people are better looked after by specially trained staff not those working in custody units.

"All of these other agencies have the luxury of being able to say no, but the police service doesn't have that. The last resort always becomes the first resort."

Mr Long agrees that there should be specialist support but that mental health trusts are very much the 'cinderella service'. A study by Rethink, a mental health charity, *A cut too far: six months on* gathers evidence on the ground cuts to services, quoting an estimated funding reduction of £30million across 84 mental health trusts. Mr Long said: "In some areas the provision for psychiatric beds is inadequate and for some forces the police cell is the first port of call which is completely unacceptable. Really it's down to local political mechanisms which ensure a quality of service."

A spokeswoman for the Department of Health, said that there is 'no evidence to suggest that mental health services are being disproportionately affected by the current funding situation.'

She added: "A police station is not an ideal place at which to detain a mentally ill person who is awaiting assessment. But we have to be realistic, it may be the most appropriate place in some circumstances, such as if the person apprehended is drunk, violent or under the influence of drugs, or if it is the nearest available suitable place in isolated rural areas."

She also gave an indication that they are unlikely to ban the use of police cells but want to 'encourage and facilitate good practice that will reduce the reliance on police stations.'

Mr Long believes it would be almost impossible to say police cells should never be used because sometimes the psychiatric facilities are not available. But he admits that it can be a drain on police resources because of the time and care they may have to give to someone suffering from a mental illness.

A spokeswoman for Mind, another nationally-recognised mental health charity, said they want to see the number of cases where detainees with mental health issues are taken into custody reduced.

"Police cells are not therapeutic environments for people in crisis to be

detained for a long period. Custody officers do not generally have the experience to care for someone with mental health problems, particularly if they are extremely distressed or showing signs of disturbed behaviour.

"Individuals can end up being left for several hours before they see a social worker or doctor and their mental health may have deteriorated. We think police cells should only be used in an emergency and only in extreme cases and we would like to see people transferred out of there as soon as is possible."

ACPO were not available for comment at the time of going to press. However, the Police Federation believes sufficient funding should be available for health trusts as well as better training for officers who come face to face with those in crisis. They want a change because it could save a life to be cared for by experts who understand mental health issues and behaviour, rather than leaving vulnerable people, often scared and in a potentially worsening mental state, to be taken to a police cell.

### What is a place of safety?

The Mental Health Act states that an individual in a public place who is deemed to be in 'immediate need of care or control' can be taken to a designated 'place of safety'. These include hospitals or nursing homes for people with mental health needs but police cells are also covered by the Act. A person can be detained for up to 72 hours, while they are assessed and arrangements for any necessary care are made.

The Code of Practice on the Mental Health Act states that a police cell should only be used as a last resort.

The Police Federation, the Independent Police Complaints Commission as well as mental health charities agree that a police cell is an inappropriate place for a person with mental health issues as it can worsen their mental state and may not have adequate health facilities or expert knowledge available

The Police Federation is currently trying to get the police cell as a 'place of safety' for those with mental health problems removed from the Mental Health Bill, which makes amendments to the Mental Health Act