# Lambeth Community-Police Consultative Group

## Mental Health Working Party

## A Submission to the MPA Joint Review Into Mental Health and Policing

## June 2005

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## Mental Health Working Party Report

This report by the Mental Health Working Party (MHWP), a sub-group of the Community-Police Consultative Group for Lambeth, is in response to the Metropolitan Police Authority (MPA) and National Health Service Service (NHS) Mental Health Joint Review of mental health and policing within the Metropolitan Police District.

In the first instance, the MPA/NHS Review's aim is to identify gaps and inconsistencies in service delivery and to agree an action plan for improvement to be implemented by the key stakeholders. The Review's terms of reference acknowledges what many people, professional or otherwise, already widely accept: that certain groups have great difficulty accessing mental health services while other groups are over represented, and that 'drugs and alcohol may be related to underlying mental health problems and may play a role in triggering mental health disorder'.

The MHWP's response is aimed at assisting the Review in understanding, from the London Borough of Lambeth community's perspective, how certain aspects of mental health services and inter-service arrangements in London are badly perceived, and in some cases are quite clearly seen to be failing. The MHWP therefore makes a number of recommendations which it hopes that the Review will consider before devising and implementing its proposed action plan.

### The MHWP

The MHWP was established by the Community-Police Consultative Group for Lambeth (CPCG) and first met in April 2005. Its primary task was to provide a Lambeth community response to the Mental Health Joint Review set up by the Metropolitan Police Authority (MPA) in May 2004.

### Terms of Reference

Recognising the broad nature of the brief and acknowledging the immense amount of extremely good work produced since the early 1990s, the MHWP decided to focus its attention on the sharp end of police and community interaction: that is the use of Sections 136 and 135 under the Mental Health Act 1983 and the various areas covered by their use as follows.

### 1. Places of Safety

Section 135(1) gives an Approved Social Worker (ASW) the power to seek a warrant from a Magistrate's Court to allow the police, accompanied by a doctor and the ASW (Approved Social Worker) to enter locked premises to remove a mentally disordered person to 'a place of safety'.

Section 135(2) allows for the retaking of a detained patient who is Absent Without Leave (AWOL) while on a detention order. A designated member of hospital staff can carry out this duty but if it is necessary to force entry then a warrant must be sought from the Magistrates Court to allow the police to enter the premises. It is not necessary for an ASW or doctor to accompany the police officer in that case.

Section 136 deals with mentally disordered persons found in public places where the police believe the person to be in immediate need of care and control **AND** the police officer thinks it is necessary to do so in the person's interest or for the protection of other persons. Once in a place of safety' the person is examined by a registered medical practitioner and interviewed by an ASW as soon as is practicable. This should be a joint assessment and the outcomes could be:

1. Release
2. Voluntary admission to hospital
3. Compulsory admission to hospital under another order of the Act.

The Code of Practice requires a local policy to be agreed between the police, social services and the PCT (Primary Care Trust) and local hospitals for the use of Section 136.

In Lambeth the 'place of safety' could be:

1. Lambeth Hospital, Landor Road (adjacent to Eden Ward)
2. The Maudsley (through the Emergency Clinic)
3. The police station.

### 1.1 Police stations as places of safety

The Mental Health Commission as long ago as 1997 cautioned against using police stations as 'places of safety' for the obvious reasons that the environment of a cell is unacceptable and the staff on duty are untrained.

The African Caribbean Mental Health Commission of the Greater London Authority also opposes the use of police stations as a 'place of safety':

'..in relation to Sections 135 and 136 of the Mental Health Act 1983: we believe this should involve the need for training in relation to race and ethnicity – including different cultural presentations of mental ill-health and an understanding how to involve wider support networks other than the next of kin….ACMHC does not regard police stations as appropriate places of safety for vulnerable people who are in crisis,' (ACMHC July 2004)

The British Medical Association (BMA: 2004) has also expressed its concern at the frequency of which police stations are used as 'places of safety' and also the reluctance of police to use the mental health legislation rather than standard police powers when arresting for minor offences. The BMA claims that this has led to more people with mental disorders being arrested for minor

offences and being seen by forensic physicians who are not always qualified to recognise their mental disorder. 'Appropriate adults'[1] used by the police to monitor the welfare of vulnerable adults are not trained to assess mental disorder and are concerned at the current situation:

In Lambeth, 'appropriate adults' are only provided by Lambeth Social Services for those with mental health problems when the detained person is already known to them. For everyone else the service is provided by community volunteers, largely through the Lambeth Appropriate Adults Schemes (LAAS). However, while the LAAS tries to provide an appropriate adult every hour of the day, every day of the week, with presently only eight volunteers (untrained in mental health issues) available, they are not a viable proposition for providing an 'out-of-hours' service.

"Police officers have no way of knowing a suspect's medical history. If the suspect is already in the system, he will feel that the police are his enemies. He may be knocking his head against the cell wall, door or toilet. We have visited a detainee who deliberately smashed his face onto the floor breaking his teeth. We have witnessed detainees attempting to take their own lives by trying to eat/swallow toilet rolls and using shirts, belts as ligatures." (submission to the Lambeth ICV Panel, April 2005)

The police in Lambeth often see themselves as placed at the frontline between the NHS and the mentally disordered; when Sectioned patients go AWOL from hospital, the police are informed regardless of any risk that particular person poses to themselves or the community.

Lambeth Social Services tell the MHWP that a uniformed police person commanding authority, as he or she does, presents the safest and least risky way of detaining such a person.

The Mental Health Act 1983 envisages police in an important but secondary role – assisting and intervening only where forced access to property is required and when a person is exhibiting violent behaviour that requires restraint.

The police in the MPS are largely untrained. The excellent awareness training available to them from Lambeth Mental Health Awareness Services is designed to take the stigma out of mental illness; to help them understand the cultural and religious differences in assessing mental disorder and to take restraint out of the police interaction as far as possible. However, this training, lasting a mere two hours, is not regularly held nor is it mandatory.

[1] An 'appropriate adult' should not be employed by the police and should be experienced in dealing with people with mental health problems. It could be a relative of the person or someone responsible for their care. The police should not interview you until an appropriate adult is present unless delay would result in a risk of injury or harm to property or people.

Paradoxically, this particular training is not given to NHS and Social Services staff and understandable fears and prejudices permeate throughout these services as they do throughout society.

High profile cases where the public and staff have been hurt or even killed are headlines. Self-harm and suicide – much more frequent, make no news. Deaths in police custody will continue as long we fail to separate mental health from criminal behaviour. That does not mean that the mentally disordered should be free of criminal sanction, but that the speedy assessment of their health status should in all cases be the priority and that will not happen until there are dedicated and multi-agency teams available to deal with individual cases of crisis.

**WE join with all those organisations and inspectorates that have been saying over the years and continue to say that police cells should not constitute 'a place of safety' under the meaning of the Mental Health Act. [Rec. 1]**

**We also demand that vulnerable adults and children should neither be interviewed nor detained in police cells without an 'appropriate adult' being present and that those providing this service should be properly employed, trained and reimbursed. [Rec. 2]**

### 1.2 Other places of Safety in Lambeth

Lambeth Hospital in Landor Road provides the South London and Maudsley (SLAM) NHS Mental Health Trust's response to our communities need for a 'place of safety' for mentally disordered individuals brought under Section 136 for assessment.

Attached to Eden Ward, which is an intensive care unit at the Lambeth Hospital, the custody suite is a drab room measuring approximately 3 metres by 2 metres. Patient and police approach the suite by an external door and it is not unusual for police vans to be banked up outside awaiting entry. The inaptly named suite provides a shabby settee as the only seating and a rubber mat is against the wall to be used in the event of a person having to be laid down on the floor to be restrained.

The environment of the SLAM custody suite at Lambeth Hospital is better than the police cell not least because it provides almost instant access to trained psychiatric staff from Eden Ward. However, it is a poor environment non-the-less, particularly if the wait is long.

**We recommend that all custody suites used for mentally disordered persons should be upgraded to be environmentally pleasant as well as safe, for staff as well as patients. [Rec. 3]**

## 2. Section 136, A& E Departments and ASW cover

The Accident and Emergency Department of Guys and St. Thomas' NHS Foundation Hospital does not offer 'a place of safety' to receive persons brought by police under a Section 136. However, police regularly deposit such patients at A&E and have to be persuaded to stay with that person until a psychiatric liaison nurse from the South London and Maudsley Trust can be present. One psychiatric nurse does not of course fulfil the demands made under the Act to provide a doctor's examination and an assessment by an ASW and waiting for the latter is often long and well beyond the four hour target set for acute patients coming to A&E.

Most worrying is the fact that Section 136 papers seem to 'disappear' on reaching A&E, thus dispensing with the need for an ASW and accounting for the fact that the correct paperwork for SLAM and the police is at a premium and the data concerning 136 from agencies outside SLAM is very hard to track down.

King's College Hospital, the other Lambeth Hospital, does not have a 136 suite and is not recognised as a place of safety, and experiences the same difficulties as does Guys and St Thomas' hospital.

There is a London-wide initiative to improve and unify the facilities in acute hospital A&Es which involves the development of proper custody suites and, presumably, the staff to go with them. But current need far overwhelms the current provision and any plans to rectify the problem seem to be long in the pipeline. Similar initiatives to contain vulnerable people at Brixton or Kennington police stations have not yet materialised and will still need skilled and trained staff to replace the current police officers.

There is a lack of data on the use of Section 136 in Lambeth, not least, because there has been a consistent failure to fully complete the information on the forms that would give us an accurate account of the waiting times endured by the patient. Anecdotally, it would seem that the shortage of ASWs presents the greatest problem in the assessment process. An audit is about to be launched by SLAM, which will provide a clearer picture.

Lambeth has the highest use of Section 136 in the SLAM area (Lambeth, Lewisham, Southwark and Croydon). In the last quarter of 2004/05 25 people were brought in by the police for assessment to the Lambeth suite. That figure does not include those assessed in police stations nor those brought to acute hospital A&Es in Lambeth. The average time between the doctor's examination and the ASWs assessment in SLAM units was 2hours and 19minutes, the longest recorded for the quarter was 9hours and 10minutes! On average the police stay for 25 minutes, although that would be a lot longer of course if the data included those waiting to be assessed in A&E or police station.

Shockingly, there is only one ASW on duty through the night and that this person is called to emergency child protection cases also. We understand that this situation also prevails in neighbouring Southwark. Yet, an excellent

MPS mental disorder policy document dating back to December 1994 (reviewed by the MPS in May 2004) would have led, had it been implemented by all agencies involved, to a substantial improvement in the patient experience. However, it was not the case and could never be so until the police are properly trained, the ASW service is dramatically improved, the LAS is on board and 'place of safety' units are places of safety.

One solution is for dedicated multi-agency teams of well trained and appropriately qualified ASW staff to respond to the needs of acutely mentally disordered people and 136 suites attached to mental health hospitals…

**We recommend that the strongest representations are made to Lambeth Council to improve the level of ASW cover in our Borough and that the Social Services Inspectorate be asked to comment on this state of affairs. [Rec. 4]**

**We recommend that the proposal to provide facilities at A&Es should be reviewed to ensure that the provision of Section 136 suites should be attached, not to Acute Hospital A&Es, where there are no adequately trained staff, but, to Mental Health hospitals where the emergency facility together with the intensive care beds to receive those admitted should be provided. [Rec. 5]**

**We deplore any proposals to close the Emergency clinic at the Maudsley Hospital and instead recommend not only that this should remain open but that emergency open access mental health units should be established in every borough to allow those who are unwell to seek help voluntarily, as they can do for a physical injury or illness. [Rec. 6]**

### 3. The Use of Police Vans for Patient Transportation

The Mental Health Commission and other agencies have, over the years, drawn our attention to the inappropriate use of police vans to transport people who are mentally disordered. This has now become the norm in Lambeth and we believe it is the one area where the police should insist that the NHS funds a proper alternative as it puts the police at significant risk of accusations of abuse and most importantly, it is absolutely unsuitable for ill people, no matter how challenging their behaviour.

The Pan-London Guidance Notes for Protocols on Section 136 of the Mental Health Act states that a police officer effecting a Section 136 should call an ambulance via 999 to take the patient to a 'place of safety' or, if the ambulance crew determine that there is a need for medical treatment and the crew will decide to which A&E the patient will be conveyed.

Police officers are unlikely to know whether the patient has a cardiovascular problem, a mental health problem or whether the patient is using drugs. The British Medical Council has also issued cautionary guidance on the care of those people whom the police detain whilst they are withdrawing from alcohol or drug over-usage and who must be monitored carefully by medically trained

staff. This is even more important when the person is either known to have mental health problems or is actually exhibiting symptoms of such a disorder. A police van, in these circumstances, becomes a hazardous conveyance.

**We strongly recommend that the NHS funds the London Ambulance Service to provide the vehicles and the crews sufficient to service the needs of people who are, are thought to be suffering from a mental disorder or a dual diagnosis of substance disorder and mental illness. [Rec. 7]**

## 4. Police Restraint

All the guidelines, including ACPO's, caution restraint in the use of CS Spray and other forms of restraint when police are called to deal with an apparently mentally disturbed person. ACPO in particular recommends that health professionals need to be on the scene for there to be discussion between the police and the health workers before any restraint is used. CS Spray may have a harmful interaction with anti-psychotic drugs while prescribed drugs used over a period of time could weaken the heart, thus causing a person to be especially vulnerable to the effects of a Taser. When CS Spray has been used facilities must be available to remove the residue of the CS Spray or other forms of chemical incapacitants. In a well equipped 'safe place' this would automatically be done with appropriate medical advice on hand.

Like the BMA, we are concerned that in our borough there are a significant number of young people who are frequently picked up by the police on suspicion of minor crime and who are known to suffer from various forms of emotional and educational learning difficulties. We interviewed a number of relatives and carers who had volunteered to talk to us and all of them were concerned that their sons were unnecessarily the subject of repeated police attention and that the police response to vulnerability was at best patchy and sometimes opportunistic in contributing to 'clear up' targets that didn't result in conviction.

One mother told us about her son who went from a local authority secure unit to Feltham Young Offenders Institute where he tried to hang himself. Hardly out of Feltham he was quickly in trouble and is now hardly ever out of Brixton Prison where he is mainly detained within the medical wing due to serious self-harming. He has never been accused of violent behaviour and tends to act as a gofer for local criminals. He is unable to read or write and the only job he has ever had has been a brief spell in the prison kitchens. His mother says the police have developed an almost fond response to his habitual but petty criminality but that neither they nor social services or probation offer support to her as she attempts to care for him at home. She knows that his self-harming is likely to end in death.

Other carers have told us of their fears that their children are becoming criminalized once they reach adulthood because services become less accessible for those who are deemed vulnerable but not mentally ill: Easily picked on and used by others to engage in petty criminality, they are a target

for police and quickly become doubly stigmatised. All the carers we spoke to feel unsupported by social services and the NHS. They felt that the only time a community service was offered was following hospital discharge or Section 17 leave, otherwise they, as carers, were expected to cope until the next acute crisis. During the intervening time, those in their care, particularly young people, were especially vulnerable.

The carers felt there was little provision locally for supported housing. Young people can apply for council accommodation but are often unable to cope with completely independent living since there is no domiciliary support for the mentally ill. Anxiety about the care of their children in adulthood is a prime issue and entitlement under the Community Care legislation for carers and the mentally ill seems ad hoc. It is always, of course, dependent upon financial resources.

In Lambeth in particular, the loss of outreach Youth Workers has left a dangerous hole in educational provision and social inclusion. How much that loss has impacted upon the increased incidence of dual diagnosis is impossible to evidence but the CPCG has long campaigned against the cut in youth provision and opportunities are undoubtedly being lost to help these young people before they suffer irreparable harm

**We recommend that coding be established to record mental disorder or mental illness when someone is interviewed or arrested for suspected criminal behaviour. [Rec. 8]**

**We recommend that the borough councils establish a strategy with their housing directorates and housing associations for non-ghettoised housing for the mentally ill with dedicated community support (specialised home carers and advocates). [Rec. 9]**

**We recommend that a multi-agency review is set up to determine the scale of need required by those young adults who are deemed vulnerable by virtue of their learning and/or behavioural difficulties and the current availability of services to them and their carers in Lambeth. [Rec. 10]**

**We recommend Lambeth Council in conjunction with Lambeth Youth Council reconstitute a peripatetic youth service in Lambeth. [Rec. 11]**

## 5. Ethnicity

In *Breaking the Circles of Fear: A review of the relationship between mental health services and African and Caribbean communities*, published by the Sainsbury Centre for Mental Health in 2002 it is said that black communities receive the mental health services they do not want but not the ones they do or might want.

Our submission is that, despite the excellent reports produced by numerous specialist bodies and the new focus given to the needs of black and minority

ethnic mental health users by Lambeth PCT, things have not changed for the better.

At the last quarter of 2004/2005, black and ethnic minority patients on Section 3 of the Mental Health Act in SLAM again far outnumbered the indigenous white community. The proportions are similar in the forensic units of SLAM.

Because ethnic monitoring is poor throughout SLAM and unreliable within the MPS force it is not possible to provide accurate data about the use of Sections 136 and 135 with any certainty. SLAM does not collect data on this from either the police or the local A&Es which are both used by the police to detain people for assessment.

What is reasonable to assume is that being detained by a untrained, uniformed Response Officer, possibly handcuffed and taken away in a police van, is likely to be traumatic for anyone. But for someone whose experience of authority in uniform is that of ill-treatment, torture and injustice it must be incalculably worse. Although both the police and SLAM do have access to interpreting services these are not always appropriately used at the time they are needed, even when patients are detained under Section.

Perceptions of what being mentally ill means are culturally diverse. Different ethnic populations have, for example, consistently different perceptions of what is known here as schizophrenia with markedly differing ideas about the specific symptoms of hallucinary behaviour, suspiciousness and unusual thought content. Similarly, mistrust of chemical medication can cause patients to be detained on Section 3 because doctors fear non-compliance with medication and/or lack of insight.

If psychiatrists are failing to adjust their practice to recognise cultural difference then the police, without adequate training can hardly be expected to do better.

## 6. Dual Diagnosis

In Lambeth the prevalence of substance abuse and alcoholism leading to the onset of psychosis is concerning. SLAM recognises this by providing a specialist unit and protocols for risk assessment. However, the level of cannabis usage in particular poses huge difficulties for carers and police as young men in particular present with irrational and sometimes violent behaviour coupled with substance misuse. Cannabis is taken into hospitals by visitors and is readily available in the surrounding streets, so unless these patients are denied all leave and freedom of association, the misuse will continue.

**The debate on the legalisation of recently re-classified cannabis continues but we would recommend that education, public awareness and absolute openness as to its use, in all its forms, should prevail and that further criminalisation would mitigate against this. [Rec. 12]**

## 6. Pan London Integrated working

The mentally ill and disordered are a group who move around; stigmatised and often homeless, or in a temporary refuge, they move through the city. Research has shown that, on average, a detained patient will have moved twice prior to admission and will move on average three times in the period following discharge (Kings Fund, MH Review). Not surprisingly, they will often be in dire financial straits because of this.

Our view is that the pan-London approach to mental illness is most helpful but that the funding needs also to be London-wide to ensure continuity and equality of access to health care.

The importance of creating trust and good relationships between our diverse populations in London and the police cannot be overstated. The MHWP is impressed by the Crisis Intervention Team (set up in Memphis, USA, in 1988) and the concept of specialist, highly trained and motivated officers to strengthen the effectiveness of the team. The Memphis team points to an impressive improvement in the care given to the mentally ill, a reduction in arrests and injuries, and a far better and positive relationships between the police, carers and relatives of the mentally ill.

**Therefore, we strongly recommend that the MPS, LAS, NHS and London Boroughs develop and pilot a specialist, multi-agency crisis team to provide a humane, ethical and effective response to individuals who may require Section 136 or 135 of the Mental Health Act. [Rec. 13]**

## Postscript

The MHWP have expressed it concerns about the health of police officers.

To say that the police encounter the most tragic and gut wrenching situations, on a daily basis, is to state the obvious. To an extent, so do ambulance crews and social workers. However, the police have particular duties that impact upon their own health – perhaps to a greater extent than other frontline workers.

The MPS do use counselling services and officers are meant to be debriefed following a traumatic event such as a murder. However, it is apparent from our conversations with police officers that the ‘macho’ culture still prevails, and unless support is specifically encouraged the effects are internalised. What does the MPS say about the level of depression and anxiety amongst its officers?

Expecting officers who may be themselves ‘unwell’ to deal effectively and calmly with mentally disordered people, whether suspected offenders or not, may be asking too much. Duties that have become routine, like road accidents and breaking the news to relatives do not appear to warrant counselling support. Once again, society’s high expectations give us cause

for concern. Supervision within the MPS is not the same as thing as supervision within the NHS on social services.

**We would recommend that individual police officers should be given paid leave for counselling and that it should be mandatory if it appears that officers are being stigmatised for accepting the help at hand. [Rec. 14]**

**List of Recommendations**

**Rec. 1. We join with all those organisations and inspectorates that have been saying over the years and continue to say that police cells should not constitute 'a place of safety' under the meaning of the Mental Health Act. [Page 5]**

**Rec. 2. We also demand that vulnerable adults and children should neither be interviewed nor detained in police cells without an 'appropriate adult' being present and that those providing this service should be properly employed, trained and reimbursed. [Page 5]**

**Rec. 3. We recommend that all custody suites used for mentally disordered persons should be upgraded to be environmentally pleasant as well as safe, for staff as well as patients. [Page 5]**

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**Rec. 10. We recommend that a multi-agency review is set up to determine the scale of need required by those young adults who are deemed vulnerable by virtue of their learning and/or behavioural difficulties and the current availability of services to them and their carers in Lambeth. [Page 9]**

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**Rec. 13. Therefore, we strongly recommend that the MPS, LAS, NHS and London Boroughs develop and pilot a specialist, multi-agency crisis team to provide a humane, ethical and effective response to individuals who may require Section 136 or 135 of the Mental Health Act. [Page 11]**

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**Acknowledgments**

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