

DATE

Thematic Reports: SUPPORT

Mental Health

The force has an organisation wide approach to mental health and vulnerability through the training of call handlers, local policing officers, investigative staff, and custody staff to identify concerns, understand when safeguarding is required and available options / pathways for care over a 24-hour period. The training is delivered by the Street Triage Team Officers using their expertise to the authorised policing practice standard.

The force has an information sharing agreement with mental health services when there are immediate concerns or serious safeguarding risks for rapid access to mental health records and advice to inform the best police response. This then allows relevant information to be available for the use in THRIVE (Threat, Harm, Risk, Investigative, Vulnerability and Engagement) and for officers to use in the National Decision Model (NDM). This is supported in real time in the control room by the Street Triage Team who are co-located with call takers in the vulnerability hub. This allows early identification, advice, and appropriate response to mental health issues. The information sharing agreement also allows frontline officers to contact other mental health services such as Liaison & Diversion (custody), crisis teams and AMHP (Approved Mental Health Professional) teams for information and advice.

The force is aware of the complicated issues surrounding police responding to mental health that can have both positive outcomes but also negative consequences. This is well highlighted in reports such as HMICFRS 'Picking up the pieces'. The force therefore has a policy called the 'Most Appropriate Agency' that defines our role and when it is appropriate for the police to respond i.e., when there is an immediate risk to life / limb, to prevent or detect crime and prevent disorder but not when there are concerns that should be dealt with by commissioned health and social care services. Call takers are trained around the MAA policy and apply it in their THRIVE assessments. Call takers also have a mental health advice sheet they can send directly to people and organisations if they are unsure on who to contact instead of the police.

When incidents are created the Street Triage Team are available between the hours of 08:00 and 01:00 7 days per week. We have one daytime car between 08:00 and 16:00 hours and two evening cars between 16:00 and 01:00 hours. Each car is staffed with a police officer and community psychiatric nurse. The team have 5 full time police officers who act as mental health tactical advisors under a Sergeant who is the operational lead for mental health and policing. Each officer aligns with a response rota and therefore has a working relationship with officers making them more approachable. There are 6 nurse positions attached to the team. The hours the triage car work is aligned to peak demand times when we tag incidents as mental health related. The triage car work on 750-800 incidents per month and attend on scene as a secondary resource to do mental health assessments on around 100-120 incidents per month.

The triage team have reduced the use of s.136 MHA detentions from 1037 (2013/14) to a low of 338 (2021/22) and now over 50% of persons detained need hospital treatment compared to 20% before triage existed. This is by avoiding unnecessary detentions in favour of less restrictive options through referral. In this same period, the use of custody as a place of safety for s.136's has reduced to zero from a high of 321 per year.

The force and NHS have provided further investment in 2021 into 2022 to enable proactive work and to deal with safeguarding reports submitted by officers that contain mental health concerns. The Street Triage High Intensity Team (STHIT) consists of a Mental Health

DATE

Safeguarding Officer (MHSO) who is a constable and two Community Psychiatric nurses. This team work on the forces top ten repeat callers, repeat s.136 detentions and vulnerable people identified in MASH referrals. The MHSO receives approx. 250 MASH referrals per month that are subject to a triage assessment process. The outcomes are then either signposting / referral, proactive visits, information sharing to services already involved or no further action. The aim of the STHIT team is to identify people falling through the cracks of services and proactively engage before someone comes to harm, create multi-agency response plans for repeat presenters and facilitate access to appropriate services to reduce risk and demand.

Lastly, the force submits a daily situation report to NHS senior managers and integrated care boards daily (Called an Opel report with a grade 1 – 4 applied). This is submitted by the Street Triage Sergeant and officers using a pre-agreed scale. Grade 1 is good / ideal situation leading to 4 that is a critical situation. The scale considers the status of available place of safety beds, Street Triage staffing, live issues identified in custody for PACE arrests, demand levels over last 24 hours, critical incidents and AWOL patients. All NHS and Social Care bodies produce an Opel score of their own which feeds into a systematic approach. This allows the force to ensure key strategic partners in mental health services know the demand levels and pressures being dealt with by Nottinghamshire Police and helps identify areas needing improvement such as access to health-based place of safety beds.