

# APCC Briefing:

# Mental Health &

# Covid19: Phase One

# Summary

## Foreword by APCC Mental Health Lead, Matthew Scott

*In October 2020, I initiated an inquiry to establish whether people with mental health problems were getting the right care, from the right person at the right time during the Covid19 pandemic.*

*As APCC Mental Health Lead, I had received anecdotal evidence highlighting new partnerships developing between police and health partners, as well as agile and 'Covid secure' ways of working to ensure vulnerable individuals suffering with ill mental health received the appropriate care.*

*To explore the impact Covid19 has had on policing in terms of how it responds to mental health demand, I invited elected Police and Crime Commissioners, police forces and organisations with experience of working with policing to share their views with me through a call for evidence.*

*The call for evidence focussed on how Covid19 and the subsequent lockdown measures had affected forces and importantly service users' mental health. The aim was to help identify what has changed from the pre-Covid19 landscape and provide an early indication of whether the policies and practices adapted at the time have worked and what needs to change going forwards.*

*Responses to the call for evidence have now been analysed and I thank those who responded for their valuable contributions. I was particularly inspired by the agility and care taken by agencies to protect the vulnerable and the underlying consensus of how despite the devastating impact Covid19 has had, if one positive can be taken from it, it is the significant opportunity to develop partnership working.*

*I am also pleased to report I have met with the Minister for Suicide Prevention and Mental Health, as well as the Department for Health & Social Care, who are extremely interested in this work.*

*The briefing below provides a summary of evidence received and will inform our next steps as we delve deeper into the impact of the pandemic on mental health and policing and subsequently publish recommendations and share good practice with stakeholders.*

**APCC Mental Health Lead and Kent PCC, Matthew Scott**

## Method

On 6<sup>th</sup> October, the APCC launched a call for evidence with several open questions shared directly with policing and mental health stakeholders. The National Policing Chiefs' Council promoted the questions with individual police forces, targeting their mental health leads to ensure frontline perspectives were captured within the call to evidence. The APCC distributed the questionnaire to PCCs to gain their strategic perspective on the impact of the pandemic, ensuring PCC commissioning and partnership activities were accurately captured. Discussions were also held with several national mental health organisations to gain their input on the process and how best to extract useful information from relevant agencies. Coding analysis was applied to responses to identify common findings.

## Findings

Respondents provided a range of information in their responses, including statistical data and anecdotal evidence. Findings from the 49 responses to the call to evidence have been grouped together in the following thematic areas:

- **DEMAND**
- **IMPACT ON SERVICE PROVISION**
- **PREVENTION**
- **ADDITIONAL CONCERNS & REFLECTIONS**
- **WHAT CAN PCCS DO?**

## Demand

- Police respondents (PCCs and Forces) experienced a mixed picture of evolving mental health demand, including but not limited to, section 136, suicides (and attempts), missing persons and boarder incidents where mental health was a factor. Some areas received calls from the public reporting anxiety and seeking advice as their regular source of community mental health support had restricted access in response to Covid19.
- Broadly, at the beginning of the pandemic when lockdown restrictions were introduced, several PCCs and Forces reported how mental health demand had initially dipped. This is a cause for concern as those vulnerable people who regularly come into police contact are potentially at risk, particularly given the restricted access to mental health support during lockdown.
- Policing feedback, including those areas that experienced no significant changes in demand, described an increase in the level of complexity of those coming to police attention, as well as an increased number of people presenting who had not been known to services previously. This new cohort displayed multiple complex needs, such as alcohol abuse. Police feedback indicated longer time was spent by officers responding to such incidences.
- As lock down restrictions eased, several policing areas witnessed a return to regular levels of mental health demand. However, in some cases, Forces reported significant increases in mental health demand at unprecedented levels. Suggested explanations for this increase included the embedding of a new NPCC definition for recording mental health incidents. Additionally, there was suggestion peaks in demand were attributable to stresses resulting from lockdown such as concerns for job security, finances and the strain of not seeing friends or family due to social distancing.
- Some areas reported increased time spent on mental health incidents as a result of capacity reductions in mental health facilities arising from the necessary social distancing measures. These examples described how despite receiving an assessment, police officers were left waiting with patients in what one area described as a 'bottleneck'. Patients who were already in a state of distress saw the situation exacerbated by elongated waiting times. In some example's forces saw at least two section 136 arrests extended over 24 hours due to lack of health resources and capacity.
- Additionally, some areas were that far stretched in terms of capacity that demand spilled over geographical borders to facilities where there was greater capacity.

## Demand continued...

- Other PCCs described how mental health demand in their area had remained stable throughout the lockdown period reporting no significant changes in mental health incidents or the use of powers.
- In those PCC responses that included reference to suicide, there was no clear pattern to suggest incidents had increased nationwide during lockdown, however, barriers to accurately capturing real time data were highlighted.
- Changes in police officers and staff demand for wellbeing and mental health support was not highlighted in the feedback. However, some areas had sought to enhance capacity and raise awareness across workforces.
- PCCs are responsible for the commissioning of victims' services and several Commissioners articulated how their services had experienced increased demand for mental health support from victims of crime. This has led to victims' services spending more time supporting victims. A number of victims stated they did not want virtual contact, preferring instead to wait until they are out of Covid restrictions and can be seen in person. Court delays were identified as drivers of mental health issues amongst some victims.

## The Impact on Service Provision

Respondents described how the onset of Covid19, and the introduction of social distancing measures had impacted upon service provision.

Analysis of responses identified several themes including:

### **Effective Assessment of Mental Health:**

- Mental health assessment processes were elongated due to a lack of clinical assessors.
- Although face to face assessments re-commenced as rates of infection reduced, they did not reach pre-Covid19 levels, meaning police officers continued to spend longer time waiting with patients.
- To help improve safety and efficiency, some areas moved to virtual assessment.
- Those individuals who do not satisfy the medical threshold for section 136 were often left to return to the community. In response to this risk during the pandemic, one police area initiated a pilot with local partners to create an alternative option where people can voluntarily seek professional care and support.
- Some forces applied a Covid19 risk assessment approach to calls made to service involving mental health (not crisis). This approach helped determine whether a police officer call out was appropriate and safe during the pandemic.

### **Beds:**

- A further issue experienced by policing during the pandemic has been a lack of (and reduction due to the need for social distancing) PICU beds for the highly vulnerable who had been adversely affected by the pandemic.
- Even in areas where extra beds were organised, delays in assessment meant that this extra capacity did not make the difference it should have. In such cases, police were left dealing with individuals in an emotionally heightened and strained situation with lengthy waiting times having an impact not only on patient but also on the police officer's wellbeing.

### **Other Services:**

- A number of PCCs highlighted the positive impact of a newly introduced NHS 111 phoneline option, whereby people in crisis can self-refer for support. This was viewed as a positive step to helping prevent mental health demand escalating to a police response. Responses indicated the need for greater promotion of this phone line subject to sufficient capacity.
- Reports of mental health agencies not accepting referrals and having to reduce the numbers accepted were received as agencies suffered staff shortages through sickness attributed to Covid19 or shielding. This effectively reduced the availability of out of hours services, meaning in some areas policing often had to step in.

## The Impact on Service Provision continued...

- Additional feedback described how other statutory services had struggled to respond to those people with complex needs as quickly or readily as might have been expected, specifically the homeless and people with drug dependencies.
- PCCs provided funding in response to the impact of Covid19. This emergency funding was delivered to charities to support their provisions in supporting vulnerable people, including those with poor mental health.
- Respondents highlighted AMHP services were at breaking point and unable to function effectively across many areas. This was exacerbated due to many AMHPs self-isolating and calls for Mental Health Act paperwork to be electronic to improve efficiency in the process.

## Prevention

Respondents described a range of actions taken in policing areas to prevent the escalation of mental health incidents and ensure appropriate medical support:

- **Partnership Work:** PCCs and forces took a partnership approach to preventing mental health demand from escalating. Examples included:
  - Working with Clinical Commissioning Groups to oversee rapid delivery of the NHS's Long-Term Plan regarding MH support.
  - Work with Public Health England to share data on suicide and attempts to inform preventative actions.
  - Delivery of 24/7 wellbeing and mental health support phone lines to better signpost people to sources of appropriate support.
  - Police working with the third sector to deliver Crisis Cafes and other similar opportunities in a Covid secure manner, concerns for whether these will be maintained.
  - Co-location of health and policing teams to provide a rapid response to mental health call outs.
  - Proactive police approach to known vulnerable individuals in the community during lockdown to check on their welfare.
  - Establishing a policy to clarify when police should and should not attend mental health-related incidents.
  - Increased and improved training for a greater number of officers and staff to understand the complexities of mental ill-health.
  
- **Officers & Staff:** A degree of preventative work to prevent and manage ill mental health amongst police officers and staff had been initiated across all ranks and roles.

## Additional Concerns & Reflections

- Backlog in court waiting times reported as cause of distress and emotional uncertainty amongst victims of crime. This in turn has placed additional pressures on PCC commissioned victim services as victims are spending longer time with services and there is evidence of greater demand for mental health support too.
- Domestic Abuse – some areas made links between increased mental health issues and risk of domestic abuse during the pandemic.
- Horizon scanning suggests a potentially significant rise in police demand as a result of forthcoming economic problems e.g. unemployment. Local level surveys of public show concerns for children and young people.
- Short and long-term impacts on police officer and staff wellbeing should be acknowledged.
- Concerns shared for whether there is sufficient investment in mental health support, diagnosis and care, particularly if demand increases.
- A need for a greater number of care pathway options for police to signpost to when attending mental health incidents, particularly those who do not satisfy the threshold. This is likely to require greater investment in the third sector.

## What Can PCCs Do?

Recommendations relating to PCCs included:

- **Partnership Work:** Considering PCC's ability to bring partners together, Commissioners recommended colleagues play a central role in engaging with stakeholders with mental health responsibilities, as well as the voluntary sector to share intelligence and data and to discuss partnership approaches to mental health demand, ensuring a joined-up approach and avoiding duplication. Local authorities and CCGs were identified as key agencies for PCCs to engage with and local Crisis Care Concordat forums were identified as useful forums for PCCs to demonstrate leadership.
- **PCC Oversight:** PCCs also advised that Commissioners take up a role in overseeing effective delivery of the NHS Long Term Plan regarding mental health activities in their area or seeking assurance for its delivery.
- **Voluntary Sector:** In light of the important role the voluntary sector plays in caring for people in need of mental health support and given how the pandemic has led to increased demand for this sector, there were recommendations for Commissioners to demonstrate support by commissioning/funding the voluntary sector.
- **Commissioning:** In addition to commissioning vital community support services, PCC feedback suggested commissioning plans should be informed by vulnerability needs, including early intervention initiatives. This includes the commissioning of victims' services.
- **Awareness Raising:** Given their mandate, PCCs have a clear platform to engage with the public. Commissioners advised this platform is maximised to improve awareness of the danger of mental health and encourage people to seek support at the earliest opportunity.
- **National Role:** PCCs should identify and evidence mental health demand and support in their area, and if there is consistency across England and Wales, come together to lobby government to address levels of investment.

## Next Steps

The APCC will share findings from phase one of the inquiry with PCCs, Chief Constables and wider stakeholders, including the Minister for Mental Health and Suicide Prevention and gauge their thoughts on the evidence and findings.

The second phase of the inquiry will seek to engage with respondents on their feedback and delve deeper into highlighted issues and solutions, culminating in a final report with recommendations for the sector.

If you would like to find out more about PCC Matthew Scott's work please visit:

[www.apccs.police.uk/our-work/](http://www.apccs.police.uk/our-work/) and [www.kent-pcc.gov.uk](http://www.kent-pcc.gov.uk)