

## ► Case study

### Joining forces – Leicestershire’s approach to supporting people with mental - ill health

A man in his late 50’s is seen behaving strangely in a park. When a Police Officer arrives at the scene, he finds the man sitting on a park bench marking his wrists with a razor blade.

As the situation intensifies, the Police Officer has a duty of care to ensure the man and the general public are safe and calls for support from the ‘triage car’. The car is staffed by a police officer and a mental health practitioner who attend calls where people are experiencing a mental health crisis. They have access to both police and health systems and are able to find out more about the individual.

His name is Mike and since his wife Alice passed away over two years ago, he has had a history of drug and alcohol misuse. With this in mind, the mental health practitioner and police officer use their combined knowledge to assess the situation and are able to convince Mike to give up the razor blade voluntarily.

Mike’s records show that he currently receives support from a care team. The practitioner contacts his care worker and together with Mike, they tailor his care plan so he is able to receive additional support at home.

#### The catalyst for change

In December 2007, Lord Bradley was asked by the Government to look into **diverting people with mental health problems and learning disabilities away from the criminal justice system**. The ‘Bradley Review’ considered evidence from criminal justice and health practitioners, as well as vulnerable people who had been through the criminal justice system.

It is commonly known that many people with mental health problems are caught in the revolving door of the criminal justice system, leading to crime, poor health, increased workloads for the police and the courts and greater pressure on prisons.

The Prison Reform Trust’s “Too Little Too Late: An Independent Review of Unmet Mental Health Need in Prison,” published in February 2009, revealed that many people who should have been diverted into mental health or social care from police stations or courts are entering prisons, which are ill equipped to meet their needs, and then being discharged back into the community without any support. This is also a criticism widely reported in the national press.

## The story in Leicestershire

Across the country, a number of early intervention and diversion initiatives were being drawn up as a result of the Bradley Review. And with approximately 24,000 custody detainees per year and 3,000 self-declaring people with mental health issues in custody, similar conversations were taking place in Leicester.

Peter Jackson, former Chief Inspector of Leicestershire Police and Matthew Wakely, Team Manager for Leicestershire Partnership NHS Trust (LPT), responsible for mental health crisis and assessment services, brought together other colleagues from the Crown Prosecution and Probation services, to have an honest conversation about their frustrations and to consider how these issues could be alleviated. As a group, they agreed a number of collective aims to:

- Improve access to healthcare and support services for vulnerable individuals and reduce health inequalities
- Divert individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other supportive services
- Deliver efficiencies within the youth and criminal justice systems
- Reduce re-offending or escalation of offending behaviours.

It soon became apparent that much more could be done at an earlier stage, even before people became suspects. If the services work closely together more effectively to share information. They could:

- Provide a more exemplary and comprehensive screening and multi-disciplinary assessment service for all eligible, referred individuals
- Operate within a robust clinical operating framework

- Provide high quality information to key decision makers in youth and criminal justice agencies, including the police, courts, probation and Youth Offending Teams (YOTs)
- Secure referrals into mainstream health and social care services and other relevant interventions and support services
- Follow up individuals with health and social care service providers, to ensure that individuals continue to engage with treatment until an appropriate discharge point is reached.



**“If you have the right people, it doesn’t matter about systems, they will make it happen.”**

An event was held in 2011 where key individuals came together to explore and develop a deeper understanding the information sharing opportunities and limitations within each organisation. From this a number of health interventions, providing an interface between local mental health and criminal justice services were developed to support people at various stages in their journey through the system. In practical terms, it meant that mental health practitioners employed by LPT could assess and support people within custody suites, probation offices and the courts, but most effectively, even earlier on the front line before the point of arrest. The latter was achieved with the introduction of a ‘triage car’ - a scheme widely used in the United States but at that point, little was known in the UK.

## The 'Triage Car'

The triage car penetrates all aspects of the programme and aims to intervene before arrest when someone is experiencing a mental health crisis. This early intervention method not only reduces the number of people detained under section 136 of the Mental Health Act but it also helps, where appropriate, to divert people with mental health needs away from the criminal justice system and into more appropriate health and support services.

Following an initial trial period, the scheme which covers Leicester, Leicestershire and Rutland has now been fully operational since April 2014. It means that a police officer and mental health nurse can both attend incidents and intervene early where people are experiencing a mental health crisis.

Although it is still early days, results show the number of people detained under section 136 of the Mental Health Act has decreased. It has also reduced the average number of police hours spent dealing with a detainee from 10 hours to five. But more significantly, people are being referred or signposted to more appropriate services that better supports their mental wellbeing.

## The key? Culture change!

Peter Jackson, who is now leading the programme from a health perspective as Project Manager for LPT, says the key to success was 'culture change'. "It's about being prepared to share information that we didn't previously and learning to respect each other's viewpoints to work together as one team. It all started by putting two professionals side-by-side in an office to discuss cases," he says.

Although historically health and criminal justice systems have operated under very different cultures and philosophies, there has clearly been an appetite for change from both sides. By pushing at an open door and demonstrating the impact this alternative course of action can make, has helped to gain the trust

of police officers on the front line and positioned this partnership as a central piece of the 'cog' in diverting people who are experiencing a mental health crisis out of the criminal justice system. It has also led to better information and assessments, more options for alternative care pathways, as well as lower risks for all those involved.

Vicki Noble, Team Leader for the service, said: "All you need is positive people - if you have the right people it doesn't matter about systems, they will make it happen." Matthew added: "I would rather be in court explaining why I shared the information than in the coroner's office explaining why I didn't - it's as simple as that!"

## The Triage Car:

- Deals with an average of 120 incidents per month
- Conducted 157 assessments on 146 individuals in seven months. The majority of initial contacts resulted in a vulnerable person report being added to the police crime system and only seven incidents (4%) involved the person assessed being taken to custody.

## What's next?

Although the joint intervention 'broke the ice' between the two organisations and created a team work atmosphere, it is just the beginning. The Bradley Review informed the development of Leicestershire's original aims and objectives. These have now evolved with the introduction of the National Liaison and Diversion Operating Model. By involving more organisations earlier in the conversation, i.e., adult social care, safeguarding or drug and alcohol services, further improvements can be made to provide a more comprehensive screening

and multi-disciplinary assessment service. For now however, with the imminent implementation of 'Rio' – a more responsive IT system which allows access to live clinical records, the team will be able to go further, faster still.

For the police and mental health teams in Leicestershire, merging cultures, respecting and trusting alternative approaches and sharing information has helped to divert people into the right services. It is also helping to create an evidence base for future commissioning, where it has historically been difficult to collect accurate data. Peter believes this data can be used to support more robust clinical operating frameworks through the Joint Strategic Needs Assessment to ensure that individuals continue to engage with treatment until an appropriate discharge point is reached, whilst also providing high quality information to key decision makers for future commissioning.