

Safety first

The Independent Police Complaints Commission has just published a report on the use of prison cells as a place of safety for people who appear to be mentally ill. Richard Shrubbs examines the issues



For anyone who has had a serious mental illness, being deprived of their liberty under the Mental Health Act can be, at best, a frustrating experience and, at worst, a terrifying one.

Imagine how it might feel if the place of safety you were taken to was not a ward on a psychiatric hospital (which is bad enough, in some people's books), but a police cell.

Under Section 136, people with a mental disorder who are found in public places and arrested can spend up to 72 hours in a police cell while they await assessment by a psychiatrist or approved social worker. During that time, they'll be in the care of police officers who may have had little or no training in handling severely disturbed people.

Just how often this happens has, until now, been unclear. The Mental Health Act Commission has continually called for information about the number of Section 136 orders used in England and Wales. In its 'Eleventh Biennial Report' (2003-5) it stated that there were 'no reliable statistics' on the use of this section (4.164).

But according to the latest report from the Independent Police Complaints Commission 'Police Custody as a Place of Safety', during a one-year period (2005/06) more than 11,500 people were detained under Section 136 in police custody as a place of safety. During the same period, approximately 5,900 people were detained by the police to a hospital environment under this section. (According to the Mental Health Act Commission, approximately 43,000 people a year are detained under the Act, which puts it in some kind of perspective.)

Despite these figures, there is no standardised national training course for police on handling people with a mental illness in the public sphere, let alone one for when they are in a police cell. This is despite the fact that, according to a recent report from the Sainsbury Centre for Mental Health (Briefing Paper 36: Police and mental health), published in

What is Section 136?

Mentally disordered people found in public places can be held under Section 136 of the Mental Health Act for a maximum of 72 hours. If it appears to a police officer that the person is in immediate need of care or control, the officer can take that person to a 'place of safety'. In theory this should be a hospital, but in 60% of cases, it is a police station. The person can then be examined by a doctor and interviewed by an approved social worker, and any necessary arrangements made for their treatment or care.

September, 'unpublished research undertaken within the Metropolitan Police suggested that 15% of incidents they dealt with on a daily basis were mental health related'.

According to the Sainsbury Centre, many police forces have now appointed a specialist mental health officer, although it is normally at a senior level, so the individual may have very little contact with people in the community.

All police forces have training in mental health as part of general 'diversity training' modules, according to a spokesperson from the National Police Improvement Agency (NPIA). But the agency has no figures on what, if any, specific training there might be in mental health – and this is something it wants to address.

Peter Manditch, the agency's press spokesperson, says: 'Training needs analysis is being conducted by the NPIA at present with a view to identifying specific training needs in the police nationally.'

The Independent Police Complaints Commission's recent report recommends that all police forces should 'ensure that officers on the street have adequate training to recognise symptoms of mental disorder, understand their powers under the Mental Health Act 1983 and know what their local arrangements are for places of safety'.

Ian Bynoe, a former legal officer with Mind, is the commissioner responsible for the report. 'There is wide recognition that things need to change in this area of policing,' he says. 'Nationwide, 60% of Section 136 mental health detentions begin in the police station. There is a wide variation between forces, largely depending on whether they are rural or urban.'

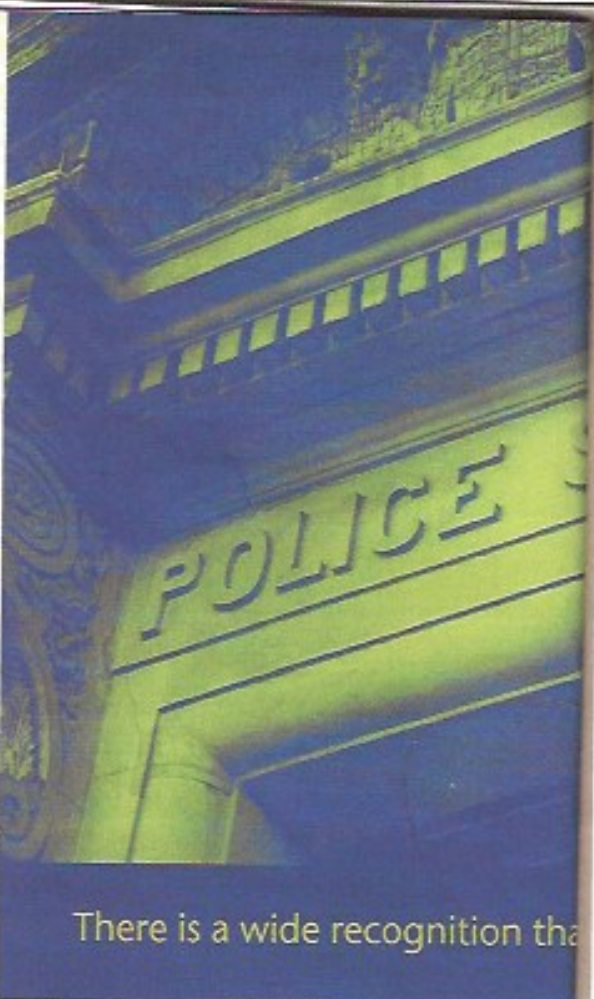
Mr Bynoe says that rural areas have a higher proportion of police detention because other facilities were harder to reach. After assessment, detainees will usually have calmed down and can be moved somewhere more appropriate without needing restraint.

The Department of Health allocated £130 million that primary care trusts (PCTs) in England could bid for by April 2006 to improve their mental health services. It specifically suggested that the money could be used to improve Section 136 facilities, (see www.dh.gov.uk/assetroot/04/13/10/58/04131058.pdf).

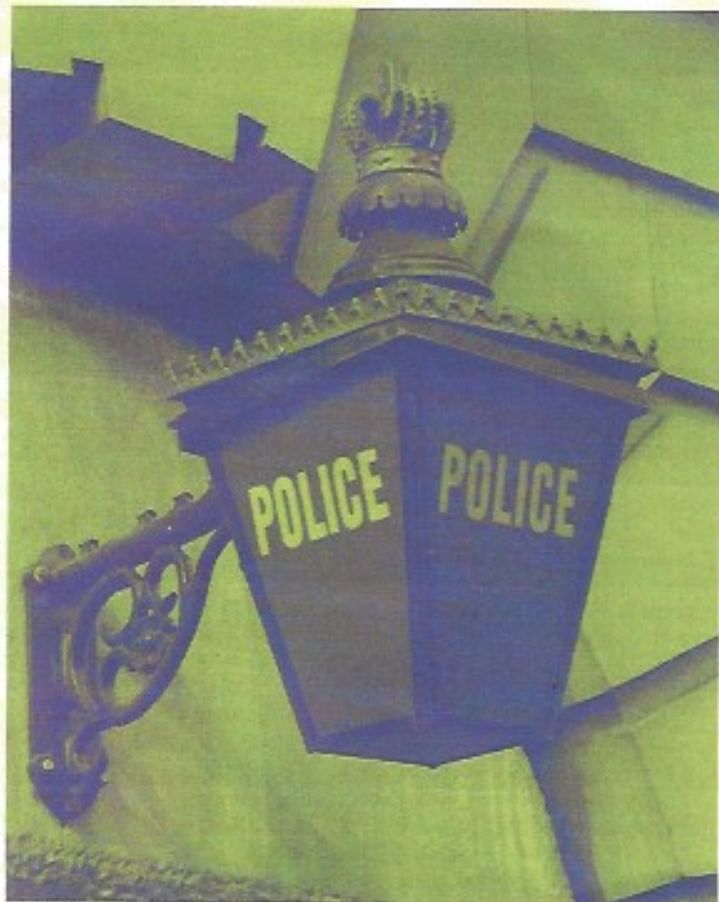
'This hasn't been used by every force,' Mr Bynoe says. 'Sussex was one of the worst performing police forces on this front until it dipped into the government pot – and it has vastly improved its performance.'

Sussex PCT is developing more appropriate places of safety in 2007. It has now opened two of the new facilities and hopes to have five in total.

Merseyside Police are an exemplar: against Sussex's 277 mental health detentions in police cells per 10,000



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arrests (prior to the new money being used), Merseyside had 1 per 10,000 after using the money. This is because custody is only used for those who are violent.

Apparently a 1990 Home Office circular – 'Provision for Mentally Disordered Offenders' – talks about the diversion from custody for mentally disordered people and prompted the PCT into action years ago.

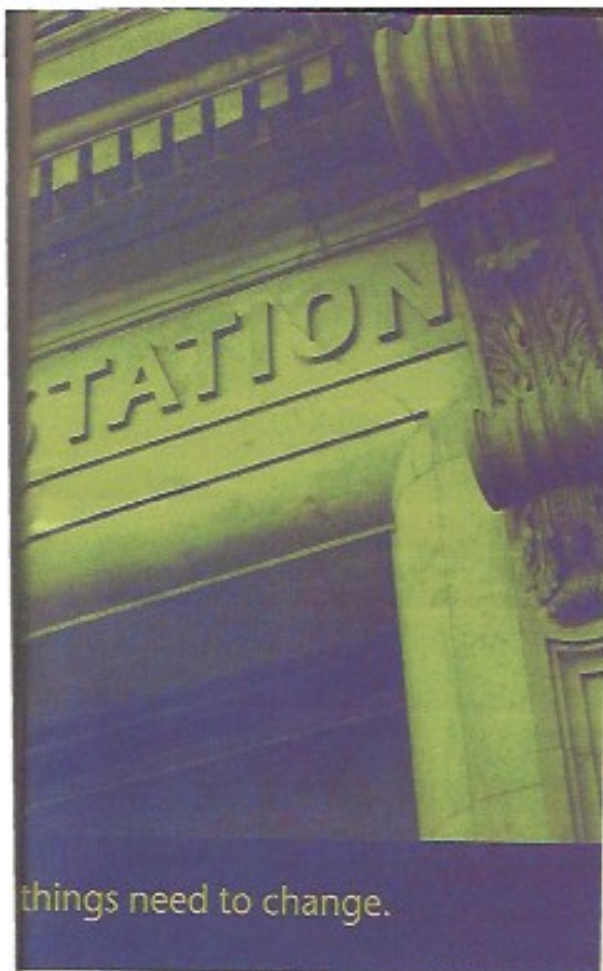
Merseyside PCT now funds a criminal justice liaison team based in the courts. They have built a very good relationship with the force and help arrange Section 136 assessments.

But Mind's 2007 report, 'Another Assault', found that people with mental health problems still think the police have a way to go before they successfully handle people in their situation.

Over a third of mentally disturbed people who had been in contact with the police felt that they had been treated less favourably by police officers because of their mental health history or that the disclosure of their diagnosis resulted in officers losing their sympathy or hardening their attitude, it reported.

'There are some pockets of really good practice,' Anna Bird, a policy officer at Mind, says. 'There are some community placements for trainee police to experience a mental health setting, and police are known to visit local Mind offices to meet and greet and to get to know people they may meet in less comfortable circumstances.'

Sean Duggan, director of prisons and criminal justice at the Sainsbury Centre, says a multi-agency approach is needed.



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'Because of their role, police are very important in the process. There should be a strategic approach that includes health and social care professionals, police, probation officers and prisons – everyone should know each other's roles and practices for the system to be more effective.'

'That doesn't happen at the moment,' he said.

The recent Sainsbury Centre report says that, when it comes to training in handling people with a mental illness, 'these skills are not necessarily accrued through formal training targeted just at the police.'

'They can best be acquired through joint agency training, for example training delivered to a group that spans the criminal justice care pathway. It is also essential that service user input is incorporated and that voluntary groups are engaged.'

Things may be moving in the right direction. The police improvement agency, NPIA, which works to improve policing standards, is due to publish an e-learning resource for on-the-job training in April next year.

Mr Duggan says he was delighted to hear of this. 'We know training is good,' he says. 'We also know that police are under pressure, so the implementation of this will be key. With better training, police will definitely improve their practice.' ■

The Independent Police Complaints Commission report, 'Police Custody as a "Place of Safety": Examining the use of Section 136 of the Mental Health Act 1983', is available at www.ipcc.gov.uk

The Sainsbury Centre for Mental Health's report 'The Police and Mental Health' is available from www.scmh.org.uk

The Section 136 experience

The detainee

This patient was initially held in a police cell. He does not want to be named.

I went to the bank to arrange an overdraft. I needed £20 to tide me over – not so bad since I get hundreds of pounds of disability benefits a week. I argued with the bank manager, who got annoyed and, after calling me a 'black Jew bastard', called the police. I left quietly, though angry at being refused the overdraft and that the manager had racially abused me.

I went down to the police station to complain. They handcuffed me and took me to the custody suite. They didn't read me my rights or anything, just threw me into the cell after un-cuffing me.

After several complaints about the fact that I was being banged up, I did a dirty protest in the same way as IRA prisoners did in the Maze prison in Northern Ireland. I smeared myself in my own shit.

I wasn't restrained for this – I was quite calm. They called the duty psychiatrist, who visited me after I had been in the cells for several hours. He assessed me and asked me to go in an ambulance to hospital. I ended up in a psychiatric intensive care unit for several weeks.

I never got angry, I was never abusive and I never lost my cool. Why I was detained under the Mental Health Act and treated so badly by the police and mental health staff is beyond me. I feel as if I was victimised because I am a black man and mentally ill.

The custody sergeant

Sergeant Clive Thomas is custody sergeant and acting custody inspector at Trinity Road Police Station, Bristol.

At 1am on a Saturday I called for a psychiatric team to help someone in my detention under the Mental Health Act. Because they were overloaded, no one arrived until after lunch the following day. I have no problem with that, since the law states that I can detain someone for up to 72 hours.

But that person had a very unpleasant time. He'd been arrested harming himself and continued harming himself for several hours until he fell asleep. After he woke up he was calmer, and we ended up with a policeman talking to him from the door of the cell when the team arrived to assess him and remove him from our charge.

The police must advise detainees of their rights by law. With a person who doesn't understand what is being said, there is a problem. Communicating these rights may require an 'appropriate adult'.

In theory, I can drag anyone in off the street to explain the detainee's rights to them. The first people we look to are family or friends. We ask the detained person if they have anyone to come in to do this. Usually, and I am hoping this with every fibre of my being, they will say yes.

Occasionally, the answer is no. Then we need an appropriate adult, who is trained to communicate with people in this state. This can really delay the resolution of the situation.

We need a national appropriate adult scheme. They need to be trained in communicating with those least able to understand due to their mental state, and this cannot be funded by the police, since that's against the law.