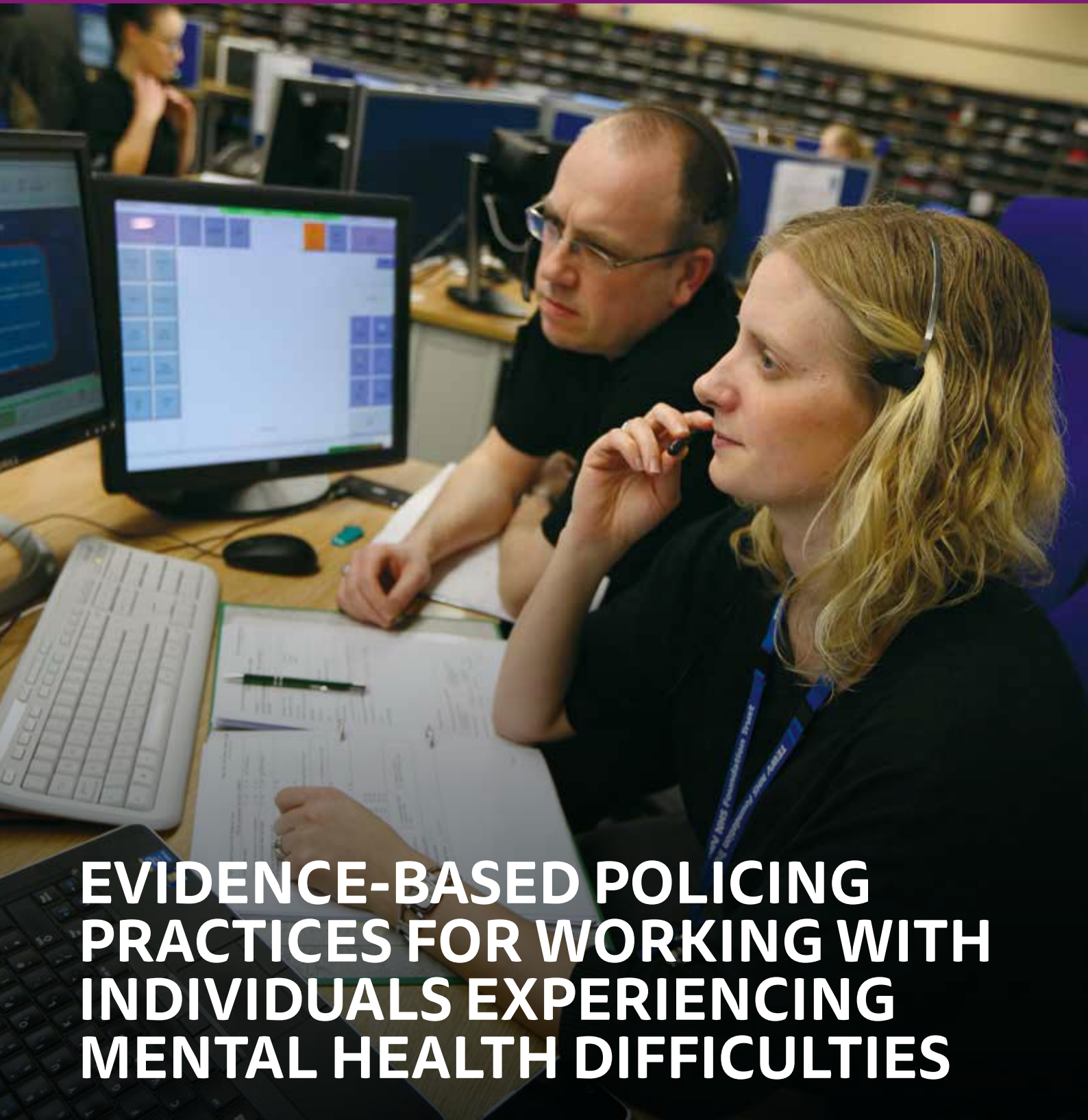


connect

Evidence Based Policing



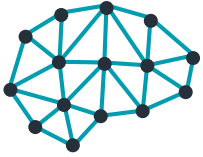
EVIDENCE-BASED POLICING PRACTICES FOR WORKING WITH INDIVIDUALS EXPERIENCING MENTAL HEALTH DIFFICULTIES

SUMMARY OF FINDINGS

University of York and North Yorkshire Police







connect

Evidence Based Policing

EVIDENCE-BASED POLICING PRACTICES FOR WORKING WITH INDIVIDUALS EXPERIENCING MENTAL HEALTH DIFFICULTIES

To cite this work:

Connect. (2017). *Evidence-based Policing Practices for Working with Individuals experiencing Mental Health Difficulties: Summary of Findings*. York: University of York and North Yorkshire Police.

The work in this report was undertaken as part of Connect, the co-production of policing evidence, research and training project. Connect was funded by the Higher Education Funding Council for England (HEFCE), the Home Office, and administered by the College of Policing, through the Police Knowledge Fund.

Further information about the project can be found at www.connectEBP.org



INSPECTOR
FIONA WILLEY

Contents

Researchers and contributors	6
Project partners	7
Summary of research	8
Key findings from across the research	9
Mental health training	10
Research methods training	14
Understanding partnerships	15
Systematic reviews	18
Evaluation of the Connect programme	19
Concluding remarks	21
Notes	22



Researchers and contributors

University of York, Principal Investigator
Professor Martin Smith

North Yorkshire Police, Partnership Hub
Superintendent Richard Anderson

Project coordinator
Rosie Abbotts

Research facilitator
Edward Kirby

Understanding Partnerships

Dr Carlos Solar and Professor Martin Smith, Department of Politics, University of York; Professor Jill MacBryde, The York Management School, University of York.

Mental Health Training

Dr Nicola Moran and Professor Martin Webber, Department of Social Policy and Social Work, University of York; Professor David Torgerson, Professor Catherine Hewitt, Dr Catriona McDaid, Alison Booth, Dr Arabella Scantlebury, Caroline Fairhurst, and Dr Adwoa Parker, York Trials Unit, Department of Health Sciences, University of York; Inspector William Scott, Mark Richardson, Helen Reed and Rebecca Payne, North Yorkshire Police.

Research Methods Training

Professor Tracey Bywater, Health Sciences, University of York; Jonathan Haslam, Institute for Effective Education, York; Dr Nicola Moran, Department of Social Policy and Social Work, University of York.

Systematic Reviews

Dr Catriona McDaid, Alison Booth, Dr Arabella Scantlebury, and Dr Adwoa Parker, York Trials Unit, Department of Health Sciences, University of York; Inspector William Scott, North Yorkshire Police.

Evaluation of the Connect programme

Dr Nicola Moran, Department of Social Policy and Social Work, University of York; Professor Tracey Bywater, Health Sciences, University of York; Jonathan Haslam, Institute for Effective Education, York; Caroline Fairhurst, Health Sciences, University of York; Rebecca Payne and Inspector William Scott, North Yorkshire Police.



Project partners





Summary of research

The Connect partnership between the University of York and North Yorkshire Police (NYP) aimed to improve the way in which NYP and other agents deal with incidents involving people with mental health problems. The core aims of the project were to:

- Develop and deliver mental health training to frontline police officers to enable them to better identify, record, respond to, refer on, and review incidents involving people with mental health problems.
- Examine internal processes and multi-agency agreements which make it simple for staff to support victims/offenders to access the correct mental health services.
- Reduce mental health related repeat incidence.
- Reduce the use of section 136.
- To examine the use of data, particularly NYP data, to better understand demand and to better inform the commissioning of local NHS provision.
- To change the culture in relation to dealing with mental health issues on the ground.
- To embed research and evidence in all levels of decision making within NYP.

The project was based around 5 main research streams:

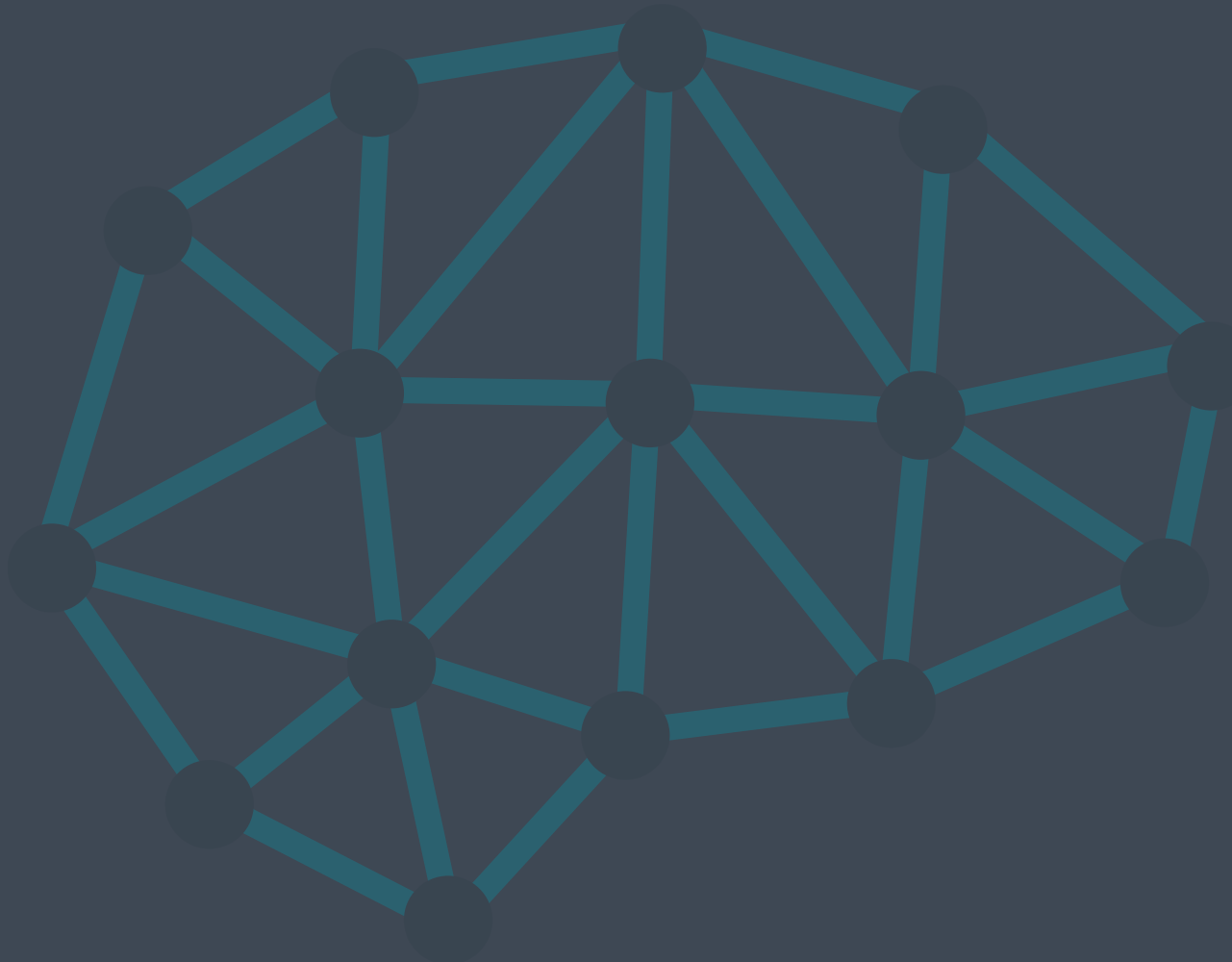
- 1.** A series of systematic reviews to examine existing evidence in relation to policing, training and mental health.
- 2.** A randomised control trial (RCT) and qualitative evaluation of a bespoke mental health training package for frontline police officers co-produced by the University of York and NYP.
- 3.** Understanding partnerships aimed at improving the relationship between the many agencies delivering mental health services.
- 4.** Research methods training focussed on building research capacity within NYP.
- 5.** An evaluation of the Connect project.

In addition, the project provided six fee waivers for employees within NYP to undertake the MA in Public Management and Administration at the University of York.



Key findings from across the research

- 1.** Improvements are required in how the police record, store and share data. Without this, it is difficult to truly assess the costs of mental health on policing. A review of police systems and how mental vulnerability is recorded is recommended.
- 2.** Mental health training for frontline officers, developed specifically for North Yorkshire Police and delivered by mental health professionals, improved officers' knowledge and confidence in identifying and responding to people with mental health problems and in referring individuals to mental health services and other relevant agencies.
- 3.** Research methods training improved attendees' skills, knowledge, confidence and understanding of research methods. This could lead to increased understanding, undertaking and/or commissioning of research within North Yorkshire Police to support the wider use and understanding of evidence-based practice.
- 4.** Improved partnership in the provision of mental health services needs a single line of authority and better sharing of budgets. This has great potential in improving the use of police time.
- 5.** Randomised control trials have the potential for effective evaluation of training interventions in the police setting.
- 6.** Co-production of training and research is mutually beneficial and increases the quality of the outputs.
- 7.** The provision of a Master's level programme is beneficial both to the Police and for developing further collaboration and co-production between the Police and University.





Mental health training

A bespoke mental health training package for frontline police officers was co-produced by the research team at the University of York and NYP, in conjunction with mental health professionals from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) (the local mental health trust). The package was bespoke to North Yorkshire, yet incorporated each of the learning objectives from the College of Policing mental health training modules for frontline officers launched in October 2016. The training was delivered to 249 NYP officers, including 230 NYP uniformed frontline officers from Response and Safer Neighbourhood Teams (in the ranks of Sergeant, Constable and Police Community Support Officers), over 25 training days. Mental health professionals from TEWV delivered the training at no cost. The impact and effectiveness of the training package was evaluated through a randomised controlled trial (RCT) looking at routinely collected police data, post-training feedback forms, pre- and post-training online surveys, and qualitative interviews with a sample of officers who attended the training.¹

Findings:

- 1.** The RCT and evaluation of routinely collected police data found that the training did not reduce the number of calls to North Yorkshire Police which resulted in a police officer attending incidents involving mental health, but there was an increase in the number of mental health and related tags and warning markers recorded on police systems from officers based at intervention group stations.
- 2.** Of the 234 officers (94% of attendees) who completed a post-training feedback form, 91% (n=213) were satisfied with the training course, 89% (n=209) agreed they had developed practical skills that would help them to improve their contact with people experiencing MIH, 86% (n=202) agreed they had received helpful feedback from the mental health professionals delivering the training, 91% (n=213) agreed they had learnt something new, and 88% (n=206) agreed (with 47.6% strongly agreeing) that they could see how the training would help them in their day-to-day work.
- 3.** The surveys, conducted before and six months following delivery of the training, found that: A higher proportion of respondents in the intervention group than the control group reported being very or somewhat confident, as opposed to not very or not at all confident, in relation to:
 - understanding the terminology around mental health issues
 - recognising the signs and symptoms of a range of mental health conditions





- recording incidents involving mental health
 - responding to individuals experiencing mental ill health
 - working with partner agencies in cases involving mental ill health, and
 - reviewing actions taken in relation to incidents involving mental ill health.
- 4.** Interviewees reported that the length, pitch, format and content of the training package was appropriate. It was possible to deliver the package in one day, and the range of learning styles and resources kept officers engaged in learning. Delivery of the training by mental health professionals was felt to be essential as: they are experts in the field; this provided an opportunity for police officers and mental health professionals to discuss and try to understand the challenges faced by each other; and as it gave officers greater confidence in utilising the advice of mental health professionals. More specifically, interviewed officers reported that the training:
- Helped officers to better identify individuals in mental distress; gave them a greater awareness of some of the behaviours/needs of certain groups and ways of responding, including how best to speak, or what to say, to individuals in mental distress.
 - Improved officers' understanding of the importance of accurate recording.
 - Increased officers' awareness/ understanding of the experience of living with mental illness; made them more patient, empathetic, and aware of boundaries; refreshed their knowledge and/or increased their confidence in working with individuals with mental health problems; increased their confidence in requesting information from other services, which in turn informed officers' decision making and responses; and increased officers' understanding of the 136 process.
 - Increased officers' awareness of 'what other services actually do', in what circumstance to refer to them, and what information is needed; introduced officers to services (e.g. liaison psychiatry), which led to reports of increased use of other services (notably liaison psychiatry and mental health triage in the force control room).
 - Raised issues around partnership working, notably the incompatibility of working hours between the police and many other services; and differences in knowledge and understanding between different services which could lead to blockages in supporting people with mental health problems.



Limitations:

The tight timescales meant we were not able to assess the impact of the mental health training on people with mental health problems. The time frame also meant that outcomes were assessed at short term follow-up (six months). This may have affected the results based on routinely collected police data as any potential effects on police resources may take longer than six months to observe. Longer project timescales would allow more flexibility in study design such as choice of outcomes. Interviews were conducted with a small sample of officers (n=8) who attended the mental health training; care must be taken in drawing conclusions from relatively small numbers.

Recommendations

1. Mental health training must be delivered by mental health professionals. Such an approach ensures that the training is delivered by experts in the field and provides opportunities for officers to ask specific and complex questions to the professionals; it also supports two-way learning between the police and mental health professionals. Further, delivery of mental health training by those with experience of Street Triage or Mental Health Triage in the Force Control Room may be preferable.
2. Mental health awareness training is likely to be most effective if followed by regular refresher training. It is suggested that mental health training be repeated on a regular basis to keep officers both refreshed and up-to-date with new developments in law, policy and changes in partner services.
3. Training that is geographically specific can highlight the services that are available locally and within the Force.
4. Police access to individuals' mental health care plans in times of crisis would help officers to understand the individual's condition, history and action plan in times of crisis and could help them to secure the most appropriate support for that person.
5. The provision of a central, up-to-date, information source containing information about statutory and voluntary sector services, roles and remits, and contact details would assist officers in knowing which services/agencies to contact at which time and could provide support with referrals. This could take the form of an individual/team within Force Control.
6. Joint or 'mirror' training for police officers and other relevant professionals, including mental health professionals, A&E staff (including, for example, reception staff), GPs, and ambulance crews could help all to understand their own, and each others', processes, procedures, referral routes, roles, remit, and powers; and identify blockages and how they can be resolved.

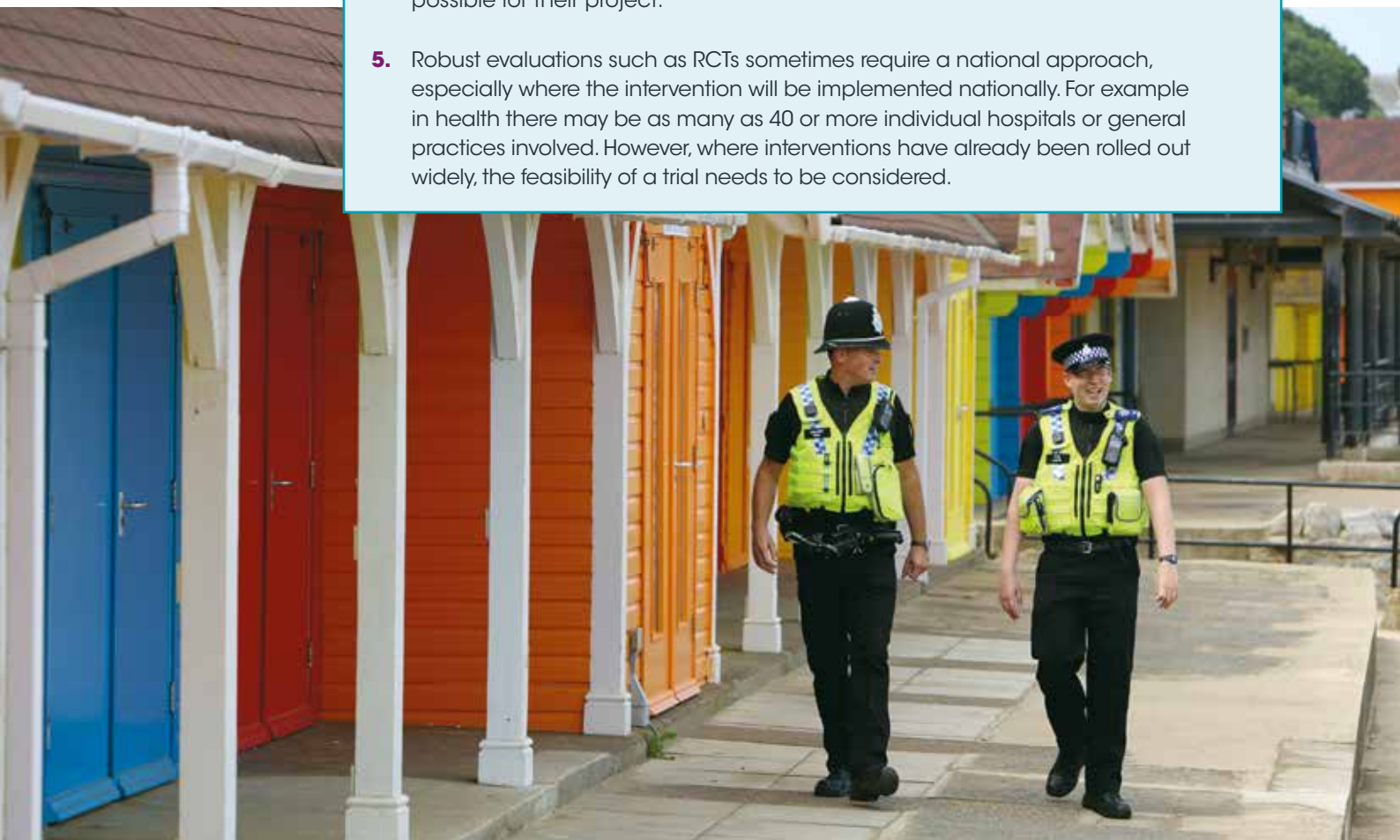


A note on undertaking a randomised controlled trial in a police setting

We have demonstrated that undertaking a randomised controlled trial of a complex intervention in a short time scale is feasible in a Police setting.

In relation to future studies, we suggest:

- 1.** A strong collaboration/co-production approach that included researchers and individuals in key policing roles proved invaluable in undertaking the RCT. For example, in providing an understanding of the context and defining outcomes. Likewise, co-production was an essential part of setting the review questions (for the systematic reviews) and refining them to ensure they provided useful information. Key roles included: a data analyst; senior police officers; police practitioners.
- 2.** In undertaking the RCT we found the police routinely collect large amounts of rich data. Future collaborations between the police and academia may lead to improvements in how police data is recorded and the quality of data for research and evaluation purposes.
- 3.** Data is stored on a number of different IT systems, with slightly different capabilities. Where opportunities arise, consideration should be given to whether systems can be re-designed so that they are useful for research purposes as well as operational purposes and audits.
- 4.** Research teams working in the police setting need to factor in a reasonable amount of lead-in time before starting data collection to fully understand what is possible for their project.
- 5.** Robust evaluations such as RCTs sometimes require a national approach, especially where the intervention will be implemented nationally. For example in health there may be as many as 40 or more individual hospitals or general practices involved. However, where interventions have already been rolled out widely, the feasibility of a trial needs to be considered.





Research methods training

The research team at the University of York developed and delivered three one-day research methods training courses, designed specifically for North Yorkshire Police, to increase officers' and staff's research capacity to understand, analyse and undertake research. At the request of NYP, the research team also delivered a Masterclass in research methods to senior leaders within the force, and an additional training day several months following the Connect project. Across the spread of training days, a total of 95 NYP officers and staff attended the training.²

The training included modules on Evidence, Policy and Practice; Qualitative Methods; Levels of Evidence; Randomised Controlled Trials; Systematic Reviews; and Logic Models and Theories of Change.

Findings

- The pre-post training online survey found a substantial increase in knowledge and understanding of research, particularly understanding of appropriate research methods, amongst those who had attended one of the full day training courses compared to those who had not.
- In the survey, a large minority of those who attended the training indicated they had increased their use of the research methods covered in the training, were using evidence-based research more to inform their work, and had/planned to undertake or commission research as a consequence of the training. Others reported expecting to do so in the future.
- The research methods training improved officers and staff's confidence, knowledge and understanding of research methods, which in turn improves their ability to understand, undertake and commission evidence-based practice.

Recommendations

1. There is a need to extend research methods training to increase knowledge and confidence in undertaking and understanding research and to increase evidence-based practice.
2. There is a need to encourage NYP officers and staff to be more research active; capitalise on officers' /staffs' ideas to test new/current ways or processes in the way they work to be more effective and evidence-based.
3. It would be better to separate future research methods training into two targeted and tailored levels of officer/ staff knowledge:
 - An introductory course for those with a need for only basic information on knowledge of research; and
 - More in-depth training for potential 'research champions' who could distribute research evidence/methods at appropriate levels for different staff/ ranks/roles.





Understanding partnerships

Through a large number of qualitative interviews, researchers working on this workstream examined ways of improving partnership working between North Yorkshire Police, the Office of the Police and Crime Commissioner, local government, the NHS policy community, local mental health services, and other civil society groups.³ They also carried out research among police forces and mental health services outside North Yorkshire, gaining insight from current practices and governance process across the rest of the country.

Findings

1. Inter-institutional governance for policing and mental health is considered a slow-moving process that can cause frustration among related stakeholders. Analysis shows that there are different strategic and operational cultures in policing, social services, and health services, on top of multiple corporate processes to make partnerships work on the ground level.
2. One of the impacts of austerity has been the reduction of central government's role in steering on-the-ground policies. For mental health and policing governance, a set of horizontal arrangements have begun as a response to budget cuts, however, there is stress in the system because of a lack of clear strategic direction.
3. Decisions are often made together and there is a recognition across different agencies that solutions can only come through shared working responsibilities. However, there is a lack of a single authority able to make decisions above the operational level, and, consequently, each decision on partnerships is contingent, ad hoc, and usually time limited.
4. Because local services on mental health have been reduced, there's a shortage of crisis services. Police officers feel the need and burden to overstretch their role to fill out-of-hours voids to solve emergencies related to mental health.





Recommendations at the strategic level

1. Currently there is too much independent authority amongst the various agencies delivering services. There is a need for a single authority (a Mayor or Tsar) able to direct services and ensure partnerships are institutional rather than based on individual and ad hoc arrangements.
2. Inter-institutional operational governance should thus mirror ongoing joined up strategic partnerships, such as the Health and Wellbeing boards, in order to create sustainable links on the operational level between police, local government, NHS, the private sector, and service users.
3. Austerity brought services together, thus resources should be used as a whole to get more care for the same money. Police and other policy actors in the region should expand their budget and organizational boundaries to create more intertwined services, responses, and finance alternatives for when new budget cuts come.
4. North Yorkshire Police could benefit from viable open funding aimed to get co-sponsored applications between police, health, local authorities and the third sector. This move can put the police to work under shared budgets and collaborative processes of policy delivery avoiding audit and regulation constraints.
5. Local governance networks are having to fill the vacuum of authority developing new mechanisms for steering policy. In the current scenario, it is difficult to forecast from where the power to enforce such relationships will come, and also, if institutions will abide in light of the myriad of heavy weight actors (such as the NHS, the Police and Crime Commissioners, and the Police) interlinked in the public service.
6. The lack of overarching authority makes both policy reform and delivery difficult and raises important questions about how services are organized within localities. There is no simple mechanism of decision making. Hence, there is

a problem that lines of responsibility and accountability are blurred. The resulting policies seen so far depend on negotiations between individuals rather than on a clear institutional framework.

7. Inter-institutional partnering for policing and mental health do not necessarily improve the quality services, less so if they are left to their own devices. For policy communities and networks to results in an efficient delivery of public services, these need to be steered by a demanding and also costing management capacity, that, again, relies mostly on willing and resourceful local public administrators.

Recommendations at the operational level

8. Although the Mental Health Crisis Care Concordat for York and North Yorkshire, a joint agreement to co-produce mental health policies between services, has assessed mental health and policing governance at the larger scale, at the end of the day combined service delivery occurs at the small and local scale. For North Yorkshire Police, the Concordat's central guidelines pose a need for effective governance through scattered, self-reliable and independent nodes both in urban and rural areas. NYP should consider how to grow policing and mental health operational policies in an even and equally resourced network to cover for as much geographical demand as required.
9. Local services don't have the same geographical remits, most of the times overlapping dense areas and leaving less populated ones with fewer services. Police should nudge partners to deliver strategic policies for those having a mental illness and interacting with the police in the poorest and most afflicted communities, thus avoiding offering differentiated services for their communities.
10. North Yorkshire Police would benefit from building up an agenda of inter-regional policies and resource allocation, pushing forward the idea that skilled police forces need to rely on cross-boundaries policy networks and partnership boards.





Because of operational purposes, these should happen, for instance, with forces and health trusts from Durham, Cleveland, Lancashire, Humberside, and West and South Yorkshire.

- 11.** Non-policing institutions think that current police tools to address mental health are limited to an “arrest them or move them on” model. They also think that they come in to deliver services with a single ‘policing’ mind-set. Stakeholders thus feel that a process of wider deliberation is needed since mental health crisis-solving is more than just the police agenda. The triangular partnership between local, health, and police authorities should focus on combining willingness to get the best outcome for the user at the end of the day. Police should engage with partners to design policing and mental health services with the agencies who are going to provide services, and for the people that will use those services.
- 12.** Due to North Yorkshire Police not having a mental health department or the institutionalisation of an office, other services are wary if they are dealing with a single officer point of view. Other forces best practices rely on making the police-partners-users encounter more efficient and safer by employing capable mental health professionals at the strategic and operational levels. Police should train personnel and specialize a portion of its force in mental health duties. In other forces, this ‘certification’ of personnel has led to the creation of a central mental health department and local subunits with police officers skilled in practical decision-making, multi-disciplinary working, and team management.
- 13.** For North Yorkshire Police, it makes sense to set up a core network of mental health officers through York, Scarborough and Harrogate where the recorded volume of mental health incidents is the highest.
- 14.** There is a need for North Yorkshire Police to better define the role of its force according to the single-point of access system used by mental health crisis services. Police should plan policy around the health

services emergency triage practices, for instance, to overlap standards that can clearly distinguish urgent from non-urgent types of responses.

- 15.** The volume of detentions in North Yorkshire under S. 136 of the Mental Health Act 1983 have not changed significantly over the last fiscal years. However, there is a shift in people taken from police stations to health based places of safety due to recent legislation changes.
- 16.** Police should reinforce technological and human capabilities to deal with the operational demand placed in the Force Control Room and the clinical liaison services as more demand coming through the phones and the subsequent referrals to the places of safety. Also, it should arrange efficient services in light of the seasonality of the occurrences that does not change (day of the week, month of the year) showing that demand is required all year around.
- 17.** There are still problems over data sharing even within organizations, for instance, due to police having different systems for recording incidents in its headquarter, local stations, and community safety hubs. There are also significant overlaps of service provision spatially and a lack of clarity in terms of who has responsibility and where. Attempts to reconfigure services ultimately shift patterns of demand without shifting budgets which results in agencies protecting their services. North Yorkshire Police should institutionalise the use of new structures to improve joint working at central and local nodes. Police co-location in community safety hubs alongside council staff has merged resources, legal powers, and expertise to deliver, in a single frontline team, solutions to anti-social behaviours and vulnerability. Community safety hubs have become essential as the demand for better cross-service assessment of anti-social behaviour has increased upon local authorities.



Systematic reviews

Findings

The systematic reviews of the existing evidence suggested the following:

- 1.** The systematic review of mental health training found a variety of training programmes for non-mental health professionals who come into contact with people who have mental health issues. There may be some short term change in behaviour for the trainees, but longer term follow up is needed. Research evaluating training for UK police officers is needed in which a number of methodological issues need to be addressed. The review identified a number of factors to support the development of the bespoke training package for the RCT in a number of ways. These included delivery by mental health professionals; variation in presentation styles; and the size of training groups.
- 2.** The scoping review of inter-agency collaboration aimed to identify and map the existing research evidence evaluating and describing inter-agency collaboration between the police or law enforcement and emergency services, statutory services and third sector agencies for people who appeared to be suffering from a mental health problem. The review found that the studies published include a limited range of agencies. This should be addressed in future structures/ collaborations that are set up with the aim of improving how people with mental health problems who come into contact with the police are supported.
- 3.** The scoping review of mental health triage models identified a variety of models which varied in many different ways. The review found a large number of evaluations, primarily focused on stakeholder views and experiences. There was a lack of robust evaluations of effectiveness; future evaluations should address the reporting and methodological issues identified.

Learning outcomes

In undertaking these reviews we have demonstrated the availability of existing evidence on topics related to the police setting and the value of reviews. We have also identified these learning points:

- Identifying and refining systematic review questions takes time. Careful consideration is needed to see whether a relevant review already exists or is underway; and that answering the question set will provide the information needed. In the Connect project while refining initial thoughts on review questions we merged two and found that a third was already being undertaken.
- Systematic and scoping reviews can play an important role in informing whether an intervention has underpinning evidence supporting its effectiveness. They can also highlight where a robust evaluation (e.g. RCT) is required of a new intervention being implemented. However, unless there is high quality evidence out there they can have limited utility to guide policy about what you should do.





Evaluation of the Connect programme

The Connect programme of research and training was evaluated via online surveys distributed in April-May 2016 (pre-Connect activities) and again six months later in November-December 2016 (post-Connect activities).⁴ The surveys were distributed via NYP corporate communications to all 2,765 NYP officers, staff and volunteers. The pre-survey was completed by 1065 NYP officers and staff and the post-survey by 794. Of these 339 responded to both surveys. Respondents were broadly representative of the profile of NYP officers and staff.

In one set of questions, officers and staff were asked to indicate their thoughts on the effectiveness of current NYP practices on the care of individuals with a mental health issue using a five-point Likert scale (1=very good, 2=satisfactory, 3=less than satisfactory, 4=poor, 5=not applicable to my role). In addition, open-ended questions asked respondents to suggest practice improvements in the five areas of the I4R model: identification, recording, responding, referring and reviewing incidents involving people with mental health problems.

Findings

Respondents' perceptions of NYP's effectiveness at identifying mental vulnerability had improved by the end of the Connect programme. This was a statistically significant finding. There is no evidence that perceptions of other working practices around MH had changed significantly by the end of the Connect programme.

The open-ended survey questions enabled officers and staff to identify their key concerns regarding NYP working practices around mental health and to suggest new/improved ways of working. 203 officers and staff provided comments in the pre-survey, 122 in the post-survey, and 35 at both. Key concerns focused upon:

1. **Identification:** The importance of being able to recognise common signs and symptoms of mental illness; understand how a condition may affect an individual's response, and, in turn, the police response; and recognising MH issues amongst colleagues and knowing how best to support them.
2. **Recording:** Difficulty in accessing information recorded on NYP systems, and a lack of confidence in the accuracy of the data; concern about front-line officers going to some jobs 'blind', i.e. in the absence of relevant data recorded on NYP systems; and the opportunity to add Warning Markers being limited to individuals who go through custody.
3. **Responding:** Responding was less of a concern than other areas due to: officer experience; recognition that all individuals and incidents are different; and since officers already receive generic training around communication skills. However, there was a lack of confidence in communicating with an individual in mental distress: what to say and how to say it; and a concern about 'getting it wrong' and saying or doing the wrong thing.
4. **Referring:** A lack of clarity about the role and remit of various mental health services and other relevant agencies; overly complex referral forms; the absence of a separate referral form for mental health; a lack of feedback once referrals are made; and concern that officers develop individual lists of services to refer to rather than having a corporate approach to referral pathways.
5. **Reviewing:** A need for improvements in the way that incidents and actions are reviewed to enable learning from mistakes and from examples of good practice.
6. **Partnership working (largest category of response):** Some NYP officers and staff feel let down by other services not pulling their weight, and issues around information sharing; some reported barriers to accessing appropriate services (e.g. lack of sufficient 24/7 mental health services); and a concern that the police were being left to plug gaps in other services, hence a feeling that the emphasis should be on improving training and or practices within partner services.



Recommendations for North Yorkshire Police

1. Mental health awareness training should be delivered, by mental health professionals, to all officers and staff, and should include a session on looking after one's own mental health.
2. It is important to ensure that officers and staff understand the importance of fully recording mental health and related markers: to increase intelligence for officers at incidents and appropriate support for those with mental health problems.
3. There is a need to introduce a separate mental health referral form for use by officers/staff to enable more direct referrals to mental health and partner services.
4. Create a central source of up-to-date information within NYP about partner services/agencies (their role, remit, contact details) to assist officers/staff with contacting relevant agencies for information, support or referral. This could be based in the NYP Force Control Room.
5. A comprehensive response to individuals with mental health problems needs a whole-system approach, across NYP and partner agencies. This could include joint/mirror training between NYP and partners, so that each understands the relevant process and the roles and remits of different services and the inter-relationships between them.

Recommendations for partners

1. Improve the reviewing of incidents and actions taken by police and partners, following a review of existing processes, to support improved outcomes for people with mental health problems.
2. A comprehensive response to individuals with mental health problems needs a whole system approach across NYP and partner agencies. This could include joint/mirror training on mental health between NYP and partners.
3. Need for adequate resourcing of NHS mental health services, to reduce potentially inappropriate demands on police resources and the potential criminalisation of people with mental health problems.





Concluding remarks

We have worked extremely closely with North Yorkshire Police throughout this project developing a high level of trust between University of York researchers and North Yorkshire Police which has created a continual dialogue which will outlast the life of the project. To extend this relationship to other stakeholders, we propose to have meetings with all partners to discuss our findings and to examine the ways in which we can improve interagency working between the NHS, local authorities and the police.

One of the key issues to emerge from the project is the need for greater sharing of knowledge between agencies to facilitate a better understanding of the issues that each agency faces and how they work in relation to each other. Of course, what is implemented and how depends on senior leaders and policy makers making strategic and financial decisions about how resources are employed and this is not something that we can control.

However, as we have outlined, we are continuing to engage with decision makers and using our evidence to attempt to inform their policy developments.

Some of our recommendations to the broad community of policymakers, intended to help the police deal with the issues they raised in relation to mental health and policing, include:

- Create a central source of up-to-date information within North Yorkshire Police about partner services/agencies (their role, remit, contact details) to assist officers/staff with contacting relevant agencies for information, support or referral. This could be based in the NYP Force Control Room.
- Improve reviewing of incidents and actions taken by the mental health community of agencies and the police, following a review of existing processes.
- A comprehensive response to individuals with mental health problems needs a whole-system approach, across North Yorkshire Police and partner agencies. This could include joint/mirror training between North Yorkshire Police and partners, so that each understands relevant process and the roles and remits of different services and the inter-relationships between them.
- There is a need for adequate resourcing of NHS mental health services, to reduce potentially inappropriate demands on police resources and the potential criminalisation of people with mental health problems.
- The need for mental health leadership and a single point of authority around the provision of services and better mechanism for shared budgets is fundamental in developing both the better use of police resources and better outcomes for individuals.
- Problems remain in recording mental health incidents and the cost of failing to record information properly are very high. There are considerable benefits to be achieved from the better use of data between local agencies, crisis services, and the police.





Notes

1. The effectiveness of the bespoke mental health training package for front-line police officers was evaluated through a cluster randomised controlled trial (RCT) which included analyses of: routinely collected police data (extracted by an NYP intelligence analyst one month prior to and six months following training); post-training feedback forms completed by officers at the end of each training day; a pre-post online survey conducted one month prior to delivery of the training and six months following delivery of the training, only with those taking part in the trial (intervention and control groups); and interviews with a sample of officers who had attended the Connect mental health training. Randomisation occurred at the police station level, with the two largest stations in each of the six safer neighbourhood command areas in NYP randomised to either the intervention group (who thus received the Connect mental health training) or the control group. For officers based in the intervention group stations who were in the ranks and roles eligible for the training, attendance was mandatory. Routinely collected police data focused on the number of incidents reported to the NYP control room which resulted in a police response; secondary outcomes included: number of incidents using section 136 MHA; number of incidents with mental health tags applied; and number of individuals with a mental health warning marker applied. The survey focused on demographic data; knowledge and attitudes toward mental health; officers' responses and confidence in working with individuals in mental distress and with partner agencies; and views on current NYP working practices around mental health. Interviews focused on officers' views on the training; what they had learned from the training; any changes in their daily working practices since the training relating to individuals in mental distress; and any changes in their confidence and experience of working with and referring to partner agencies. The study and all related research instruments were approved by the Health Sciences Research Governance Committee or the Social Policy and Social Work Departmental Ethics Committee at the University of York.
2. The effectiveness of the research methods training was evaluated via an online pre-post survey, conducted five months prior to the training and again two months following training. The survey contained various sections, each relating to a different workstream. One section related to the research methods training. NYP officers and staff eligible to attend the training (officers ranked Inspector and above, and all levels of police staff) were asked about their use and understanding of research and evidence-based practice. Questions explored respondents' initial understanding of research; views on the use of research in policing; and knowledge and understanding of a selection of diverse research methods. Additional questions in the follow-up survey asked about use of research methods, evidence-based research, and commissioning of research since delivery of the training. Ethical approval for the research methods training and the survey was obtained from the Department of Social Policy and Social Work's Research Ethics Committee at the University of York.
3. In order to explore the governance of partnerships for policing and mental health empirical evidence was collected from different sources of information, both oral and written. The research looked at the reform of policing practices including the delivery of services and other organisational practices. A set of elite interviews (N: 43) were conducted with policy decision makers from various public services across North Yorkshire (i.e. police force, NHS, local governments, users, organised civil society, private organisations, charities, among others), and through field visits to other Police Forces in England (i.e. Greater Manchester, West Yorkshire, Northumbria, Leicestershire, Nottinghamshire, Norfolk, Hampshire, among others) from late 2015 to early 2017. We also conducted research acting as observers in public and private work meetings in North Yorkshire where policymakers from different fields gathered to discuss the provision of best practices for policing and mental health. In order to complement their stories, we cross-checked with government documents, independent reviews, and other national and regional policy reports. Ethical approval for the fieldwork was obtained from the Economics, Law, Management, Politics and Sociology Ethics Committee at the University of York.
4. In addition to the specific evaluations of the mental health training and research methods training (reported separately), the Connect programme of training and research was evaluated via an online pre-post survey, which aimed to explore the outcomes within the theory of change developed for the project. A theory of change (TOC) and logic model (LM) were collaboratively developed for the Connect programme. A LM illustrates programme/service components to help stakeholders clearly identify outcomes, inputs and activities; it provides a set of reasons for why an activity or intervention should have impact or demonstrate improvement. A TOC links outcomes and activities to explain HOW and WHY the desired change is expected to come about. The TOC diagram was produced following discussion with key stakeholders and teams working on each of the Connect workstreams. An online survey was distributed to all NYP police officers, staff and volunteers at baseline and again seven months later. Respondents were only presented with questions designed for their role, rank and, for certain questions, involvement with specific Connect activities. Completion of the survey was voluntary. Respondents were asked to provide their collar numbers solely to enable the research team to match baseline and follow-up responses; collar numbers were replaced with unique IDs by an independent statistician at the close of each survey, prior to analysis, to maintain anonymity. The survey included questions pertaining to: demographic data; knowledge and attitudes toward mental health; and views on current NYP working practices around mental health. Questions relating to the mental health training and the research methods training were also asked and reported separately. Ethical approval for the survey was obtained from the Department of Social Policy and Social Work's Research Ethics Committee at the University of York.





connect
Evidence Based Policing



UNIVERSITY
of York