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Black, white and grey – investigating the pathways and interface between police, those in mental health distress and emergency health services

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People who experience mental health distress (PWEMHD) often come to the attention of police through direct contact when help seeking or through concern by others in the community[1,2]. Frequently officers are required to seek safe-keeping advice through mental health assessment from health services to support decision making[3,4,5,6]. At times the individual may not be considered to be at risk by health staff or clinical involvement can be compromised due to intoxication, with PWEMHD returned to police officers for onward management. Officers can find this challenging and may believe the individual may still require safeguarding yet feel ill- equipped and under resourced to do so[7]. Anecdotally, although officers understand their roles in keeping communities safe, they frequently find their policing roles compromised in caretaking people whom they believe are the responsibility of health services.

With strategy and policies to deliver health care for people in the community and ever decreasing inpatient resources, health services are challenged to support interventions, particularly out of hours, for those absent of severe and enduring mental health conditions. A comprehensive mental health assessment may be compromised when an individual is intoxicated forcing clinicians to wait for sobriety to make a clinical judgement. With limited appropriate and safe environments, busy emergency departments are stretched to manage individuals that are intoxicated and distressed.

The process of dealing with PWEMHD is often not considered under protective legislation and can result in further tensions between services and the individual seeking help. Considering risk and whose responsibility it is to provide support for this group has resulted in a 'grey area' of mental health service delivery.

Inga Heyman is undertaking this research for a PhD under the supervision of Dr Colin Macduff, Professor Susan Klein and Dr John Love. External Police Advisor - Superintendent Innes Walker. For further information, please contact: i.heyman@rgu.ac.uk.

Introduction

The pathways through services, impact on organisations and those who work within them and the PWEMHD is poorly understood, particularly in the Scottish context. Why the police are often the first and last points of contact for PWEMHD, and whose responsibility it is to provide support when health services are unable or do not need to intervene, is hotly debated. For police officers, constraints of their legislative powers and the returning of people to their care is perhaps one of the most challenging and resource intensive operational issues. For health staff, interventions for PWEMHD presenting to emergency services is often not a research focus when there are demanding 'real' emergencies. This applies particularly to people with a diagnosis of personality disorder or those service users who frequently present with self-harming behaviours where treatment options are often disputed in mental health care.

Consequently there is an urgent need for a Scottish in-depth study to understand better this phenomenon in order to inform and progress contemporary models of police and health interagency working, policy development and education.

The principal aim of this study is to understand the service pathways and interface, before, during and following emergency mental health assessment, between police officers, health practitioners and those in mental health distress who initially present to, and are returned to, police services for subsequent management.

Study approach

A qualitative, case study approach has been taken providing a framework for the organised, detailed inspection of multiple forms of data .This enables flexibility in the exploration of a "real world", dynamic and complex context from multiple perspectives [8] and the ability to view this phenomenon through the lens of the three main agents involved.

Three inter-related phases support the case study unit of analysis.

Phase 1: Semi–structured interviews (N=11) conducted with health and police senior managers and key personnel to provide a broader organisational and managerial perspective to pathway barriers and facilitators.

Phase 2: Three cases will be examined on a retrospective basis using an embedded multiple-case design. Nested within the unit of analysis will be three main investigatory perspectives:

- PWEMHD
- Police involved
- Health practitioners

Medical and police records relating to the three cases will be examined.

Phase 3: Three focus groups will be conducted with police officers and health practitioners to support a broader understanding of this phenomenon from an operational perspective.

Preliminary Findings from Phase 1:
This report provides initial overview from preliminary analysis of data from phase one.

Good relationships and communication at a senior level was apparent between senior police and health management. Clear pathways to raise operational concerns were evident with established and trusted relationships between services. However, there was little understanding of the roles and demands on each service. A lack of inter-professional education (IPE) at all levels of organisations was identified by participants as one of the main contributing factors for this. Tensions in other areas of interagency working such as the care of missing persons from mental health facilities was deemed to have a secondary negative influence on the interface. Both services reported pressure from competing priorities and resource deficits to deal with core service priorities. Health services did not necessarily agree that it was a police duty to manage this group in the community but highlighted resources were limited through the NHS to do so. Police recognised that health service and the public had an expectation that the police would manage PWEMHD. Although clearly recognising their duties to protect the community, police felt they were ill-equipped and under resourced to do so and that these cases could be better managed by health practitioners. Police visibility, reliability and accessibility compared to limited out of hours health and social care services were key factors in the likelihood that police would be first responders and onward managers for PWEMHD. Police reported a significant concern regarding potential external perceptions of stigma associated with police interventions with PWEMHD.

Pathways - A number of factors were identified as influencing the pathway between services and are summarised in Figure 1. There was a clear disconnect between health and police risk tolerance with police being highly risk averse influencing their 'need' to respond. Police recognise a public expectation that the police would respond regardless of time of day. The impact of new drugs such as legal highs has changed the type of presentations to police. Often these presentations are similar to PWEMHD and difficult to separate from drug use alone. Collaborative planning and information sharing regarding the joint management of frequent attenders to services was highlighted as an area in need of development.

Contribution to knowledge and value to users

The research questions embedded in the study have not been adequately answered within the current international literature and scarcely in UK literature. Contemporary evidence focuses on the international experience, which differs from Scottish legislation and processes. Much of the research focus has been on custody care or those with severe mental illness, not PWEMHD, with little understanding of the service user experience. Operational police and health practitioners report that this area of mental health care is problematic, resource intensive and lacks clarity. This study is at an early stage but will bring much needed new insights to this little explored area of mental health care. This will help build a fuller understanding of the influences on practice and interagency relationships with an aim to inform police and health policy, models of practice and inter-professional education and research. Finally, this study will consider the Scottish experience in relation to the wider international context

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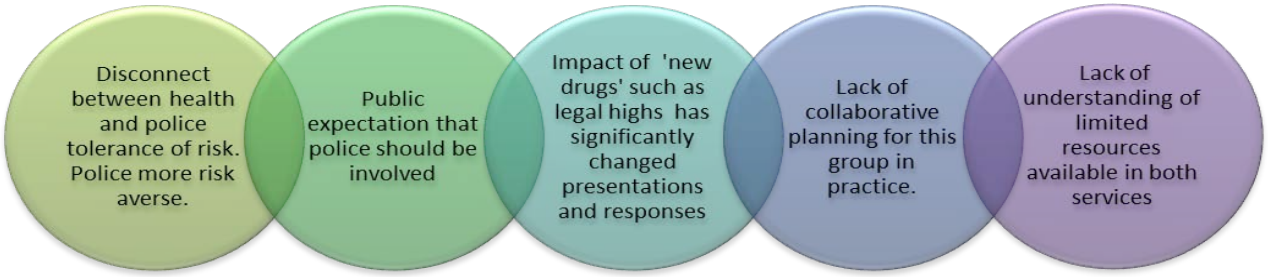

Figure 1. Provisional themes from phase one analysis – influence on pathways