

**REQUEST**

I am interested in how we can better improve access to mental health services for persons who either do not actively seek clinical assistance (i.e. don't go to their GP) or who are more often engaged with Police Forces.

I would appreciate it if you could complete the below FOI and provide any further information, policies or procedures associated with mental health in the policing context.

1. A) Are the Force's police officers required to undertake training in mental health – i.e. recognising mental health, how to deal with persons displaying mental health issues?

All new Police Officers undertake training regarding Mental Health which includes 'recognising potential signs of mental illnesses and Learning disabilities', they also explore 'considerations of actions when dealing with someone who is displaying potential Mental Health issues'

b) If yes, could you please detail what this training includes and if possible supply a copy of the training materials / learning objectives or lesson plan? I am more interested in identifying mental health rather than restraining persons with dementia etc.

The new Police officers also have an input from the Force Mental health Triage team. Please see below for the lesson input. Which deals with recognising "mental health, how to deal with persons displaying mental health issues?"

Objectives from lesson input:

List examples of signs/behaviours which may be indicative of mental ill health or learning disability.

Describe a range of learning disabilities and explain how to effectively communicate with and support the individual.

Identifies the provision of initial support to a person who may be experiencing mental ill health.

Describe the role of the health and social care agencies in context of police responses to people experiencing mental ill health.

Explains a range of police responses and powers to intervene in situations involving Mental Health.

Identify police responses to victims and witnesses who may be experiencing mental ill health or have a learning disability.

Identify appropriate police responses to suspects and offenders with a learning disability or those experiencing mental ill health.

Describes the management of information relating to people experiencing mental ill health issues in accordance with national guidance

2. a.) Does the Force make clinical referrals e.g. to a GP, for persons who repeatedly offend due to mental health issues?

Our Liaison and Diversion from custody nurses which are commissioned by NHS England (Offender Health) make referrals to GPS when they feel it appropriate for the GP to be aware of any potential health intervention

b.) if yes, does this include for persons repeatedly brought in drunk to “sleep it off”?

The force does not use custody for persons brought in drunk to “sleep it off”. Therefore this information is not held.

3. a.) Does the Force make social services referrals for adults who repeatedly offend due to mental health issues?

Our Liaison and Diversion from custody nurses which are commissioned by NHS England (Offender Health) make referrals to Social care only under the Mental Health Act referral mechanism when the individual is deemed to be in need of formal assessment under the Mental Health Act.

b.) if yes, does this include for persons repeatedly brought in drunk to “sleep it off”?

The force does not use custody for persons brought in drunk to “sleep it off”. Therefore this information is not held.

4. For persons who are detained drunk to “sleep it off”, is any support, guidance or other offered to them at discharge?

We don't have such a thing as 'drunk to sleep it off'. We arrest people for being drunk and disorderly, but if they are drunk and incapable we cannot arrest them, they are taken to hospital for treatment.

Therefore we have no recorded information held.

5. Could you please detail your procedure for discharging persons detained due to being drunk and to “sleep it off”?

We don't have such a thing as 'drunk to sleep it off'. We arrest people for being drunk and disorderly, but if they are drunk and incapable we cannot arrest them, they are taken to hospital for treatment.

Therefore we have no recorded information held

6. In 2015/16, how many unique persons were detained to “sleep it off”

We don't have such a thing as 'drunk to sleep it off'. We arrest people for being drunk and disorderly, but if they are drunk and incapable we cannot arrest them, they are taken to hospital for treatment.

Therefore we have no recorded information held

7. In 2015/16, how many episodes were there where a person was detained to “sleep it off”

We don't have such a thing as 'drunk to sleep it off'. We arrest people for being drunk and disorderly, but if they are drunk and incapable we cannot arrest them, they are taken to hospital for treatment.

Therefore we have no recorded information held

8. What is the average / estimated cost to the Force of a “night in the cells” as a result of being detained to sleep off a drunken state?

We don't have such a thing as 'drunk to sleep it off'. We arrest people for being drunk and disorderly, but if they are drunk and incapable we cannot arrest them, they are taken to hospital for treatment.

Therefore we have no recorded information held

9. a. Are any clinicians (registered health care providers) employed by the Force?

b. Are any registered social workers employed by the Force?

c. If yes to a. or b, could you please details what role(s) this is for, e.g. provide a list of all relevant job titles and / or job descriptions. If to provide job descriptions would take in excess of the appropriate limit specified in the act, a report of job titles and headcount / working time equivalent positions will be gladly received

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\* 2015/16 is for your reporting year. If your reporting year is calendar year, please provide the information for 2015

\* I appreciate that the term “sleep it off” is unlikely to be the official term you use, but what the presentation is common known by. In your response could you please state any official terms used for my future reference