



## **Force Strategy** **on** **Policing and Mental Health**

### **Strategic Intention:**

- Ensure the safety, dignity and rights of the public are placed at forefront of all WMP decisions on policing and mental health.
- Ensure collaborative mental health partnerships operate effectively.
- Ensure WMP fulfils its responsibilities to protect life as well as under the mental health and capacity law.
- Ensure WMP operates effectively to relevant mental health professional practice.
- Ensure WMP is not operating beyond its legal authority.
- Ensure WMP officers are not operating beyond professional competence.

## West Midlands Police Strategy on Policing and Mental Health

Many West Midlands Police officers have heroically saved the lives of some of society's most vulnerable people through their actions at critical incidents, acting with a humanity and compassion which is a credit to them and to the service as a whole. That said, the challenge to operational police officers in responding well to mental health related demand cannot be under-estimated. An effective response to a vulnerable person in crisis may mean simultaneously taking account of complex medical issues which would challenge experienced healthcare professionals, the immediate distress of a vulnerable person feeling frightened and perhaps criminalised, as well as the interface all of this has with mental health and criminal law. Quite often, this must happen in a tight timescale without access to the information which would ideally be available.

The police service's response to some mental health related demand has also included some of the most controversial and high-profile incidents in the history of policing in the United Kingdom. Deaths in police custody and following contact involve a disproportionate number of those of us who live with mental health problems; over-reliance upon the use of police custody as a Place of Safety has proved controversial even where such tragedies have not occurred and it has been argued the police service has failed to react to the emergence of mental health as a major thematic area as it has previously done with domestic abuse, hate crime or terrorism. One potential reason is because mental health cuts across *all areas and issues* in policing and is so heavily dependent upon partnerships with health care organisations.

A common narrative on policing and mental health, arising from thematic inspections and reviews, has been that primary focus should be given to better training for police officers and much greater involvement of healthcare providers in assisting the police to respond – “if only officers were better trained in mental health matters, they could consistently ensure safer, more appropriate outcomes”. In 2017<sup>1</sup>, Her Majesty's Chief Inspector of Constabulary identified a “worrying trend” of police services providing a “first-response” which echoes previous warnings from thematic inquiries which cautioned “the police cannot do this alone”. This strategy aims to work

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<sup>1</sup> Page 24, [The State of Policing](#), 2016, HMIC London.

towards reduction in reliance upon the police service as a *de facto* mental health crisis care provider, whilst ensuring improved training and leadership for operational officers in discharging their responsibilities to safeguard the vulnerable and investigate crime.

By ensuring we minimise those occasions where police officers provide crisis responses because of capacity issues or other difficulties in health care agencies, we reduce the potential to stigmatise and criminalise those of us whose lives are affected by mental distress. We know from understanding those tragic incidents gone awry that police officers are not a substitute for professional mental health care, even where officers are acting with compassion and attempting to ensure the dignity, the safety and the rights of those detained. West Midlands Police recognises the role of the police service as one of society's 'safety-nets' but reminds everyone that this has natural and obvious limitations. The strategy will also ensure West Midlands Police attend to their responsibilities to prevent and detect crime; and to protect the public where this is necessary in cases involving people with mental health problems, whether they be victims or those accused of offending.

The challenges and objectives for West Midlands Police, with clear emphasis on ensuring the safety, the dignity and the rights of the public is to build ever more effective partnerships with our colleagues and the public themselves.

**Jayne Meir**

Assistant Chief Constable  
West Midlands Police Lead on Mental Health

## Strategic Principles

The strategic intent of West Midlands Police is to deliver the force's priorities in mental health contexts –

- By putting the safety, the dignity and the rights of the public at the centre of all decisions we take.
- By minimising the recourse to policing as a *de facto* mental health care response and recognising our contribution as a restrictive intervention.
- By ensuring appropriate, effective and timely responses to mental health related demands involving crime, risk and threat where proportionate.
- By working collaboratively with health and social care organisations in the development of a partnership approach.
- By seeking to maintain and enhance the legitimacy of the police service from the public's perspective.

## Operational Oversight

Effective policing responses will be ensured by working collaboratively with the public and partners to ensure roles, rights and responsibilities are understood – that those of us whose lives are affected by their mental health are afforded support in the most appropriate, least restrictive way. It will not be sufficient for the force to provide tactical guidance and training to operational police officers and supervisors, where we know that recourse to policing will only be minimised by ensuring effective oversight of partnership arrangements, repeat demand arising from healthcare locations and/or repeat callers who are especially vulnerable.

The police service has a unique perspective on mental health in society and it is important to help the public and partners learn those insights and to ensure lessons hard-learned in policing are understood by the agencies who can work preventatively to protect the public. NPUs will therefore be responsible for ensuring –

- Effective partnership arrangements are instituted and kept under review, where necessary through locally agreed joint protocols;
- That demand is sufficiently understood in detail to allow for mitigation and quality improvement.

The Force as a whole will ensure that staff are trained and equipped to undertake their operational and partnership roles to deliver the strategic intent. This will be achieved by ensuring a cohort of officers across the force, in various ranks and roles, understand the police service's roles, rights and responsibilities. These specially trained officers will be known as 'Mental Health Tactical Advisors' and will be available 24/7 across Force Response, Force Contact and WMP Custody functions, in particular. The 'MH Tac Advisor' programme, if widened after a trial, will involve ongoing CPD, formal and informal for those officers taking on that additional responsibility.

This will ensure WMP are able to deploy well-trained professionals to lead on the most complex or difficult mental health related demands and that professional advice is available to police commanders, where required. It also ensures West Midlands Police are able to effectively navigate situations where safety, dignity and rights are unable to be ensured by health or social care organisations.

### **Tactical decision-making**

History shows that mental health demand in policing can be complex to manage; and that this is made more difficult without a confident understanding of the legislative and statutory guidance frameworks to help navigate the medical, partnership and legal issues.

West Midlands Police has developed guidance documents for police officers and partners which outline the parameters of the 'offer' we are able to make as a police service. These documents are primarily predicated on the law, the statutory and professional guidance in policing and in healthcare, and upon the lessons which have been learned from IOPC investigations, Coroner's Inquiries and case law. They are intended to ensure clear protocols guide tactical decision making, supported by Tactical Advisors, where necessary.

### **The nine guidance documents cover –**

- MH Crisis Incidents & Welfare Checks
- Section 136 MHA (*inc Places of Safety*)
- Mental Capacity Act 2005
- Conveyance (*inc under the MHA*)
- Mental Health Act assessments (*inc s135 warrants*)
- Attendance at Inpatient Units
- Investigation of Offences
- Absent Without Leave (*under the MHA*)
- The 'No Mental Health Beds' supplement

One inescapable reality of lessons learned and of the context within which West Midlands Police are required to operate, is the difficulty we see in ensuring compliance with legal frameworks as well as statutory and professional guidance. Such difficulties will only be properly managed if the force has operational officers who are effective because they are well trained and well led to manage the safety, dignity and legal risks inherent in our demand; and who ensure partnership approaches to the broader problems faced by the police service are understood by the wider mental health system.

The strategic risk for West Midlands arises from –

- Over-exposure to demand we cannot legally or safely manage or which we cannot legally and safely be managed alone, placing officers and the force in a precarious professional position.
- Under-involvement in demand we must have a role in managing, where it relates to crime or higher-risk crisis, involving threat and risk where we have legal powers and skills to support partners.

## **Appendix: Delivering the strategy –**

1. Ensure development of an effective force mental health policy, taking account of relevant legislation, Codes of Practice and College of Policing APP.
2. Ensure joint operating protocols with relevant health & social care partners for topics where policies are required by the Code of Practice to the MHA:
  - Section 136 MHA and Places of Safety
  - Mental Health Act Assessments on Private Premises and s135 MHA.
  - Absent Without Leave and Absconded MHA Patients.
  - Conveyance of Patients Detained under the MHA.
3. Ensure local policy or protocols on topics which are subject to national Memorandums of Understanding or other Codes of Practice:
  - The Investigation and Prosecution of Offenders, inc on psychiatric inpatients.
  - Police Responses to Requests for Restraint on Inpatient Wards.
  - The operation of the Mental Capacity Act 2005.
4. Ensure meeting structures at both force and partnership level to oversee development of the force's approach to mental health under the leadership of a Chief Officer.
5. Ensure processes develop an understanding of demand in policing, related to mental health to understand how partner pathways and policing relate.
6. Ensure the availability of training and refresher training for operational all police officers, using College of Policing modules as a common minimum standard.
7. Ensure the development of joint-training and other CPD for those officers and staff who have enhanced or additional responsibilities, inc force mental health leads.