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Evidence Based Policing



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of York

Mental health training for frontline police officers

A randomised
controlled
trial and
qualitative
study of the
effectiveness
of mental
health
training



Why did we do this study?

- Police officers frequently come into contact with individuals with mental health problems
- Mental health training may improve how police officers respond to incidents involving individuals with mental health problems
- There is no high quality evidence evaluating mental health training within the police context

What did we do?

- The 12 North Yorkshire Police stations with the largest number of frontline officers were included in the trial
- Six of the stations were randomised to the 'intervention group' and received a specialised mental health training programme and six stations were randomised to the 'control group'. The control group did not receive any training other than the mandatory mental health training that is provided to all North Yorkshire police officers
- We used routinely collected police call data from the North Yorkshire Police NICHE and STORM systems to assess whether the mental health training reduced the demand on police resources and improved how officers recorded incidents involving individuals with mental health problems
- Frontline officers also completed a survey before and six months after receiving the mental health training to assess whether training improved their knowledge, attitudes and confidence in incidents involving individuals with mental health problems
- Interviews with eight frontline officers who attended the mental health training explored in more detail officers' knowledge, attitudes and confidence in situations involving individuals with mental health problems and any impact of the training on their working practices



The specialised mental health training programme

- A one-day specialised mental health training programme was delivered to frontline officers based at stations allocated to the intervention group
- The training programme was co-produced by researchers from the University of York, mental health professionals from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) and the Mental Health Partnership Development Inspector for North Yorkshire Police

Training aims and content

- The training aimed to improve officers' understanding of and ability to: **identify** mental vulnerability; **record** relevant information using available systems; **respond** using appropriate internal and external resources; **refer** vulnerable people into services to provide longer-term assistance; and **review** incidents to make sure that risks have been effectively managed
- The content of the training was informed by the College of Policing Learning Standards for mental health training for police officers and a systematic review of the effectiveness of mental health training programmes for non-mental health trained professionals

How was the training delivered?

- 25 training days were delivered by qualified mental health professionals from TEWV at three police locations in North Yorkshire
- The training was delivered face-to-face to groups of frontline officers using: lecture style delivery; small group discussion; filmed scenarios; short films of individuals describing their contact with North Yorkshire Police during a mental health crisis; film clips of individuals sharing their experiences of living with mental ill health and talking head videos with 11 mental health services and partner agencies


What did we find?

Results from routinely collected police call data:

- The specialised mental health training did not reduce the number of incidents that were reported to the police control room up to six months after the training was delivered
- Incidents assigned to stations in the intervention group were more likely to have a mental health tag applied to them than incidents assigned to control stations, six months after the training programme was delivered
- At the six month follow-up, there were more people with mental health warning markers involved in incidents in the intervention group than the control group
- The appropriateness of mental health tags applied to a random selection of 100 incidents was checked by an independent mental health professional. The findings suggest that mental health tags are being appropriately applied, but there may be incidents involving individuals with mental health problems that are not being recorded with mental health tags

Results from a survey of frontline officers:

- The survey of frontline officers suggested that there was a positive change in police officers' knowledge, attitudes and confidence in responding to incidents involving individuals with mental health problems. In particular officers reported greater confidence in understanding mental health terminology, 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 and reviewing actions taken in relation to incidents involving mental ill health



"I think the massive benefits for me was that it was by trained mental health practitioners; that was by far superior training to anything I've ever been through before."
(From an interview with a frontline officer)

Results from interviews with eight frontline officers:

- Officers reported that the training had improved their: skills in identifying mental vulnerability; understanding of the importance of recording mental vulnerability; response to individuals in mental distress, and knowledge of mental health and other services
- Officers also felt that having the training delivered by mental health professionals was beneficial
- Although officers felt that mental health training was beneficial, it was suggested that a 'whole-systems' approach is needed to assist partnership working
- A distinct mental health referral form and access to basic mental health care plans would assist officers

Implications for future research

- Undertaking a randomised controlled trial of a complex intervention in a short time scale is feasible in a North Yorkshire Police setting
- A strong collaboration/co-production approach that includes researchers and individuals in key policing roles is important. Key roles include: a data analyst; senior police officers; police practitioners; and other key personnel
- Police practitioners should be incorporated within research teams
- 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
- 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 and analysis purposes as well as operational purposes
- A review of police systems and how mental vulnerability is recorded is recommended
- Research teams working in this field need to factor in a reasonable amount of lead-in time before starting data collection to fully understand what is possible for their project

Implications for future training

- This research focussed on frontline officers. Force control room staff may also benefit from training, particularly on recording of mental vulnerability
- Recipients of training valued being trained by a mental health professional and suggested that opportunities for refresher training and working more closely with partner agencies would be beneficial
- The police force may wish to provide training in collaboration with other relevant services (e.g. mental health services, primary care)

Limitations

- The short term follow-up 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
- Due to timescales, we were not able to assess any impact on people with mental health problems coming into contact with the police
- A small number of officers that were randomised to the control group received the mental health training, which may have reduced the effect of the intervention

Conclusions

- The specialised mental health training did not significantly reduce demand on police resources (the number of incidents that were reported to the police control room), but it may have had a positive effect on officers' recording of mental vulnerability, six months after the training programme was delivered
- Mental health training may also improve police officers' knowledge, attitudes and confidence in responding to incidents involving individuals with mental health problems

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