

Evidence Briefing: North Yorkshire Police (NYP) officers' and staff's views of working practices around mental health

Connect is a collaboration between the University of York and NYP; it includes research and training around policing and mental health.

What do NYP officers and staff think about working practices around mental health (MH)?

Main aim of this briefing: To explore NYP officers' and staff's thoughts on current working practices in five key areas:

- **Identifying** mental vulnerability;
- **Recording** relevant information using available systems;
- **Responding** using appropriate internal/external resources;
- **Referring** vulnerable people into services; and
- **Reviewing** incidents to make sure that risks have been effectively managed.

Research questions: 1. Were there any differences in perceptions of current practices between subgroups of NYP, e.g. rank, length of service? 2. Had perceptions changed toward the end of the Connect programme? 3. What were the key concerns raised by NYP officers and staff?

What did we do?

An online survey was distributed to all 2,765 NYP officers and staff in April-May 2016 (pre Connect activities) and again in November-December 2016 (post Connect activities). 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. Responses were coded and analysed thematically using qualitative methods.



Results – Thoughts on current practices

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.

1. Differences in perceptions of working practices around MH between subgroups pre-Connect activities:

Responses to the Likert scale survey questions found that typically 50-60% of higher ranking officers (Inspector and above) felt that current NYP working practices were at least satisfactory, compared with 70-75% of lower ranking officers (Sergeant and below, including PCSOs), and all police staff. Females, and respondents with less than 12 years' service with NYP, were more likely to be satisfied with current collaborative working practices than males, and those with longer service. On the other hand, lower ranking officers were less likely to rate collaborative working as at least satisfactory compared with higher ranking officers and police staff.

2. Changes in perceptions of working practices around MH by the end of the Connect programme: 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.



3. Key concerns around current NYP working practices

The open-ended survey questions enabled officers and staff to identify their key concerns 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.

Identification: 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.

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'; Warning Markers limited to individuals who go through custody.

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; a concern about 'getting it wrong'.

Referring: A lack of clarity about the role and remit of the various services and agencies; overly complex referral forms; lack of a separate referral form for MH; lack of feedback once referrals made; concern that officers develop individual lists of services to refer to rather than having a corporate approach to referral pathways.

Reviewing: Need for improvements in the way that incidents and actions are reviewed to enable learning from mistakes and from examples of good practice.

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 report barriers to accessing appropriate services (e.g. lack of sufficient 24/7 mental health services); and a concern that the police are left to plug gaps in other services, hence a feeling that the emphasis should be on improving training and or practices within partner services.

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Get in touch: For more information about the survey findings contact Nicola Moran at the University of York (nicola.moran@york.ac.uk). Contact Inspector Bill Scott (Bill.Scott@northyorkshire.pnn.police.uk) for information around mental health and NYP. Visit the Connect website at www.connectEBP.org. June 2017.

AREAS FOR CONSIDERATION

NYP specific:

1. Provide MH training for all officers and staff: to include knowledge of MH, and confidence-building around responding to people with MH problems and working with partner agencies. The training could include a session on looking after one's own MH, and must be delivered by MH professionals.
2. Ensure officers and staff understand the importance of fully recording MH and related markers: to increase intelligence for officers at incidents and appropriate support for those with MH problems.
3. Training for call handlers on systematic recording of information from officers/staff/partners to enable swift easy access to data.
4. Introduce a separate MH referral form for use by officers and staff to enable more direct referrals to MH and partner services.
5. Create a central source of up-to-date information within NYP about partner services to assist officers/staff with contacting/referring to relevant agencies. This could be based in the NYP Force Control Room.

NYP and partners:

6. Improve the reviewing of incidents and actions taken by police and partners, following a review of existing processes, to support improved outcomes for NYP and people with MH problems.
7. A comprehensive response to individuals with MH problems needs a whole system approach across NYP and partner agencies. This could include joint/mirror training on mental health between NYP and partners.
8. 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.