CONTEXT
WHAT SEEMS TO BE THE PROBLEM, OFFICER?

- Police regularly encounter those experiencing mental distress (Chappell, 2012) estimates of up to 20-40% of police time.
- Issues with the implementation of s.136 of the Mental Health Act 1983 (Curtis et al, 2013, Keown, 2013).
- Frightening for individuals (Riley et al, 2011).
- Complex dilemmas for the police.
- Issues surrounding the collaborative practice between criminal justice and health systems (Bradley, 2009; Department of Health and Concordat signatories, 2014).
MENTAL HEALTH TRIAGE
(THE SOLUTION ?)

• A more streamlined, coordinated, reactive approach to crisis care.

• Implemented across England and Wales since 2012.

• Different models implemented depending on the needs of the locality.

• The co-response of mental health professionals and front line police where an individual is perceived to be experiencing mental health crisis, and comes to the attention of the police, or non-crisis situations where an individual is an enduring concern to the police. This can be in a public or private place.

• Generally pre-arrest.

• Aims to enable individuals quicker and more appropriate mental health/other types care. Can still result in criminal justice action.

• Mental health professionals can be control room, office or ‘street’ based.
WHAT IS KNOWN ABOUT MENTAL HEALTH TRIAGE?

- Systematic scoping review (Park et al, 2019).
- Few ‘robust’ studies.
- Little known about the effectiveness or cost effectiveness.
- Mixed qualitative evidence, under theorized.
- Nuanced triage models across and within OECD countries.
- We need to know more about how triage schemes work in their local context...

Records identified through database searching (n = 9558)

Additional records identified through other sources (n = 29)

Records after duplicates removed (n = 9587)

Records screened (n = 9587)

Records excluded (n = 9339)

Full-text articles assessed for eligibility (n = 248)

Studies included = 33

Full-text articles excluded, with reasons (n = 215)
- Study design = 125
- Intervention = 71
- Population = 4
- Language = 10
- Full paper unobtainable = 5
METHODS

• Realist approach. “…a programme is its personnel, its place, its past and its prospects” (Pawson and Tilley, 1997, p.65).

• Aim: To understand the processes and mechanisms of mental health triage in the northern police force under study.

• Broadly ethnographic approach (43 interviews/ 27 observations) comparing two sites in the northern police force. Police officers/ triage practitioners/ key informants/ service users/ carers took part—hard to recruit the latter two!
PRELIMINARY FINDINGS
PROACTIVE & REACTIVE WORK

• Site 1 – emphasis on proactive, slower time work as well as reactive.

• Multiagency team (unique to the area) and Safer Neighborhood teams.

• Emergent. Discretion of practitioners, ‘flexible working’.

• Professionals meetings and improved service links.
• **Processes and mechanisms of proactive work**
  - Police community work.
  - Noticeable or changes in behaviour.
  - Assessment and feedback between professionals,

• **Context**
  - Relationship building.
  - Unique multiagency team.
  - Practitioner conceptualisations.
  - Legal context.
CARE AND CONTROL IN THE COMMUNITY …

Privacy.

Consent.

Maintenance of individuals in the community.

Policing mental health.

Triage as a pragmatic response to a bigger issue?
Police community support officers had become concerned about an individual due to ‘odd behavior’ and changes in the living conditions of the individual.

Arrived at the accommodation and got consent to come in and talk— including me.

PCSO expresses concern when we got inside that the living circumstances had seriously deteriorated.

Discussion of mental health with nurse (paranoid ideas/health/ mood)/ social factors (bereavement/ housing/ social care/ isolation) criminal justice risks.

PCSO and support worker discuss living situation and explore the accommodation.

Nurse, PCSO, support worker (and me) discuss the case after.

Immediate outcome – help to tidy flat, liaison with GP to explore the current care and other services to paint more of a picture of what was going on. PCSO gets permission to make a welfare referral.
REFERENCES AND THANKS FOR LISTENING!


