

# PARLIAMENT STREET

*partnership in policy*



## From Crisis to Crisis

### The Uncomfortable Relationship Between Mental Health and the Police

By Danny Bowman, Head of Campaigns at Parliament Street

## **Introduction**

The uncomfortable relationship between mental health and the police has never been as visible as it is within contemporary society. The dual nature of this relationship has seen police forces struggling with large numbers of mental health related incidents, as well as managing the deteriorating health and wellbeing of officers and other police staff within forces.

The police have found themselves picking up the pieces of the mental health crisis in England and Wales. Those working within police forces across England and Wales are regularly finding themselves supporting people in crisis who cannot, or are waiting to access interventions from more traditional healthcare channels.

There are a number of route causes attributing to the rise in the amount of police time being spent supporting people in a mental health crisis. Difficulty accessing appropriate and timely mental healthcare, inadequate crisis provision and limited appropriate places of safety have contributed considerably to the amount of time the police are spending with people in crisis.

The traditional healthcare interventions for people experiencing poor mental health remain underfunded and ill-equipped to deal with the need. The ill-equipped nature of more traditional interventions has led to members of the public experiencing these difficulties coming into contact more and more with the police.

There remains an equally uncomfortable picture concerning the health and wellbeing of officers and other police staff. This is exemplified in the substantial number of officers, community support officers and police staff experiencing poor mental health. The prevalence of poor mental health amongst those working within police forces in England and Wales is leading to a high number of lost work days (Selby, 2019).

It is important when looking at this relationship, that we consider not only the experiences of the police force in supporting people in a mental health crisis, but additionally the health and wellbeing of all officers and staff within the police. By examining these two areas within the same report it allows a comprehensive oversight of the way mental health is affecting police forces in England and Wales.

This report will provide an exploratory insight into the uncomfortable relationship between mental health and the police in Britain and the UK overall. It will examine some of the route causes to this crisis, and will make recommendations into what can be done, both to reduce the number of incidents that the police are experiencing relating to mental health and also to improve the health and wellbeing of those working within police forces across England and Wales.

This report will additionally provide quantitative research conducted by the Parliament Street think-tank over the past four years examining the rise of a mental health crisis.

## **Background – Police Time and Mental Health**

In Britain, the police have played an integral role in supporting members of the public that are experiencing a mental health crisis. The research and data obtained by Parliament Street over the past four years suggests a substantial rise in the number of mental health-related incidents British Police Forces are dealing with.

There is of course a role for the police in supporting people experiencing a mental health crisis. It is widely accepted practice for the police to support members of the health service in facilitating more traditional health-based interventions when a member of the public is at risk to themselves or others due to poor mental health.

While multi-disciplinary working between healthcare workers and the police can be extremely beneficial in the most severe cases, too often the police are left to support vulnerable people on their own. In some cases this can mean the officer remaining with the individual experiencing a mental health crisis for up to 12 hours after the original callout is made (Karim, 2019).

A situation where this may occur is when an officer takes an individual in crisis to a place of safety or keep a person in a place of safety under section 135 or 136 of the Mental Health Act. An officer will wait with the individual experiencing a crisis until an assessment can be conducted by a qualified person.

Unfortunately, quick and timely access to someone from a local mental health team or a qualified person for those in crisis is limited. This has led to officers spending long periods of their shifts off the beat and waiting in settings such as accident and emergency departments for someone to become available.

A strong consensus amongst leading experts and organisations within the field of policing is that the police should only be called upon to help in the most severe cases of a mental health crisis when there is a threat to life. They have argued that the increasing amount of mental health related incidents the police are dealing with is putting added pressure on an already overstretched service (HMICFRS, 2018).

Before examining the evidence of police time and mental health, an examination of the root causes of this crisis must be undertaken.

## **Root Causes to Increased Police Time on Mental Health.**

In understanding the rise in the amount of police time being spent supporting people experiencing a mental health crisis an examination of the root causes must be undertaken. There are a number of factors that have contributed to the burden of mental health related incidents on police forces in Britain. In considering the root causes, care will be taken not to blame, but to highlight the changes that have left many police forces dealing with thousands of mental health-related incidents every year.

## **Access to Mental Health Provision**

Over the last decade mental health services have come under intense scrutiny because of their inability to provide appropriate and timely care to people experiencing a mental health crisis. A number of concerns were raised in the Five Year Forward Plan for Mental Health including long waiting-times, inadequate funding streams and a reduction in mental health staffing levels (NHS England, 2016).

### ***High Levels of Need for Mental Health Services***

As noted above, there is an increasing need amongst children and adolescents and adults for mental health provision across Britain. This has had a strong impact on the availability of mental health provision for vulnerable people. The relevance in relation to the police is that the more children and adolescents and adults requiring mental health support, in theory means they will be waiting longer for treatment. This increases the risk of them reaching crisis point and could have a knock on effect on the number of crisis situations in which the police are dealing with.

According to NHS Digital (2019) latest data, as of September 2019 adult mental health services have experienced around 1,310,470 self-referrals.

Over the same time period around 60,490 children and young people have been referred to secondary mental health services for support. This is a rise of 22.9% since September 2018 where 46,585 children and young people were referred to secondary mental health care. The total number of self-referrals to mental health services has risen by 1.1% over the same period of time.

### ***Staff Shortages in Mental Health Services***

The second concern is staffing levels within key areas of mental health services which have reduced substantially since 2010. The total number of mental health nurses working within NHS England has fallen by 4,446 since 2010. This equates to around 11% fewer nurses working in mental health since the start of the last decade (House of Commons Library, 2019).

This data is increasingly concerning when the number of students choosing to study mental health nursing does not meet the need required in the NHS. This has led to some universities even closing their mental health nursing courses due to shortages of students (King-Matthews, 2018).

There are further examples of this throughout the system including a reduction in the total number of clinical psychiatrists working within children and adolescent mental health services. The number of clinical psychiatrists has reduced between October 2013 to October 2018 by 4.5% in England (Royal College of Psychiatrists, 2019).

The shortage of staff within these key parts of the mental health system is leading to longer waiting times in some areas. It could be said, that this will only increase the likelihood of people reaching crisis point and coming into contact with British Police Forces.

### ***Waiting times for Mental Health Care***

In Adult Services, waiting times remain high for Improving Access to Psychological Therapies with Trigger (2019) reporting that just below 20% of patients were waiting longer than 4 months between their first and second sessions according to 2018-2019 data. In addition, around 50% of patients waited 4 weeks between referral and their first appointment.

Longer waiting times within adult mental health services could be understood as one of the main catalysts to the rise in the number of police incidents relating to mental health. An increasing number of adults are reaching crisis-point with no where else to turn, calling 999 as a last resort.

Although the risk of the police being called is greater for adults experiencing a mental health crisis, there remains significant concern of the role of inadequate children and adolescent mental health services in this crisis. At the extreme end, the police are also being called to facilitate the safety of a child or adolescent who has found themselves in crisis, and may wait for hours in Accident and Emergency with them till they are assessed by a mental health professional.

The common-experience for young people trying to access mental health provision through CAMHS (Children and Adolescent Mental Health Services) is that of long waiting times. Recent data suggested that over half of young people requiring mental health support waited over 18 weeks between their initial assessment and their first appointment (Ward, 2019).

New research undertaken by Pulse has suggested that only 20% of the 29 (out of 56 trusts contacted) trusts that responded to their Freedom of Information request accepted all level of severity (Legraien, 2019).

This arguably shows that a large amount of children and young people with less severe symptoms may be left until they reach crisis point before any intervention. This could add further pressure on police forces to deal with young people who find themselves in crisis.

The time the police may spend with a child and adolescent in crisis can be substantially longer.

### **Bringing together the root causes**

The literature and the data available in examining the root causes of this crisis show that we cannot find a solution without multi-agency working. To reduce the number of people with mental health problems interacting with the police, health services and the police need to increase their level of cooperation.

Secondly, we must increase funding and grants going to charities, social enterprisism and other third-sector organisations that have the ability to intervene early in mental health. These third-sector organisations are the bedrock of improving the situation and stopping those in need reaching crisis point.

Thirdly, we must guarantee adequate staffing in mental health services to meet the increasing need. Some of the key recommendations would be to bring back the 'nursing bursary' in its entirety in the short-term to increase the numbers of nurses going into mental health.

Finally, more support needs to be provided to those training for a career in psychiatry and steps need to be taken to maintain current staffing levels. There has been a number of concerns identified in a study by Choudry and Farooq (2017) around work-related stress, poor image of psychiatry as a profession, limited resources.

All of these steps come at a high monetary cost, but it remains increasingly evident that without such high monetary investment by the central Government the situation will worsen. It is important for the government to acknowledge this upfront cost as an investment and not a monetary loss. Failure to invest now, could see rising costs on all public services and an increasing burden being placed on the police to pick up the pieces.

The need for these responses is illustrated when you examine the current burden on police forces from research conducted by Parliament Street over the past four years.

### **The Evidence – The Police and Mental Health-Related Incidents (2016-2019)**

Since 2016, Parliament Street has undertaken longitudinal research on the total number of police incidents that are mental health-related. We sent out freedom of information requests to all 43 police services in Britain asking the question:

*How many incidents where mental health was a factor have been recorded from 01/01/19-11/12/19?*

The charts below indicate the total number of responses received in 2016, 2017, 2018 and 2019. The total number of usable responses received has varied over the last four years. This has been primarily related to the availability of usable data provided by police forces across Britain. Although, as seen in the chart below, there has been a massive improvement in the availability of usable data provided by British police forces on mental health-related incidents.

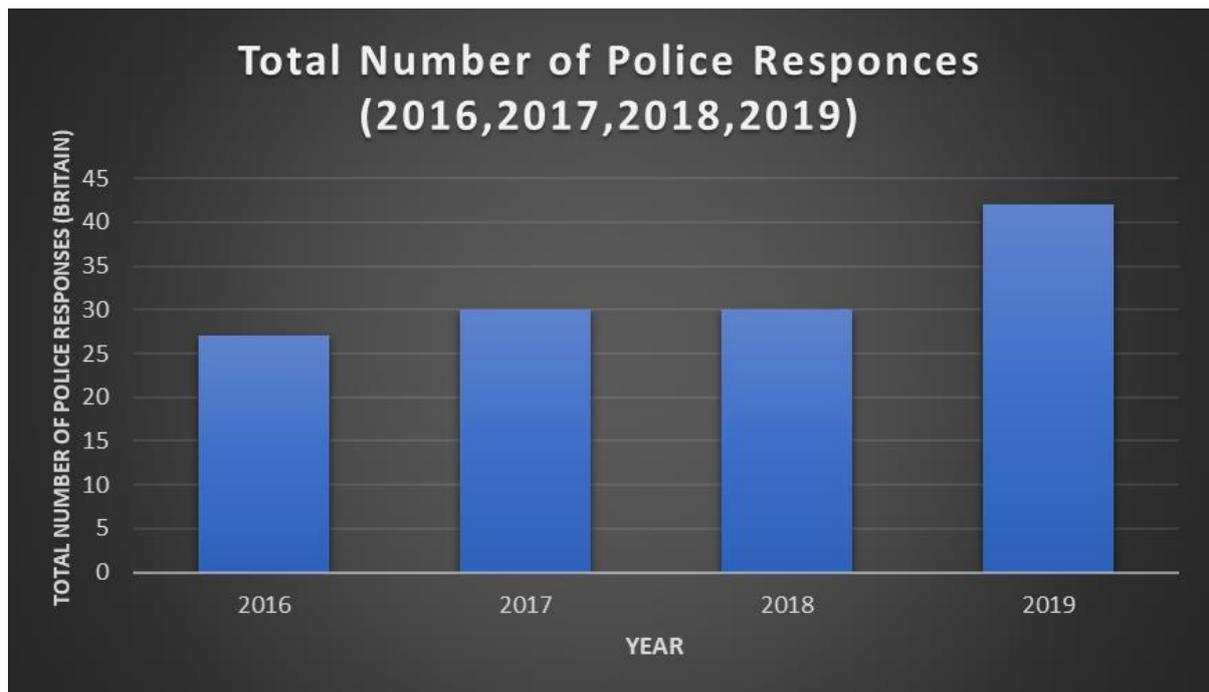


Chart 1: Total Number of Police Responses (2016,2017,2018,2019)

The total number of mental health-related incidents have varied substantially for this reason and cannot be compared simply by using the data provided from each year. To enable me to provide a more comparable analysis of the data for the following years I have selected a sample size representative of British police forces. This will help exemplify if the total number of incidents that are mental health-related have gone up or down. The sample of police forces is as follows:

*North of England – Durham and Cumbria Police*

*North West of England – Lancashire and Merseyside Police*

*Yorkshire and Humber – West Yorkshire Police*

*East Midlands – Lincolnshire Police*

*West Midlands – Staffordshire and Derbyshire Police*

*East of England – Suffolk and Norfolk Police*

*South East – Bedfordshire and Hampshire Police*

*South West – Wiltshire and Devon and Cornwall Police*

*Wales – South Wales Police*

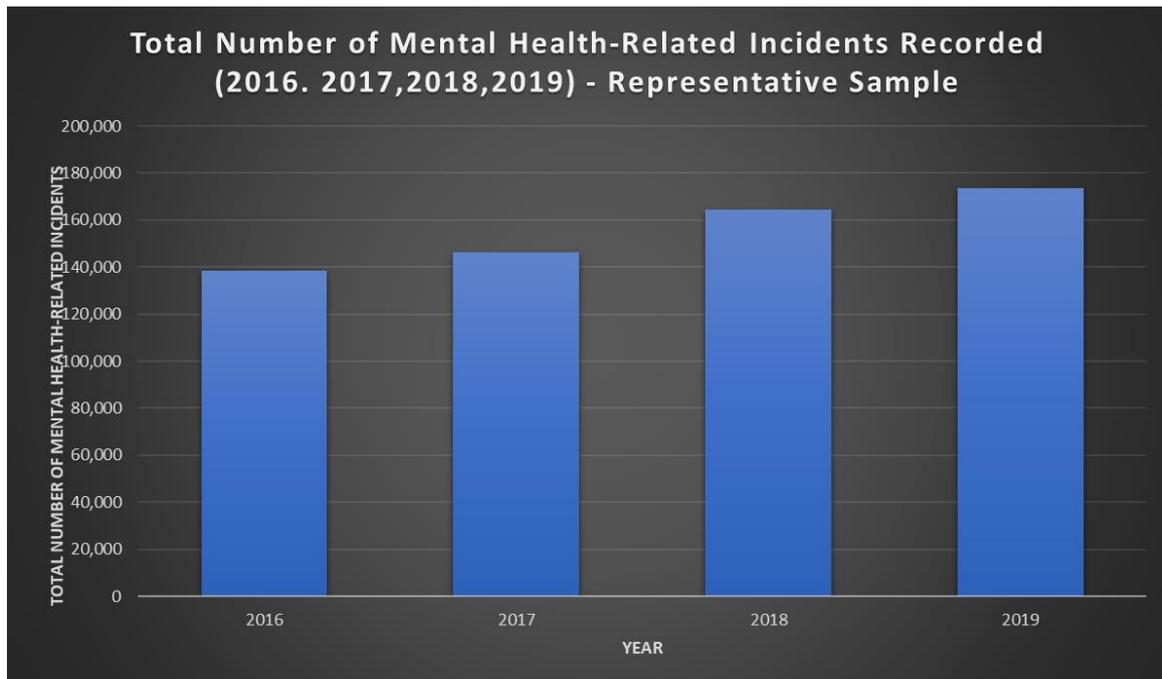


Chart 2 Total Number of Mental Health-Related Incidents Recorded (2016,2017,2018,2019) - Representative Sample

The data collated from the representative sample group suggests that the number of mental health-related incidents that the police are dealing with has risen by 20.4% or by 35,491 since 2016.

The data provided by each individual police force in Britain (not just the representative sample group) below:

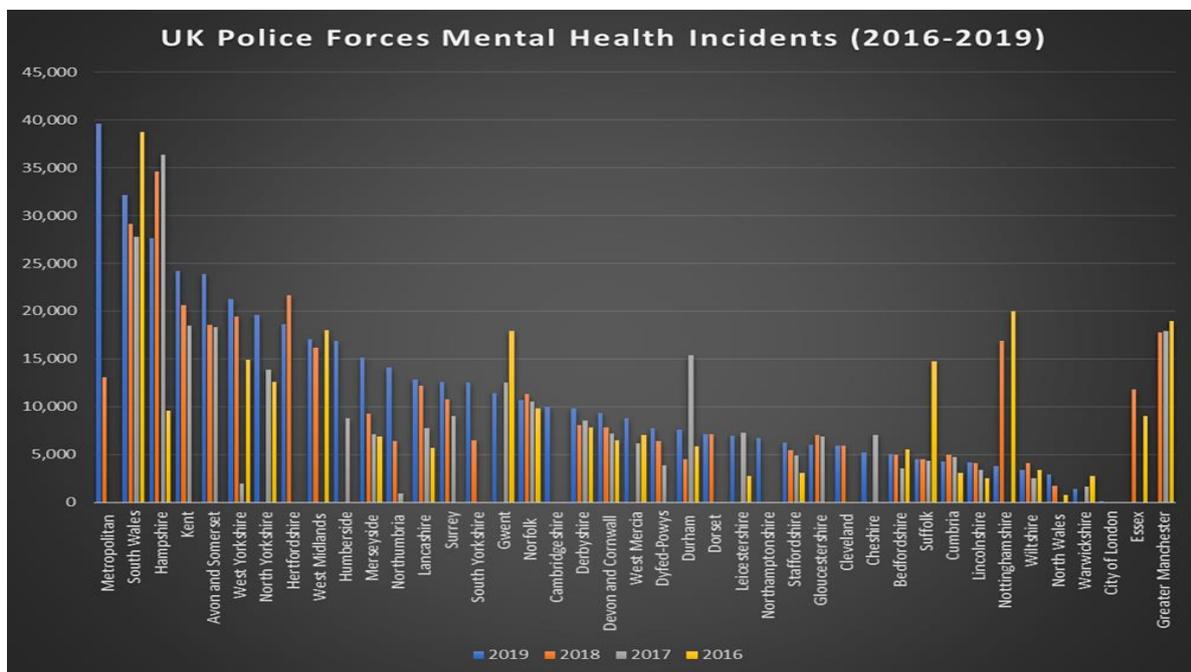


Chart 3: UK Police Forces Mental Health Incidents (2016-2019)

Through a comprehensive examination of the data obtained by British police forces (See Appendix 1.1), it was found that 65.7% of forces had seen a % increase in mental health-related incidents on the first available data they provided us (either 2016,2017, or 2018). The total number of police forces that had witnessed a % decrease in mental health-related incidents was 34.2%. The tables below show the % increase and decrease for all police forces that provided enough data:

*Table 1: Police Forces that have experienced % Increases (Mental Health Related Incidents since first data obtained (2016,2017, or 2018)*

<b>Police Forces (Britain)</b>	<b>Police Forces that have experienced % Increases (Mental Health Incidents) since 2016</b>
1) Staffordshire	99.90%
2) Northumbria	93.00%
3) North Wales	73.70%
4) Metropolitan	66.80%
5) Hampshire	65.20%
6) Leicestershire	59.60%
7) Lancashire	55.40%
8) Merseyside	54.30%
9) Dyfed Powys	49.90%
10) South Yorkshire	47.90%
11) Humberside	47.70%
12) Lincolnshire	39.80%
13) Cumbria	38.60%
14) North Yorkshire	35.70%
15) Devon and Cornwall	30.90%
16) Durham	30.00%
17) West Yorkshire	29.90%
18) Surrey	28.30%
19) Kent	23.40%
20) Avon and Somerset	23.10%
21) West Mercia	20.20%
22) Derbyshire	19.70%
23) Norfolk	8.90%

Table 2: Police Forces that have experienced % Decreases (Mental Health- Related Incidents since first data obtained (2016,2017, or 2018)

<b>Police Forces (Britain)</b>	<b>Police Forces that have experienced % Decreases (Mental Health Incidents) since 2016</b>
1) Cleveland	-0.30%
2) Wiltshire	-0.70%
3) West Midlands	-5.30%
4) Bedfordshire	-9.30%
5) Gloucestershire	-12.90%
6) Hertfordshire	-14%
7) South Wales	-16.90%
8) Cheshire	-25.20%
9) Gwent	-36.20%
10) Warwickshire	-49.50%
11) Suffolk	-69.50%
12) Nottinghamshire	-80.70%

The force with the highest % increase since our research began in 2016 was Staffordshire police with an increase in mental health-related incidents of 99.9%. The Police and Crime Commissioner for Staffordshire, Matthew Ellis has voiced his concerns in the past about the large amount of incidents the police force faced. According to Burns (2013) the total cost of managing mental health-related incidents in Staffordshire was in the region of one million pounds.

The state of the situation in Staffordshire was further exemplified by an incident in 2015, where a man experiencing poor mental health ended up spending 63 hours and 59 minutes in police custody. It has been noted, that this incident involved around 22 officers throughout the period of time alluded to above (Allen, 2015).

The incident started when the man in question fled a London hospital eventually being spotted and picked up by Staffordshire Police. Staffordshire Police then spend the next 63 hours trying to find a mental health bed for the man in Stoke, Bradford and Manchester. After being rejected by all of the above on behavioural grounds at first, he was eventually accepted by the hospital in Stoke. This situation is not unusual, with many police forces facing the side-effects of a mental health system in crisis. It was noted then by Matthew Ellis, Police and Crime Commissioner for Staffordshire, that the prolonged

nature of this incident was not just down to money, but bad management from mental health services within his area (Allen, 2015).

The complex situation that is going on within Staffordshire could be understood as bad management of care by services. Although, the causation of people experiencing poor mental health has been considered by many, a direct side-effect of cutbacks in budgets limiting the availability of timely provision. This has meant that some vulnerable people with no where else to go are ending up in contact with the police.

The force with the highest reduction in mental health-related incidents was experienced by Nottinghamshire Police with a decrease of 80.7%. The force has been commended over the last year for innovative practices supporting members of the public experiencing a mental health crisis. Their mental health street triage team is made up of police officers accompanied by healthcare professionals who can offer specialist advice and support when caring for a person in crisis. This approach has been said to enable people experiencing a mental health crisis to be directed to 'comprehensive' care (Thompson, 2020).

Although, even in forces like Nottinghamshire that are seeing a reduction in the number of mental health-related incidents there remains concerns about the timely transfers of people experiencing mental health problems to the appropriate services.

This has been put down to the limited number of inpatient beds available which is not within the police forces control. Although it continues to have a significant impact on the amount of time spent by the police dealing with complex mental health-related incidents. It remains false economy to cutback on beds, only to find that the police are then using more of their time and resources trying to find suitable care for vulnerable people.

Police forces across Britain continue to struggle to cope with mental health-related incidents and this situation does not seem to be improving. The sheer number of mental health incidents is leading to an increasing number of officers dealing with people in crisis instead of fighting crime.

There is some incredible work going on across police forces in Britain including mental health triage teams and community projects to reduce the number of incidents and support people in crisis. Inevitably the inadequate funding levels in mental health services remains a problem and more money must be ring-fenced. This will enable people experiencing poor mental health to get the timely care they need and not end up in contact with the police.

### **Background – Police Staff Sickness and Mental Health**

Over the last couple of years concerns have been raised about the health and wellbeing of the police. It has been noted that one of the largest health and wellbeing concerns within police forces in Britain is poor mental health.

There is an increasing number of officers, community support officers and police staff experiencing poor mental health. A number of organisations including Parliament Street have undertaken research to understand the extent of poor mental health within the police force.

It was found by Parliament Street that nearly 500,000 working days were lost in 2019 due to officers, community support officers and police staff experiencing poor mental health. The reasons for people working within the police force taking mental health sick days ranged from work-related stress to high levels of anxiety and depression (Selby, 2019).

It has always been acknowledged that the police face increasing pressure when undertaking their job, but this has been uncovered as having an increasingly negative effect on the mental health of staff.

It must be noted that work has already started on addressing the issue of police wellbeing outlined in the recent report by the Home Office (2018) named 'A common goal for police wellbeing' which includes mental health. Although aims and plans have been outlined within the report, it will take time to see if these plans are comprehensive enough to address the high numbers of sick days related to mental health in British police forces.

### **Root Causes of Mental Health-Related Staff Sickness in British Police Forces**

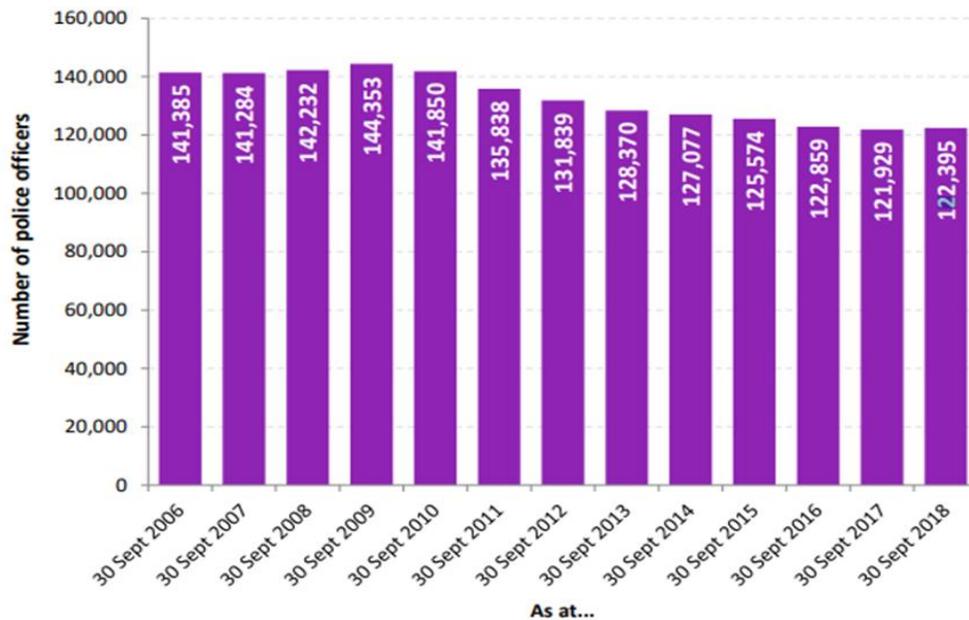
There has been a number of root causes identified to explain the high numbers of police officers, community support officers and police staff experiencing poor mental health by forces and organisations in policing.

The root causes that have been identified by forces and organisations include the fall in police numbers and injuries and experiences incurred on the job. Also identified was the stigma around mental health in the police, leading to members of the police force delaying taking sick days for reasons associated with their mental health.

#### ***Reduction in Police Numbers***

It has been well documented that since September 2010 police officer numbers have reduced substantially across police forces in Britain. This change has been acknowledged as putting increasing pressure on officers and other professionals within the police force to do the same job with less resources.

Chart 4: Police Numbers 30 Sept 2006 - 30 Sept 2018



Source: Home Office (2019)

The Police Federation (2020) has acknowledged the strain cuts to frontline police officers has had on the mental health and overall wellbeing of staff. This has been further stressed by the innovative Blue Light Programme run by Mind who have suggested that further cuts to emergency services will increase the demand for their services (Mind, 2019).

The current government has promised to increase police numbers by 20,000 which is welcomed, but it is clear that passed cuts to frontline police officers has and remains a cause of poor mental health in the police.

### ***Mental Health Stigma, Shame and Resistance***

For many years, stigma has often been associated with mental health in all walks of life. It was projected in 2008 by Time to Change that 9 out of 10 of individuals experiencing a mental health problem had experienced stigma sometime in their lives (Time to Change, 2008). Although we have come a long way since then, there still remains a large stigma attached to people with mental health problems within in society and too often in the workplace.

Stigma against people experiencing mental health problems has been acknowledged in workplaces across Britain and the police is no exception.

A recent study by Bullock and Garland (2017) examined the nature of mental health stigma in the police and how it is experienced within forces across England and Wales. They conducted 59 semi-structured interviews within six constabularies in England and Wales.

These findings suggested that the interpretation of mental illness within the police force can ruin the image of an officer and can draw fears from officers of unfavourable outcomes if they were to speak out about their problems.

Such negative outcomes that were feared included loss of status within the police force and questions being asked about their ability to do their job. The general feelings from the interviewees was that because of the nature of the service, people wouldn't trust them to be able to undertake duties in a way that a police officer should if they were to disclose they had a mental health problem.

Interviewees in the study conveyed concerns of the perception of colleagues to sick days taken for psychological related reasons. They attributed this concern to a level of cynicism within the police force around these sorts of issues.

It could be argued that because of these feelings, many police officers and other support staff working within the police fail to disclose their concerns. Furthermore, that they delay taking much needed sick days due to fear of 'letting the team down' as noted by the Police Federation (2020). As noted by Bullock and Garland (2017), the fear of cynicism attached to members taking time out for mental health related reasons may also play into officers and other staff not taking time off.

Further attention has been drawn to the macho-culture within the police force by Bell and Aski (2015) who have noted that the masculine values within the police force of emotional strength and bravery impede an officer from speaking out about their mental health. This ingrained masculine mentality cannot and will not be reduced over night. This has been recognised by the Blue Light Programme run by Mind (2019) and work is ongoing to reduce that stigma.

Although, it remains evident that such a culture is still very much ingrained within the fabric of the police force and further steps are needed to change the culture.

As has been stated by many mental health experts, in most cases, not taking time out and addressing mental health problems can see them worsen, potentially leading to long-term sickness or even worse, suicidal tendencies. This is why reducing, both the stigma and macho culture within the police is absolutely foundational in achieving better mental health amongst all members of staff.

### ***Injuries and Experiences Endured***

The duty of protecting the general public, attending traumatic scenes and dealing with extremely vulnerable people on a regular basis can be exhausting. It should come as no surprise to anyone that the risk of a member of the police force developing a mental health disorder is four times higher than the general population (Bell and Eski, 2015).

The police experience the same range of mental health disorders as the general population according to Bell and Eski (2015), but they argue that, both the causation and amplification of these symptoms are directly linked to the intricate experiences of being a police officer.

It must be acknowledged that the work that the police do contains little comparison to many professions out there, endangering not only their physical, but mental health too. Even with this knowledge, there remains little individualised and police-centred provision to support members of the profession when developing mental health difficulties

As noted, police officers can be put into situations that you would not find in many other professions including supporting other public services on the scene of a traumatic incident. Witnessing a traumatic incident can have an extremely detrimental impact on person's mental health.

The Police Federation of England and Wales (2019) found that 62% of officers had experienced at least one traumatic incident in the last year. This statistic is made increasingly concerning when you consider the findings of the University of Cambridge's recent report into PTSD in the police force. Recent research conducted by the University of Cambridge (2019) found that almost 1 in 5 police workers suffer from Post Traumatic Stress Disorder.

The high level of PTSD and Anxiety within the police force should come as no surprise due to the increased probability of attending or being involved in traumatic experiences and the general danger factor of the job.

If we can understand the causation of poor mental health among police workers as intrinsically linked to the type of job they do, then surely it would make perfect sense to respond to such difficulties with a police-centred approach and in a more relatable environment.

This type of approach has been utilised with military personnel in places like the United States, with VA centres. It could be argued that through the facilitation of Police Centres in Britain, more appropriate and individualised care could be offered. By enabling people with common experiences and values to come together in a relatable setting, it may help facilitate quicker recovery and reduce the overall stigma attached to mental health within the police force.

### **Evidence: Police Sick Days and Mental Health**

In 2019, Parliament Street submitted a Freedom of Information request to all 39 police forces across England asking for the total number of sick days taken in each force relating to poor mental health. We additionally asked for the total number of all lost working days in each force to help us work out the total % that were mental health-related.

We received responses from 30/39 police forces in England with a total of nearly half a million lost working days due to poor mental health (See Table 1)



Chart 5: Total Number of Sick Days that were Mental Health-Related (1st August 2018 - 31st July 2019)

The average % of sick days that were mental health-related in English police forces was 33.05%. The police force with the highest % of sick days that were mental health-related in England was North Yorkshire Police at 59.8% (See table 2).

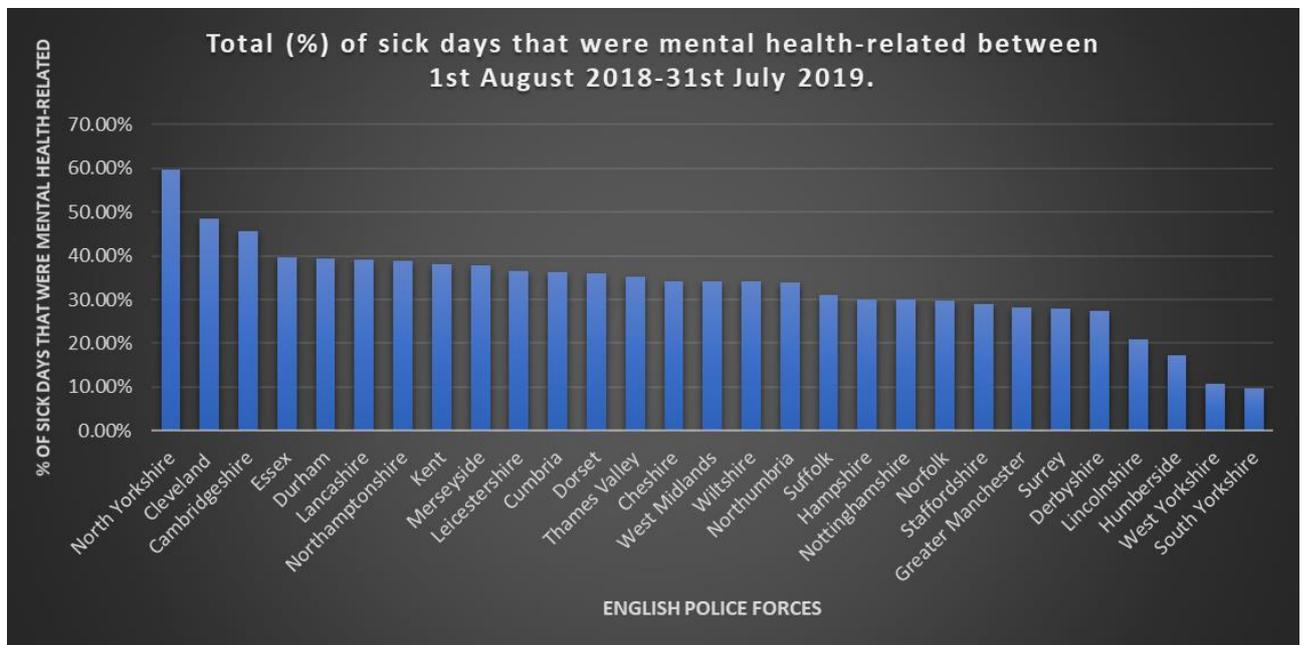
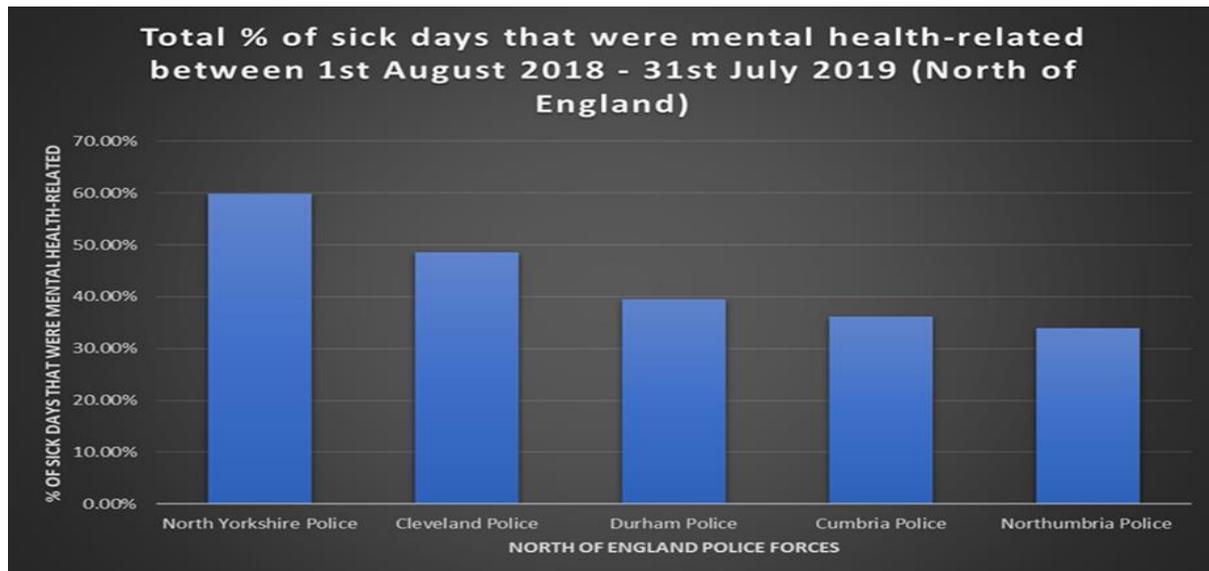


Chart 6: Total (%) of Sick Days that were Mental Health-Related between (1st August 2018 - 31st July 2019)

### ***Breakdown – North of England Police Forces***

There are five police forces in Northern England including North Yorkshire, Cleveland, Durham, Cumbria and Northumbria Police and we received responses to our Freedom of Information request from all of them.

The total number of sick days that were mental health-related was 56,456.35 with the average number of sick days (mental health-related) for all North of England police forces standing at 11,291.27.



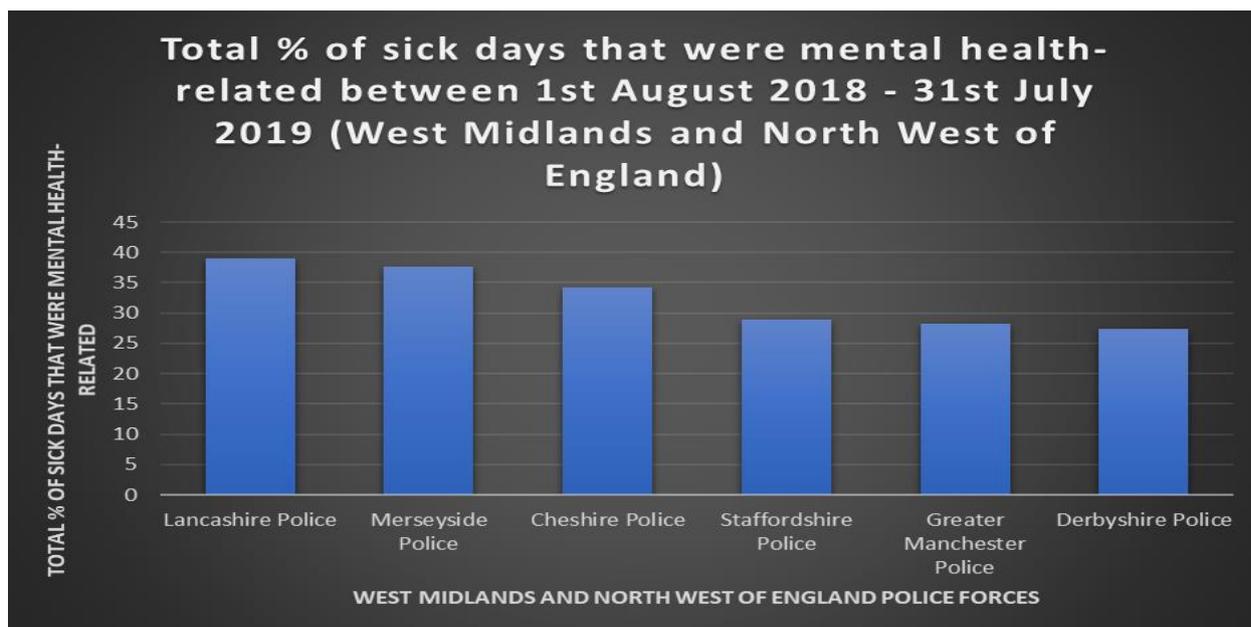
*Chart 7: Total (%) of Sick Days that were Mental Health-Related between 1st August 2018 - 31st July 2019 (North of England)*

The average % of sick days that were mental health related in North of England police forces was 43.5%. The police force with highest % of lost sick days that were mental health-related in Northern England and in the country was North Yorkshire Police at 59%.

### ***Breakdown – West Midlands and North West of England Police Forces***

There are 8 police forces in the West Midlands and North West of England including Warwickshire, West Midlands, Staffordshire, Derbyshire, Cheshire, Merseyside, Greater Manchester and Lancashire. We received responses to our Freedom of Information request from 6/8 of the police forces.

The total number of sick days that were mental health related was 77,137.99 with the average number of sick days (mental health-related) for all West Midlands and North West of England Police Forces standing at 12,856.33.



*Chart 8: Total (%) of Sick Days that were Mental Health-Related between 1st August 2018 - 31st July 2019 (West Midlands and North West of England)*

The average % of sick days that were mental health-related in the West Midlands and North West of England Police Forces was 32.5%. The police force with the highest % of sick days that were mental health-related was Lancashire Police at 39%.

#### ***Breakdown – East Midlands and East of England Police Forces***

There are 10 police forces in the East Midlands and the East of England including Northamptonshire, Cambridgeshire, Suffolk, Norfolk, Leicestershire, Lincolnshire, Nottinghamshire, Humberside, South Yorkshire and West Yorkshire. We received responses to our Freedom of Information request from all 10 of the police forces.

The total number of sick days that were mental health related was 157,831.8 with the average number of sick days (mental health-related) for all East Midlands and East of England Police Forces standing at 15,783.18.

The average % of sick days that were mental health-related in the East Midlands and East of England was 27%. The police force with the highest % of sick days that were mental health-related in the East Midlands and East of England was Cambridgeshire Constabulary at 45.5%.

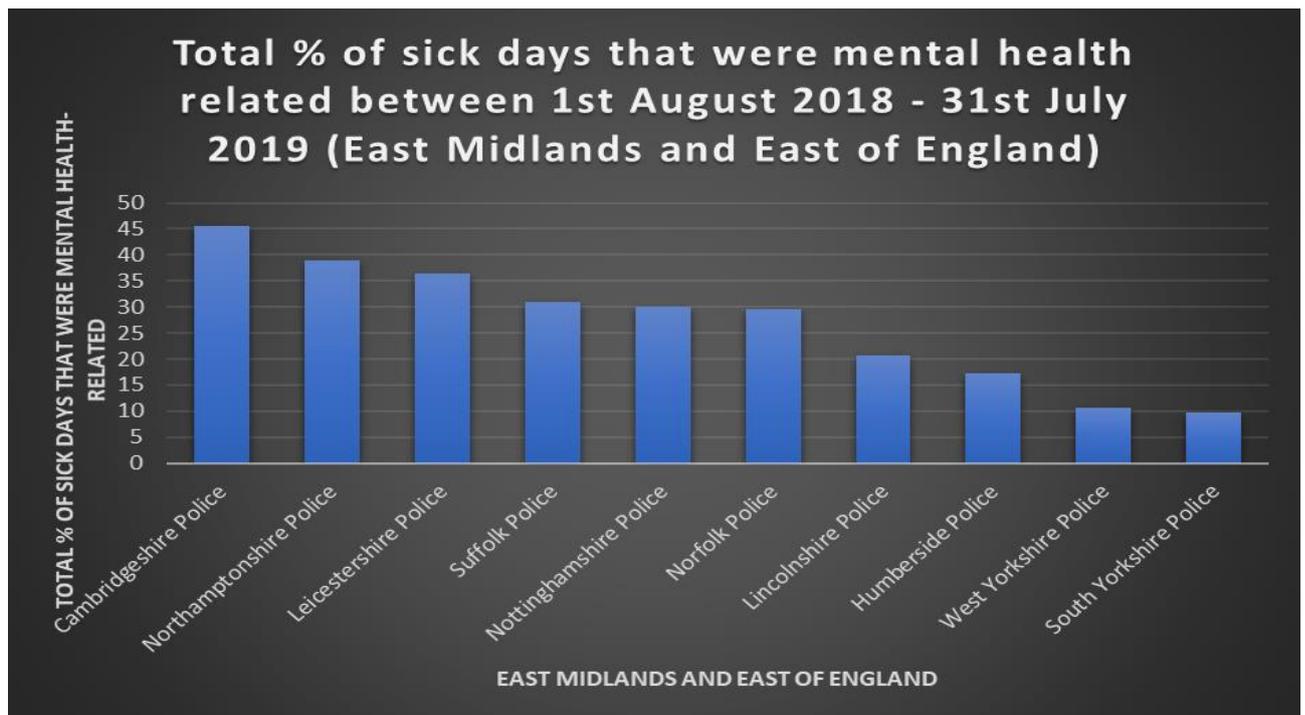


Chart 9: Total (%) of Sick Days that were Mental Health-Related between 1st August 2018 - 31st July 2019 (East Midlands and East of England)

### **Breakdown – South East of England Police Forces**

There are 10 police forces in the South East of England including Kent, Sussex, Surrey, Essex, Hertfordshire, Thames Valley, Bedfordshire, Hampshire, Metropolitan and City of London. We received responses to our Freedom of Information request from 5/10 of police forces.

The total number of sick days that were mental health-related was 89,156.8 with the average number of sick days (mental health-related) for all South East of England Police Forces standing at 17,831.36.

The average % of sick days that were mental health-related in the South East of England was 34.1%. The police force with the highest % of sick days that were mental health-related in the South East of England was Essex Police at 39.7%.

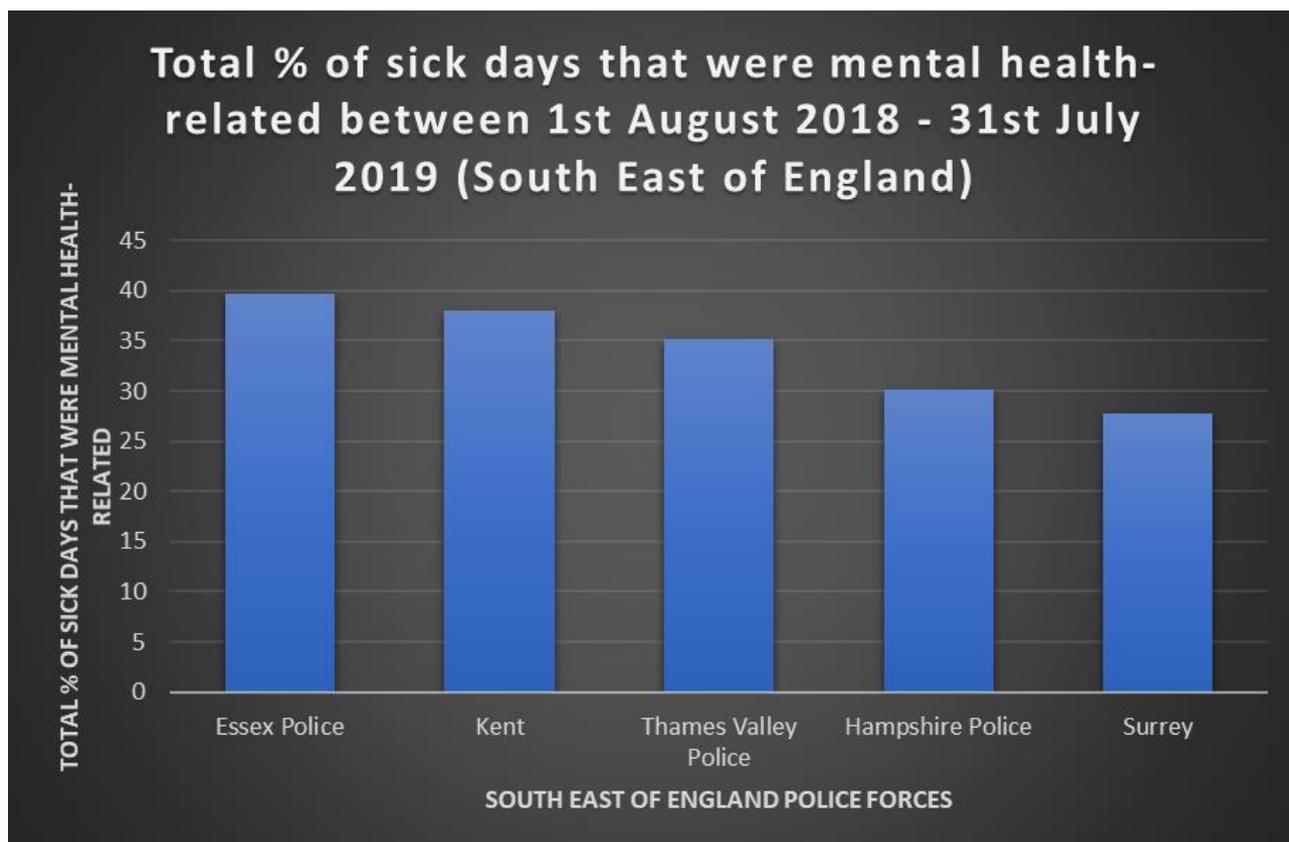


Chart 10: Total (%) of Sick Days that were Mental Health-Related between 1st August 2018 - 31st July 2019 (South East of England)

#### ***Breakdown - South West of England Police Forces***

There are 6 police forces in the South West of England including Devon and Cornwall, Avon and Somerset, Dorset, Wiltshire, Gloucestershire and West Mercia. We received responses to our Freedom of Information request from only 2/6 of the

The total number of sick days that were mental health-related was 18,454.3 with the average number of sick days (mental health-related) for all South West of England Police Forces standing at 9,227.15.

The average % of sick days that were mental health-related in the South West of England was 35%. The police force with the highest % of sick days that were mental health-related in the South West of England was Dorset Police at 35.9%. **(Note: SE England based on very limited data provided).**

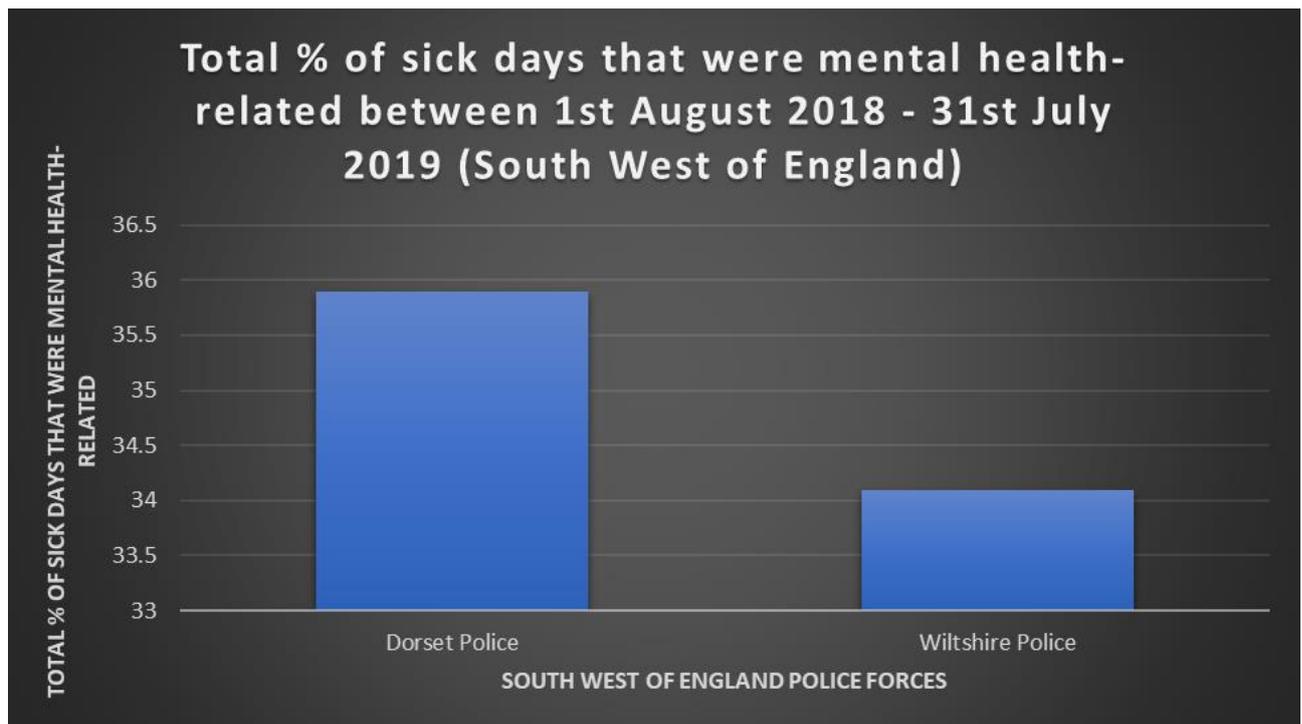


Chart 11: Total Number of Sick Days that were Mental Health-Related between 1st August 2018 - 31st July 2019 (South West of England)

### **Conclusion**

The situation in British police forces regarding mental health remains at crisis point with both a substantial amount of mental health-related incidents being dealt with by the police in Britain, and an increasingly concerning picture of poor mental health amongst officers, police community support officers and support staff working within police forces across Britain.

The total number of mental health-related incidents is increasing as noted in the research carried out by the parliament street think tank. The total number of incidents in 2019 was over 450,000, which further exemplifies the need for immediate action to be taken to resolve this.

There are many contributors in the causation of the increased number of mental health-related incidents that British police forces are experiencing. It can be noted that cutbacks in NHS spending is leading to many vulnerable individuals not getting the support they need in a timely manner. This is leading to the police being contacted as a last resort. In addition, a reduction in inpatient beds across Britain is adding to the pressure faced by police forces, who are spending substantial amounts of time and resources attempting to find a bed for vulnerable people and transfer them out of police custody.

The total number of staff sick days within British police forces reached almost half a million between 1<sup>ST</sup> August 2018 and the 31<sup>ST</sup> July 2019. This has led to increasing pressures being placed on forces due to the depleted staffing levels.

There remain several problems in relation to mental health sick days being taken within British police forces. The police experience very difficult and traumatic experiences daily without receiving adequate support. This has led to many officers experiencing symptoms of PTSD and other difficulties such as stress and anxiety.

The macho culture within police forces in Britain can be extremely problematic for those experiencing poor mental health. Concerns that they will be ostracised for letting down the team, being viewed as weak or simply being falsely judged as faking it stops many officers and other members of the police from accessing help until their condition reaches crisis point.

The depleted numbers of police officers have added another factor in the causation of poor mental health with many police officers overworked and stressed. This has additionally contributed to the worry amongst many officers of letting the team down if they take mental health sick days.

British police forces are starting to address these concerns and are using innovative practices to tackle, both the way police forces support members of the public and their own staff experiencing poor mental health.

These innovative practices include triage teams, extra mental health training for officers and support services implemented at the heart of forces, but there remains a long way to go. The journey to better mental health inside and outside of the police force starts in my opinion with multi-disciplinary working between the police and other public services including the NHS. This will help in finding solutions, not only to address higher rates of mental health incidents that the police are dealing with, but the mental health of those working within British and UK-wide police forces.

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## Appendix

### 1.1 Total number of mental health-related incidents in British Polices (2016,2017,2018 and 2019)

Police Forces (Great Britain)	2019	2018	2017	2016	
Metropolitan	39,584	13,123	0	0	66.8% increase since 2018
South Wales	32,145	29,131	27,789	38,712	16.9% decrease since 2016
Hampshire	27,601	34,600	36,352	9,597	65.2% increase since 2016
Kent	24,195	20,602	18,519	0	23.4% increase since 2017
Avon and Somerset	23,854	18,564	18,341	0	23.1% increase since 2017
West Yorkshire	21,253	19,423	1,967	14,879	29.9% increase since 2016
North Yorkshire	19,610	n/a	13,911	12,596	35.7% increase since 2016
Hertfordshire	18,645	21,696	0	0	14% decrease since 2018
West Midlands	17,038	16,170	0	18,000	5.3% decrease since 2016
Humberside	16,896	0	8,822	0	47.7% increase since 2017
Merseyside	15,128	9,282	7,172	6,912	54.3% increase since 2016
Northumbria	14,130	6,422	979	0	93.0% increase since 2017
Lancashire	12,820	12,234	7,766	5,707	55.4% increase since 2016
Surrey	12,639	10,818	9,060	0	28.3% increase since 2017
South Yorkshire	12,518	6,516	0	0	47.9% increase since 2018
Gwent	11,422	0	12,519	17,907	36.2% decrease since 2016
Norfolk	10,692	11,304	10,542	9,816	8.9% increase since 2016
Cambridgeshire	9,988	0	0	0	
Derbyshire	9,805	8,065	8,600	7,869	19.7% increase since 2016
Devon and Cornwall	9,372	7,840	7,218	6,467	30.9% increase since 2016
West Mercia	8,809	0	6,193	7,023	20.2% increase since 2016
Dyfed-Powys	7,735	6,383	3,873	0	49.9% increase since 2017
Durham	7,605	4,549	15,377	5,850	30% increase since 2016
Dorset	7,152	7,113	0	0	0.5% increase since 2018
Leicestershire	6,946	0	7,263	2,805	59.6% increase since 2016
Northamptonshire	6,731	0	0	0	
Staffordshire	6,223	5,431	4,914	3,112	99.9% increase since 2016
Gloucestershire	6,006	7,039	6,903	0	12.9% decrease since 2017
Cleveland	5,933	5,955	0	0	0.3% decrease since 2018
Cheshire	5,260	0	7,041	0	25.2% decrease since 2017
Bedfordshire	5,060	4,958	3,528	5,582	9.3% decrease since 2016
Suffolk	4,481	4,518	4,357	14,731	69.5% decrease since 2016
Cumbria	4,312	4,960	4,759	3,109	38.6% increase since 2016
Lincolnshire	4,175	4,118	3,369	2,512	39.8% increase since 2016
Nottinghamshire	3,837	16,928	0	19,973	80.7% decrease since 2016
Wiltshire	3,417	4,084	2,495	3,443	0.7% decrease since 2016
North Wales	2,915	1,744	0	766	73.7% increase since 2016
Warwickshire	1,403	0	1,633	2,783	49.5% decrease since 2016
City of London	116	0	0	0	
Essex	0	11,852	0	9,002	
Greater Manchester	0	17,735	17,902	18,987	
<b>Total</b>	<b>457,451</b>	<b>353,157</b>	<b>279,146</b>	<b>248,140</b>	

Note: In Green are police forces that have experienced a rise since (2016, 2017, 2018)