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BetterPartnerships
for BetterPolicing™

Policing and Mental Health

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National Mental Health Coordinator

3rd October 2016



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BetterPartnerships[™]
for **BetterPolicing**

A Critically Necessary Partnership

What role do police officers play in our wider system of mental health care?

... and is this by design?!



The police play a role!

- **Engagement** – create services that people *want* to receive, which bring benefits and build trust.
- **Restrictive practices** – minimise coercion: the actual, threatened and implied use of force.
- **Stigmatisation and Criminalisation** – minimise this, to the maximum degree; build inclusion.

- **Restraint** – failure of us all to see the emergency implications of psychiatry:
 - Medical problems (Speck; Lovell)
 - Impact of restraint (Rigg; Powell)
 - Inpatient confusions (Burrell; Lewis).
- **Emergency Psychiatry** – health service design to take account of medical guidelines:
 - NG10 on Violence (2015)
 - RCEM / FFLM Guidelines on ABD (2016)
 - Post-restraint obs from NHS England (2015)

Leon BRIGGS – Bedfordshire
Kingsley BURRELL – West Midlands
Rafal DELEZUCH – Leicestershire
James HERBERT – Avon & Somerset
Meirion JAMES – Dyfed Powys
Olaseni LEWIS – Metropolitan Police
Matthew LOVELL – Dorset
Michael POWELL – West Midlands
Sean RIGG – Metropolitan Police
Terry SMITH – Surrey
Toni SPECK – North Yorkshire

Prototypical responses to policing / mental health disasters –

- **Improved training** – better identification of mental distress: in the hope of different approaches and outcomes.
- **Co-responding** – real time partnerships, information sharing & collaboration: in the hope of different approaches and outcomes.

- **Crisis** – to ensure the police are involved in responses to crisis only where necessary and where more appropriate organisations cannot do so, or cannot do so alone.
- **Crime** – to improve the consistency of investigations into criminal allegations involving those of use with mental health problems, whether as victims, witnesses or suspects.

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