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WOMEN AND JUSTICE ARE WE MAKING PROGRESS?



POLICING AND COMMUNITY MENTAL HEALTH TRIAGE IN SCOTLAND

Rosie Wright

POLICE are frequently required to help vulnerable people with mental ill health and are often the first contact when a person is in crisis. Prior to 2015, options available to police officers in Scotland were very limited and extremely resource intensive, often involving lengthy waits at Accident and Emergency departments and poor outcomes for individuals in crisis.

The absence of a more coordinated approach between police and partners had often caused frustration for all parties involved.

Across England, there are various partnership models of street triage in operation, having been set up as a result of the Mental Health Crisis Concordat (www.crisiscareconcordat.org.uk/). These models include police control room based mental health nurses, partnership mobile patrols and telephone advice lines. Street triage involves a joint mental health service and policing approach to crisis care. The UK Government Department of Health funded nine different pilots to a total cost of £2million. These pilots were evaluated by University College London and a report published in March 2016 that identified the same key successes with the control room based triage services as those identified in the mobile patrol and telephone/face to face service models (Reveruzzi and Pilling, 2016). The UCL report stated that it was not possible to identify any one model of triage as superior to any other however, identified a number of factors that may be associated with more effective outcomes and these factors are reflected in their list of recommendations.

In Scotland Community Triage was first piloted in January - June 2015 across NHS Greater Glasgow and Clyde (GG&C) in partnership with Police Scotland and due to its success has continued to operate and develop ever since.

This partnership between Police Scotland and NHS Greater Glasgow and Clyde aimed to improve service delivery to people calling the police in crisis as a result of mental ill health or distress. The operating model was an **out of hours telephone service** between frontline police officers and community psychiatric nurses (CPNs). Where required, face to face consultations were undertaken between the person in crisis and the CPNs. The six-month pilot was evaluated and the key outcomes were found to be:

- ❖ a cost neutral service
- ❖ 86% of incidents resolved by telephone consultation
- ❖ 96% of persons were dealt with at home, with no need to go to hospital
- ❖ 85% of the calls resolved within three hours (68 % were resolved within two hours)
- ❖ 1800 hrs of police officer time saved
- ❖ positive feedback from both CPNs and police officers.

The following two case studies are examples of where the Community Triage service was used to a positive effect during the pilot in Greater Glasgow and Clyde.

Case Study 1

An adult female telephoned the Police at just before 10pm on a Thursday evening in Glasgow. She told the call handler that she was thinking about taking her own life. The female was a repeat caller to the Police, and known to Mental Health services. Police attended at her home address, however she refused to open the door and denied making the call. Officers at the scene contacted the Community Triage service, established that she was known to CPNs and that this type of behaviour was not uncommon with her. The CPNs were satisfied that there was no immediate risk of harm to the lady and advised the police to take no further action. The officers were reassured by this advice, and left the scene.

Had this professional advice not been received, officers may have felt it necessary to take a more intrusive approach, perhaps forcing entry to the house in order to ensure safety and that all was in order. Police supervisors involved in this incident, felt that the Community Triage had a very positive impact on the outcome. Informed professional partnership working resolved this incident within 25 minutes with no need for an intrusive police response. Immediate referral to and follow up by mainstream services the following day.

Case study 2

Officers on night shift on a Saturday night in Glasgow were dealing with a high risk Missing Person (MP) enquiry. The MP had taken an overdose the previous day and had spent a night in hospital (Friday night). His family reported him missing the following night. Upon being traced, he expressed suicidal thoughts and officers contacted the Community Triage Service. CPNs telephoned the male within 10 minutes of Police contacting them, and gave advice to him. The CPNs advised the officers that there were no immediate concerns for the man's safety, that he did not need to go to hospital and that there was no further action required. Officers were satisfied with this professional resolution which was completed within 20 minutes.

Officers reflected that instead of waiting for assessment at A&E, they were able to resume duty on a night where there was a high volume of calls to be answered as well as prisoner watches, locus protection and other MP investigations. Had there been no Community Triage Service, officers would have had no option but to take the male to the Emergency Department for assessment where there would have been a very lengthy wait with no guaranteed positive resolution. Instead, this informed professional partnership working resolved this matter within 20 minutes.

The Greater Glasgow and Clyde pilot prompted national development of services which were value for money and met local demand, often by developing existing services more effectively. The services across the country vary according to levels of maturity, geographical cover and operating hours. Most of these services have been developed by smarter deployment and review of existing provision, however NHS partners in Edinburgh, Ayrshire and Dumfries and Galloway were allocated funding to develop services in these areas.

The work already undertaken has been of value and has produced positive local outcomes. In addition to the Greater Glasgow and Clyde evaluation from 2015, there is now evidence from Edinburgh and Tayside that the pilot Community Triage in those areas has also delivered positive outcomes in those areas as follows:

Edinburgh

- ❖ In Edinburgh, of 204 referrals made in the pilot period between August 2015 and August 2016, 56% were resolved during the initial telephone assessment
- ❖ Only 9% of individuals required a face to face assessment within the community
- ❖ Following triage, Police were asked to take 10 individuals (5%) to A & E, mainly for medical concerns.
- ❖ Following triage, Police were advised to take 37 (18%) individuals to the Royal Edinburgh (MH) Hospital, most of whom were known to mental health services and required a more in depth assessment.
- ❖ 114 persons (56%) did not require to be taken to hospital by Police
- ❖ Community Triage service is now business as usual.

Dundee

- ❖ Dundee City Community Triage Service Pilot – four-week review (29 Jan – 25 February 2017)
- ❖ In Dundee a service was introduced on 16 January 2017
- ❖ In the first four weeks, despite it being a new service, over half of the referrals made to the local Mental Health Services during this time were via the Community Triage Service.
- ❖ Two thirds of incidents during this period, where officers would have previously attended with an individual to the local Mental Health Unit, were resolved via telephone consultation.
- ❖ The average time spent dealing with a mental health incident reduced by almost one hour (from 3.16-2.20 hours).

The Scottish Government strategy paper *Justice in Scotland: Visions and Priorities* (Scottish Government, 2017) sets out seven priorities, including “We will work with others to improve health and wellbeing in justice settings, focussing on mental health and substance use”. The Scottish Government list ‘Community Triage’ as one the strategic approaches, with a key action for 2017/2018 stating Police Scotland “will continue to work in partnership with the NHS and other agencies to develop Community Triage and similar services across the country as well as exploring further collaborative opportunities to improve service delivery” identified throughout Scotland.

Superintendent Rosie Wright joined Strathclyde Police in 1989. Since 2013, she has undertaken an Area Commander’s role in Lanarkshire as well as national roles within Local Policing and Safer Communities. Rosie has a particular interest in the policing of mental health, distress and vulnerability.

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