

Dealing with mental health during the coronavirus pandemic

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A policing perspective on helping those in crisis get the most appropriate care at the earliest opportunity

Views 6 mins read

Coronavirus has undoubtedly taken its toll on the mental health of the British public, and seven months after restrictions were announced the uncertainty that still surrounds the pandemic means that, sadly, this is likely to be the case for some time.

In recent years, the police service has had to respond to an increased level of demand caused by incidents related to mental health, and from this, a culture has emerged that places the police as the first port of call when someone is in crisis.

It is right that the role of the police is to protect those in immediate danger, but those in crisis need longer-term mental health support and access to prevention measures. However, things are starting to change, and World Mental Health Day provides an important opportunity for me to highlight some of the fantastic partnership activity which is currently taking place, specifically with regards to coronavirus.

I was so impressed during the initial weeks of national lockdown at the collective response by those organisations involved in treating mental health. Specialised units started to appear alongside emergency departments within acute trusts, and within weeks NHS England had launched a dedicated crisis telephone number.

Tireless work by health and social care colleagues resulted in parts of the Mental Health Act becoming digitised, enabling consultations via remote video assessments in certain circumstances and the use of digital forms to provide a more efficient and effective process while ensuring a high quality of care for patients. Detailed planning was also completed to ensure that suitable amendments to legislation could be implemented, if required. These included only using one doctor for assessments or extending detentions times at places of safety if there were excessive delays.

Colleagues working within the voluntary sector started to see a significant increase in calls, which was a positive thing in my mind, as it meant those who were struggling were contacting the right people, and getting quicker access to support. Organisations such as [SHOUT](#) offered a text-based service that proved particularly popular with younger people. Above all, there was a real sense of partnership and renewed effort by all involved to make sure that people were being kept safe.

When the virus first started to have an effect on our lives, the police initially saw a sharp decrease in mental health incidents. However, in recent months, this trend has reversed and we are seeing people with what are believed to be significant mental health issues. The availability of health-based places of safety continues to be one of the most problematic issues for policing, but NHS England is extremely receptive to these concerns with support through its [Long Term Plan](#).

Proposals, such as an all-encompassing 111 service for adults covering both physical and mental health, will be fast-tracked to be launched nationwide within 12 months. Investment in crisis alternatives such as Crisis Cafés are planned, and dedicated mental health ambulances (which would negate the need to transport patients in police vehicles) are due to be launched by 2021. The need to immediately involve the police will hopefully diminish, so too the option of having to use police custody for those detained under the Mental Health Act, which continues to decline.

People facing mental health crisis may be concerned that police have arrived to help them in the first instance, instead of mental health professionals. We should be clear about the fact that these are non-crime incidents which police officers respond to, involving people who are highly vulnerable and in need of an emergency response. Officers are highly trained to listen and help those who need support, and will always look to make quick referrals within the health service where appropriate to do so but they are not clinicians. Ensuring the appropriate multi-agency response is what is required.

Suicide is sadly still a huge challenge for us all. Collating real time data within policing can be difficult and we only have anecdotal evidence to currently go on, but there is a concern that coronavirus-related suicides may be increasing. To help better understand and support these issues and thereby allow preventative activity, Public Health England is currently running a number of pilots across the country, and Public Health Scotland is involved in a similar piece of work.

Working together

Our response to coronavirus goes to show what can be achieved when we work together to improve the experiences of those suffering from mental health-related issues. The police service is always there to keep people safe but we need to change the culture of over-reliance on this service and ensure that those in crisis are given the most appropriate care at the earliest opportunity.

There is a clear drive and desire to create positive relationships at the national level, to work together and make improvements; we must ensure that this is the catalyst for equally strong partnerships at all levels so that positive changes come from this terrible year.

Subsequent projects to learn about people's experiences are now to be found in a study I am involved in with Manchester Metropolitan University, to look at why a disproportionate number of Black men are detained under the Mental Health Act. Funding has been secured for a three-year project into this much needed and timely piece of work.

Mathew Scott, the police and crime commissioner lead for mental health, is collating a range of evidence from police, partners and [Experts by Experience](#) to collect their views on the impact of coronavirus on policing. Submissions close on 25 October. These will form recommendations for the government in the New Year.

It is important to remember that anyone of us can become unwell at any time. Our mental health is part of our DNA and there are days when we all feel stressed or anxious for no apparent reason; it is perfectly normal. This is just as true for those working in the emergency services and on the frontline.

During 2020, police officers, staff and volunteers have endured significant challenges in responding to COVID-19, which is why the service must make sure that help and support is available. There are many fantastic support organisations out there – like the [National Police Wellbeing Service](#) and [Oscar Kilo](#) – who provide resources, research and guidance for all blue-light organisations. Remember, it's ok not to be ok.

There will be some who perhaps did not experience a positive response to their mental ill health during the pandemic – changing a culture takes time. We are starting to see a social acceptance around the existence and impact of mental health and we must continue to work together. There is still much to do but the arrival of coronavirus has at least led to some positive outcomes to ensure

that we continue to keep people safe.

About the author

Chief Inspector Steve Baker is the national mental health coordinator at the College of Policing and the National Police Chief's Council.

Tags

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