

# Mental health training for incidents

A mental health package for staff to provide essential information and practice advice when dealing with a mental health related incident.

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## Key details

<b>Does it work?</b>	Untested – new or innovative
<b>Focus</b>	Organisational
<b>Topic</b>	Operational policing
<b>Organisation</b>	<a href="#">South Yorkshire Police</a>
<b>HMICFRS report</b>	<a href="#">Police effectiveness, efficiency and legitimacy (PEEL 2021/22)</a>
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<b>Region</b>	North East
<b>Partners</b>	Police Health services Local authority Voluntary/not for profit organisation
<b>Stage of practice</b>	The practice is implemented.

## Key details

<b>Start date</b>	March 2018
<b>Scale of initiative</b>	Local
<b>Target group</b>	Workforce

## Aim

To equip the workforce with the necessary knowledge and experience to effectively respond to mental health related incidents.

## Intended outcome

The intended outcomes of mental health training for incidents is to:

- reduce the number of mental health related incidents that the police respond to
- increase the use of triage
- reduce the number of 136 police arrest detentions
- reduce the occurrences involving the use of police vehicles to transport individuals to care or safe place
- improve care for individuals suffering from mental health

## Description

The force has professionalised its workforce to better understand mental health. In response to their joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders, the force has enhanced its training for its workforce.

## Multi-agency group

South Yorkshire Police formed a multi-agency mental health training group, which included police, health, and local authority representatives as well as volunteers who have lived with mental health conditions and can share their experiences of these. The group carried out a gap analysis

comparing national guidance and existing force training.

The force then adapted its training based on feedback from the volunteers. It also included the 'six missed chances' published in Independent Office for Police Conduct recommendations in 2017 (in response to James Herbert's death in custody).

The training is delivered by the force mental health coordinators and is given to staff in public contact/ facing roles as part of their induction and continued professional development (CPD) training.

The input takes two hours and contains information on force policy and practice alongside the mental health toolkit. This is updated through insight and actions coming from a variety of relevant partnership forums in South Yorkshire.

New scrutiny arrangements that enable deep dives into policing incidents involving mental health are scheduled to go live in March 2024, which will provide further opportunity for force and partnership learning.

## Overall impact

There has been gradual reduction in the number of mental health incidents since mid-2022 in particular, which is certainly in part due to the partnership approach and health partners dealing with health demand without resort to police.

One other objective is to reduce the number of Section 136 detentions, which they can achieve with better training and better engagement with triage (access point for advice and pathways to alternatives). Section 136 is a power of last resort and involves the 'arrest' of an individual due to illness. It should only be used for genuine safeguarding where there is no alternative to obtain the help and support the individual needs.

The below data recorded between April 2022 and January 2024 demonstrate the recent successes in reducing these detentions, but with more to do:

- Barnsley 371
- Doncaster 450
- Rotherham 265
- Sheffield 775

## Learning

- It is important to be realistic in partner's delivery, to take account of their additional governance arrangements.
- Identify early on how and who will deliver the training.
- Clearly understand the scale of the problem you are looking to solve to enable clarity on what you are looking to achieve.
- Ensure you capture the necessary data from the start and have flexibility to add additional data requirements as the training evolves.
- Use people who have lived or living experiences, but recognise the requirements for them to become involved.
- Ensure updated inputs are planned and communicated as part of CPD to prevent potential differences in understanding from previously trained staff and new starters.

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## Tags

Mental health   Vulnerable people