Mental health support for police control room callers

Working with staff from mental health charity MIND to support callers.

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Key details

Does it work?	Promising
Focus	Organisational
Topic	Vulnerability and safeguarding
Organisation	Humberside Police
HMICFRS report	**Police Performance: Getting a grip (PEEL spotlight report)**
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Region	North East
Partners	Police Health services Voluntary/not for profit organisation
Stage of practice	The practice is implemented.
Start date	March 2020

Key details

Scale of initiative	Local
Target group	Adults Children and young people Communities Families General public Offenders Victims

Aim

The scheme provides quick access to a support worker in the police control room. The support worker is able to determine the level of crisis to the person dealing with the caller. This helps to identify the appropriate response. This removes the police call handlers from the process and allows for more effective conversations to take place.

Police call handlers are not trained in the range of skills required to support callers who may have a range of issues causing them distress, as well as known mental health conditions. The scheme removes the need for police call takers to signpost people to another service, and not know that this has taken place, or to try to support people without the right training.

Intended outcome

The intended outcomes of mental health support for police control room callers are to provide:

- immediate availability of support for crisis
- a quality of service not available through signposting alone
- better outcomes for callers to the police who need help but are not reporting a crime
- time for assessment of need and to determine the correct pathway for callers

Description

The scheme was introduced as an alternative to mental health practitioners working in the police control room, which is a service widely used across the UK. Demand at the control room indicated most callers in crisis did not require mental health crisis services and were troubled by a life experience which they were struggling to deal with. Often the police were called as they were so low they could not determine which service they should access. The range of issues identified a need for a social response to crisis rather than a medical response.

Pilot

The scheme commenced with a pilot and evaluation in 2017. This proved the concept of using non-clinician staff to support people with social crisis was sound and, even though it was against practice norms for this type of service, it proved worthwhile and better value for money. This was followed by procurement for three years, followed by a further contract for five years. There was senior management support and no objections from partners or colleagues. The funding is provided jointly by the police and the commissioners on a pro-rata basis.

Staffing

The hours of work are 1pm to 11pm daily. This is in line with local demand for ambulance, crisis service and ED attendance. There is one support worker in the control room daily between these times, who completes the police logs with their findings and call outcomes. The worker also liaises closely with police dispatchers and managers should a call require urgent police attendance to safeguard people in extreme cases. There is only one support worker on duty at any one time and they work in the control room with police staff. There are four regular staff who share the shift pattern and two additional staff members who provide cover for absences. There are no mental health practitioners in this service.

The MIND support workers require full clearance at level non-police personnel vetting (NPPV2) and have access to force command and control, intranet and email.

Evaluation

An evaluation took place after the pilot which looked at:

- the number of calls taken by the worker

- the type of call
- demographics
- outcomes

The measure used was the quality of the service provided, rather than the number of calls taken. It was found that the number of calls taken could be low on some days and busier on others. This number of calls taken was not considered crucial to the outcomes sought. The evaluation led to the ongoing commissioning of the service.

The evaluation was within the police arena. The service was assessed as meeting the needs of people who called the control room when they required social or mental health support but could not locate a service to help them (or they felt at risk of harm).

Providing support by trained staff without having to initially signpost people (which entailed putting the phone down), was assessed as a better service than passing people on to other services without guidance and support.

Located within the police control room, staff were also able to record their conversations, concerns and support discussed directly onto the police log, which were instantly available for police staff to see. Should officers need to attend to mitigate risk of harm the caller could be kept on the line for prolonged periods, whilst their location was identified, and officers attended.

Overall impact

The scheme has achieved all its goals and is very well received by staff in the control room, managers and partners.

The support staff record their engagements separately to the police log which captures details of the type of call, caller details and the outcome. This demonstrated if the caller rang again for the same issue or did not receive the support they needed from signposting and chose to ring the police again.

There has been no evaluation by MIND on the service user perspective. The signposting outcomes have been seen as well received. This was measured by those that take up the offer provided. Several other police forces have shown an interest in the scheme in Humberside and contact has been made with MIND locally to understand how it operates. The continued commissioning is a measure of its success.

Learning

The challenge locally was that this type of social crisis support scheme was not in use anywhere else across the country, with police control rooms favouring mental health clinicians instead. On evaluation, clinicians proved to be an expensive resource compared to a charity. At the time of the latest commissioning round MIND were 75% less expensive than clinicians.

The pilot identified the type of caller and their needs through rigorous data collection which was very useful during discussions. Social crisis made up a large proportion of the demand, not mental illness or mental health crisis that required secondary health support. Data was important.

Mental health providers did not initially agree with the use of support workers. However, mental health clinicians are not easily found as there is a national shortage which would impede recruitment and retention. This was seen as a negative to using clinicians.

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