Service evaluation of the South Wales police control room mental health triage model: outcomes achieved, lessons learned and next steps.

Journal:	*Journal of Forensic Practice*
Manuscript ID	JFP-09-2021-0049.R1
Manuscript Type:	Research Paper
Keywords:	Police triage, Mental health, Police control room, mental health triage, Section 136, Service evaluation

MANUSCRIPT DETAILS

TITLE: Service evaluation of the South Wales police control room mental health triage model: outcomes achieved, lessons learned and next steps.

ABSTRACT:

South Wales Police Mental Health (MH) Triage service was initiated to meet the Welsh Government MH priority of early intervention to prevent MH crisis. Community Psychiatric Nurses, based in the control-room, provide advice to police and control room staff on the management of MH related incidents.

Service evaluation of the first 12-months of operation (January-December 2019). Data were analysed in relation to: MH incidents; repeat callers; Section (S)136 use/assessment outcomes. Police, health staff and triage service users were interviewed and surveyed to capture their opinions of the service.

Policing areas with high engagement in triage saw reductions in S136 use and estimated opportunity costs saving. Triage was considered a valuable service that promoted cross agency collaborations. De-escalation in cases of mental distress was considered a strength. Access to follow-on services was identified as a challenge.

CUST_RESEARCH_LIMITATIONS/IMPLICATIONS__(LIMIT_100_WORDS) :No data available.

Triage enables a multi-agency response in the management of MH related incidents. Improving trust between services, with skilled health professionals supporting police decision making in real-time.

CUST_SOCIAL_IMPLICATIONS_(LIMIT_100_WORDS) :No data available.

There is a gap in the research on the impact of police-related MH triage models beyond the use of S136. This project evaluated the quality of the service, its design and the relationship between health, police and partner agencies during the triage process. Multi-agency assessment of follow-up is needed to measure the long-term impact on services and users.

Service evaluation of the South Wales police control room mental health triage model: outcomes achieved, lessons learned and next steps.

Abstract

Purpose: South Wales Police Mental Health (MH) Triage service was initiated to meet the Welsh Government MH priority of early intervention to prevent MH crisis. Community Psychiatric Nurses, based in the control-room, provide advice to police and control room staff on the management of MH related incidents.

D**esign/Methodology**: Service evaluation of the first 12-months of operation (January-December 2019). Data were analysed in relation to: MH incidents; repeat callers; Section (S)136 use/assessment outcomes. Police, health staff and triage service users were interviewed and surveyed to capture their opinions of the service.

Findings: Policing areas with high engagement in triage saw reductions in S136 use and estimated opportunity costs saving. Triage was considered a valuable service that promoted cross agency collaborations. De-escalation in cases of mental distress was considered a strength. Access to follow-on services was identified as a challenge.

Practical Implications: Triage enables a multi-agency response in the management of MH related incidents. Improving trust between services, with skilled health professionals supporting police decision making in real-time. **Originality:** There is a gap in the research on the impact of police-related MH triage models beyond the use of S136. This project evaluated the quality of the service, its design and the relationship between health, police and partner agencies during the triage process. Multi-agency assessment of follow-up is needed to measure the long-term impact on services and users.

Keywords: Police triage, mental health, S136 use, police control room, mental health triage.

The NHS Confederation's MH Network have declared a 'rising tide' in service needs for individuals requiring support for MH which, exacerbated by the COVID 19 pandemic, is expected to remain high; placing unprecedented demand across acute and community services (NHS Confederate, 2020). Over the last 30 years the management of people with MH problems has shifted from hospital-based care to community-based care, yet NHS leaders report not being able to meet demands for community-based care, reflected in increased waiting times, 'out of area' care and higher demand for more specialist and long-term care (Mental Health Services, 2019). Inadequate funding and low political priority around service provision has created barriers to access, care planning and support for individuals with mental ill health (Keet et al., 2019), with HM Chief Inspector of Constabulary and HM Chief Inspector of Fire & Rescue Services declaring that the lack of funding to mental health services is '*too often making the police the service of first resort, long after the chances of effective prevention have been lost'* (Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS), 2018).

Despite limited training and support, police officers often act as first responders to MH related incidents and a gateway to care – even when a crime has not been committed (HMICFRS, 2018). Increases in police demand has been attributed, in part, to the impact of funding pressures on local authority and NHS services and the limited operating hours of MH services (House of Commons, 2018). For example, police might receive 'concern for safety' requests or calls from the public who are unsure who to contact for help when community MH service are closed (Callender et al, 2019; Harpool et al., 2016; Lepresle et al., 2013). Indeed, a Home Affairs inquiry found a growing demand in police work relating to safeguarding vulnerable people, including: being the first responders to MH related incidents, repeat missing person incidents, child protection work and the need to protect marginalised

individuals from harm (House of Commons, 2018). This also include concerns about vulnerability to potential victimisation, with research indicating that individuals with a severe mental illness are three times more likely to be a victim of crime and five times more likely to experience an assault – with women being 10 times more likely (Mind, 2013)

Though some leading police officers agree that MH related incidents represent a core function of police work (Adebalowe, 2013), historically there has been high and varied use of Section 136 (S136) of the MH Act (1983) and use of police-based places of safety (Harpool et al., 2016). Such issues, along with MH training for police staff, appropriateness of police decision making in MH related incidents and appropriate and timely information sharing between services, have been addressed through legislation and policy to ensure individuals experiencing mental ill health receive a more appropriate response (Callender et al., 2019; Cummins & Edmondson, 2016; O'Brien et al., 2017; Policing and Crime Act, 2017). For example, changes to S136 following the implementation of the Police and Crime Act 2017 means that police officers, where practical, have a responsibility to consult certain professionals before deciding to detain someone under S136 (Policing and Crime Act, 2017).

Concern exists that police involvement in MH related incidents fosters stigma and the association of MH with criminality and lack of safety (Callender et al., 2019; Home Office, 2014; Lamb et al., 2013). It has therefore been emphasised that police and health services need to work collaboratively to guide decision-making that is in the best interests of the individual experiencing mental distress (e.g. Minister for Health and Social Services, National Assembly for Wales, 2018). Mental distress is defined as frequent emotional stress that effects an individual's ability to think, feel and react (www.mind.org.uk). It is important to recognise the breadth of this definition as many individuals in contact with the police present with health, welfare or social care concerns rather than presenting an immediate risk necessitating detention under S136 of the MH Act (HMICFRS, 2018; National Assembly for

Wales, 2018). In response, Police-related MH Triage (PRMHT) schemes were created in 2013 as part of a Department of Health pilot (Everybody's Business: A Report on Suicide Prevention in Wales, 2018). Within PRMHT services, a MH professional (typically a Community Psychiatric Nurse (CPN)) provides support to police officers when responding to MH related incidents. Such triage approaches are designed to ensure persons in mental crisis and/or distress are provided the right support and appropriate intervention at first point of contact, and that S136 of the MH Act is applied appropriately. With no national standards, various service configurations have been introduced and piloted. Within Wales for example, some areas (e.g. Dyfed Powys Police in partnership with Hywel Dda University Health Board (UHB)) have piloted 'Street Triage' in an attempt to reduce the number of S136 detentions, and foster joint police and health working. Within the first 12 months, a reduction of nearly 50% in detentions under S136 were reported, representing substantial efficiency saving and potentially an improved response for individuals. Other areas have introduced a telephone triage service (e.g. South Wales Police in partnership with three health boards). In this model, CPNs work alongside call handlers and police officers in the South Wales Joint Public Service Centre (PSC) to provide advice and support to mental health related 999/101 calls.

A rapid evidence review of PRMHT within England found that triage was generally associated with a reduction in hospital admission rates, increased likelihood of follow-up by MH services and an increase in health-based places of safety being used (Rogers et al., 2019). Yet, this paper found triage research to be methodologically weak, limited in their description of the intended outcomes for the service, and often limited in scope (e.g. not considering data beyond the use of S136) (Rogers et al., 2019). Further, a study considering the interplay between police officers and CPNs in street triage models in England, found the strategic and operational outcomes of triage were influenced by levels of trust, belonging and legitimacy

between police and health (Callender et al., 2019). Consequently, the aim of the current project was to evaluate the triage model used by South Wales police to understand if it was meeting its objectives and to assess the quality of the service and its design. It also aimed to understand the relationship between health, police and other partner agencies during the triage process.

Triage Model

The South Wales police triage model follows the core principles outlined in the Wales Crisis Concordat National Action Plan 2019-2020, that requires real-time support from MH professionals to be available to police in control rooms. MH practitioners (i.e., CPNs) are located within the police control room to provide advice to front-line officers and control room staff on the management of MH incidents. Triage staff may also speak directly to the individual to conduct over the phone assessments and provide appropriate support and advice. There are two main routes into triage – via control room staff or from officers attending a call. The service operates seven days a week, between 9:00-01:00 hours.

Current Evaluation Objectives

This paper is based on commissioned evaluation intended to examine the impact of the South Wales police MH triage model over its first 12 months of operation (January-December 2019). Specifically, quality of service and relationships between partner agencies were assessed by considering the:

a. Potential social and health benefits of triage, to examine how engagement in triage might reduce/prevent escalation of mental distress and crisis. Triage engagement refers to incidents in which triage staff provided support to officers, control room staff and/or service users.

b. Impact of triage working practice on frequent callers.
c. Demographic patterns and main issues of concern for incidents into triage to consider if triage can support users appropriately.
d. Ongoing 'need rate' of triage to identify appropriateness of resource management.
e. Potential impact of triage on S136 use, including: (a) changes in detention rates over time and (b) estimated opportunity cost impact on police, health and local authorities (i.e., 'non-cashable' impact for activities across services).
f. Relationship between health, police and other partner agencies during the triage process.

Methods

Evaluation Design

The evaluation employed a pragmatic mixed-methods design in which quantitative and qualitative data collection and analysis approaches were employed (Hanson et al., 2005). Quantitative data is presented for the whole of the South Wales Police area and separated into the four Basic Command Unit (BCU) areas, which span seven unitary authority boundaries (the force implemented a three BCU operating model in September 2020, however four command units were in operation during the time of the evaluation. Results therefore represent outcomes across a four BCU operating model). Qualitative outcomes were drawn from: interviews/focus groups with police, health, third sector and triage service users; and survey data from police and MH crisis staff.

Study Approval

As a Service Evaluation, the project was not considered 'research' and therefore did not require research ethics approval. Permissions to undertake the study were obtained from the participating police force and data were sourced from existing police recording systems. All data were anonymized by the participating body before transfer to the evaluation team. Recruitment for interviews and focus groups were led by South Wales police and a third sector mental health charity, who were also available for safeguarding and support during and after interviews with triage service user. This included providing information to prospective participants, seeking their consent to participate, giving the option of bringing a chaperone and facilitating access to support after the focus group.

Procedure

Quantitative Variables Extracted

Data were sourced from existing recording systems and included:

- Number of MH tags across the cycle of the service (extracted from the police Control Works system). MH tags (or tagging) refer to incidents recorded as having a MH factor present based on pre-defined categories. Data covers January-December 2019, to allow for comparison of engagement with triage during the initiation (January – May 2019) and continuation stage (June-December 2019) of the service. The continuation phase provides a measure of the ongoing 'service need' beyond initial six-month implementation. Trends across BCU areas were

compared to consider the impact of engagement on MH management in different policing areas.

- Repeat caller data were provided by triage staff. Data analysis determined the absolute number of repeat callers on a rolling monthly basis to consider trends over time.
- Home Office & Welsh Government Annual Data Return for 2,058 incidents that occurred during December 2019 and January 2020 from one BCU area. Data related to: who made contact to triage; the gender and age group of the person experiencing mental distress/crisis; and reason for engagement. This data is descriptive and provides contextual information on contacts with triage.
- S136 data were extracted from the police system (Niche) for the whole of South Wales Police and each BCU area. Data are presented graphically to show trends in overall demand across time. S136 use was considered against population estimates and staffing numbers across the four BCUs.
- Anonymous data from Health S136 assessments shared with South Wales Police following handover of the service user from police to health. This is presented graphically for BCU areas, alongside percentage changes over time, comparing outcomes from 2018 and 2019.

Data quality was considered prior to analysis, including completeness, reliability, security and accuracy of data. Where variables lacked completeness or relevance to triage or the evaluation objectives, they were removed from the data set.

Preliminary S136 Opportunity Cost Analysis

Opportunity costs refer to non-cashable savings in the form of potential benefits to the individual or organisation. Calculations were based on the estimated unit cost of £1,632 for S136 assessments across police, the NHS, local authorities and ambulance services as reported by Keown et al. (2016) and based on assessments lasting an average of three-four hours. Calculations were considered against the forecasted cost of running triage; estimated by South Wales Police to be £321,000 from 1st April 2020 to 31st March 2021 (based on an operating model of six CPNs and one Supervisor working between 09.00hrs to 01.00hrs over seven days per week).

Quantitative Analytical Approach

Descriptive outcomes were used to characterise the impact of triage in the first twelve months of service, with comparison to the twelve months preceding initiation of triage. ANOVAs compared differences in engagement with triage between the four BCU areas based on MH tags into triage. An independent sample t-test considered differences between the use of S136 detentions in 2018 vs 2019 across the whole of the South Wales police force area. Data were analysed using SPSS version 23 (IBM Corporation, Armonk, NY, USA).

Qualitative Analytical Approach

Component 1: Semi-structured interviews/focus groups with police and MH crisis staff were held six-months after initiation of triage (implementation period) to capture opinions of triage and how triage might impact the management of individuals with MH concerns. Interviews were recorded and later transcribed. Participants were recruited purposively with the guidance of a representative from South Wales Police. Interviews/focus groups were held at the South Wales Police Head Quarters and lasted approximately one

hour. Two interviews were carried out by phone due to resource demands. Participants were provided with information about the evaluation and provided verbal consent to participate and for the interview to be recorded.

Component 2: A stakeholder event was held twelve-months after initiation of triage to explore strengths, weaknesses and potential improvements of the service. Two independent semi-structured focus groups (each lasting approximately one hour) were conducted: one with triage service users and one with experienced practitioners from stakeholder organisations (i.e., police, triage staff, health and a third sector agency). At the request of the charity (who also provided the venue) discussions were not recorded to ensure confidentiality. Instead, contemporaneous handwritten notes were made throughout the group discussions. Participants were recruited purposely via South Wales Police with the support of a third sector MH charity. Prospective participants were given information by the charity at least 48 hours before the focus group event and the evaluation team provided verbal details of the evaluation and the focus group objectives prior to the discussions. Participants provided verbal consent to participate and for notes of the discussion to be made.

Participants from both study components were informed that anonymised data (i.e., interview quotes and discussion summaries) would be included within reports and publications and given the option to withdraw from the study if they did not wish to consent.

Interviews were analysed using descriptive qualitative analysis - a data-driven approach in which codes/themes are generated from the data by analysing the data as it is collected (Lambert & Lambert, 2012). This approach allows for naturalistic inquiry to examine the perspective of multiple participant types (police and health staff and triage service users), and to provide a summary of the phenomenon without commitment to a pre-determined theoretical basis (Lambert, & Lambert, 2012). This approach was considered

appropriate as the evaluation aimed to present a description of the triage experience from various viewpoints (Lambert, & Lambert, 2012). Themes were developed using the method of interpretive description, which is an inductive analytical approach in which meaning and explanations emerge within the data from those who experience the phenomenon being studied (Thorne et al., 1997). Agreement on theme development was discussed between the authors (insert names).

Interview Participants

Component 1 comprised 13 participants: seven police representatives (i.e., patrol officers and police sergeant); three control room staff, one triage nurse and two MH crisis staff. Component 2 consisted of two focus groups – the 'experts by profession / training' focus group (two triage nurses, one third sector worker, one Detective Inspector, one MH service senior manager) and the 'experts by experience' group (four service users, two carers – all over 35; two men and four women). The service users had engaged with triage directly (between one and four times) whilst the carers had experienced triage having contacted the police about a loved one experiencing mental distress/crisis.

Survey Data

Interview findings were supplemented by survey data from police and MH crisis staff to further explore their opinions of triage. In addition, 49 police and 12 crisis staff completed the Police and Community Attitudes towards Offenders with Mental Illness Scale (PACAMI-O Scale) (Glendinning & O'Keeffe, 2015). PACAMI-O data are not presented here, but were collected to act as a baseline for future analysis. All surveys were completed via Survey Monkey and coordinated by South Wales Police.

Survey Participants

Surveys were completed at the end of the triage implementation phase (January – May 2019) by 118 police staff (police officers - N = 76; police sergeants - N = 22; other police grades – N = 20) and 41 MH crisis team staff. The majority of respondents had used the triage service at least once (police = 57%; N = 67 / crisis team = 71%; N = 29), most typically five or more times. Not all staff answered all survey questions, therefore the number of respondents varied.

Results

Quantitative Outcomes

Rate of Triage Service use

Over the course of the implementation period (January-May 2019), there was a steep increase in MH tags i.e. incidents in which triage provided support to officers, control room staff and/or service users which stabilised during the latter part of the year (June-December 2019) (see figure 1). December 2019 showed a 298% increase in engagement compared to January 2019.

Insert figure 1 here

There was an upward trend in engagement in triage (MH tags) across all BCU areas, representing at least a threefold increase when comparing December 2019 with January 2019. A one-way ANOVA found a significant difference in tags between the BCU areas ($F(3, 44) = 6.41$, $p = .001$); with BCU-2 ($p = .001$) and BCU-4 ($p = .009$) tagging a significantly higher

number of MH incidents than BCU1. Putting this data into context, table 1 shows that whilst BCU-3 had the highest rate of MH tags, when population estimates are factored in, BCU-2 showed a higher level of MH tags per officer (and by inference the engagement rate in triage) than other areas.

Insert table 1 here

Data collected by triage nurses show that during the implementation phase, the number of repeat callers tagged into triage reduced from 17% of the total calls in January to less than 1% in May (figure 2).

Insert figure 2 here

During December 2019 and January 2020, 2,058 incidents were reviewed as part of the Access Review for one of the Health Boards. Analysis revealed that most triage related contacts were initiated by the person with the MH issue themselves (34%) or by a professional (i.e., GP, nurse, mental health nurse, ambulance and multi-agency safeguarding hub) (24%). The remaining were initiated by members of the public, ex-partners, strangers, family, friends and neighbours. There was a slightly higher ratio of incidents reported for men (54%) and amongst those aged 30-39 (24%) and 18-29 (23%). The rates by age broadly reflect population demographics across South Wales (https://statswales.gov.wales).

As shown in figure 3, the most common reason coded for the call was 'suicidal' (32%), demonstrating 'confusion/strange behaviour' (21%) or 'diagnosed mental health

condition' (17%). Almost a fifth of calls (19%) had the main issue categorised as representing social or lifestyle concerns, including housing, domestic abuse and relationship problems.

Insert figure 3 here

Analysis of S136 Data

Data for the whole police force area showed a downward trend in S136 use following initiation of triage. A significant reduction in the mean monthly numbers of S136 detentions was found following triage introduction (from 101 in 2018 to 80 in 2019; $t(22) = 3.002$, $p = .007$). This reduction in S136 use was most notable during the continuation period, with a year on year reduction of 51% recorded in December 2019 compared to December 2018.

BCU-2 recorded the greatest reduction in S136 use when comparing 2019 with 2018 (36%), with a slight decrease recorded in BCU-3 (8%) and BCU-4 (7%); BCU-1 recorded a slight increase of 4% during this period (see figure 4).

Insert figure 4 here

Formal assessment outcomes following S136 use showed a reduction in the number of people being discharged by receiving MH specialists following the introduction of triage (a reduction of 36% in BCU-2 and 53% in BCU-3). BCU-2 recorded the greatest reduction in repeat use of S136 (i.e., individuals who have contacted the police and been detained under S136 on multiple occasions) in 2019 compared to 2018 (64% reduction; closely followed by

BCU-3 - 60% decrease) and saw a 43% reduction in S136 incidents being referred to outpatient MH services. In contrast, BCU-1 did not see a reduction in S136 repeats across the two years and experienced a 30% increase in referrals to outpatient services in 2019.

Preliminary S136 Estimated Opportunity Cost Impact Across Police, Health and Local Authorities

Based on Keown et al. (2016) estimation that S136 detentions cost services an average of £1,632 per detention, the reduction in S136 use in the South Wales policing area since initiation of triage has led to an estimated £231,743 opportunity costs saving. This alone covers just over two thirds of the estimated annual running cost of triage (£321,000).

Table 2 shows that BCU-2 had the greatest estimated saving in 2019 of £174,624, however BCU-1 experienced an increase of £11,424. This parallels the pattern of engagement with triage (rates of MH tags) in these areas, where tagging is highest in BCU-2 and lowest in BCU-1, suggesting engagement in triage may reduce the use of S136 by officers.

Insert table 2 here

Qualitative and Survey Outcomes

Qualitative findings are organised in two sections, Implementation phase and Stakeholder event and draw together views and opinions captured via interviews/focus groups and survey findings. The outcomes relating to the implementation period (January-May 2019) examine if triage is seen to be meeting its objectives and facilitating cross-agency partnership working. Outcomes from a Stakeholders Event held after 12-months of service

consider the experience of triage and identify lessons that could be learnt / improvements made.

Implementation Period: Six-Month Outcomes

Three recurring themes were identified from focus group/interviews/surveys with police and crisis staff:

Theme 1: Value of Triage. Overall, survey data showed both police (84%) and crisis staff (77%) considered triage to be a valuable service, and most police (89%) and crisis staff (75%) were satisfied (somewhat or very) with their experience. Operationally, participants considered the control room to be an appropriate setting, but some police (59%) and crisis respondents (45%) felt the current operating hours (9.00-01.00 hours) might not capture more serious incidents that often occur early hours of the morning:

> Traditionally high levels of intoxication in the early hours have acted as triggers to pre-existing MH conditions. Certainly, moderate-high levels of risk/vulnerability are traditionally experienced 0100–0430, so scoping that demand may evidence the need for expansion of cover. (Text from Survey Response, Police)

Theme 2: Increased Confidence and a Tailored Response. Interviews revealed that prior to triage, officers felt fearful of making inappropriate decisions that might result in a loss of life or investigation into their conduct. Triage was reported to have reduced this fear by allowing officers to access background information alongside specialist advice from MH professionals. The value of this was captured by one interviewee: “more often than not the people we deal with… there’s already safety plans, provisions and meetings in place that we [the police] don’t have access to” (Police Officer 3).

Participants also noted how triage can allows officers and control room staff to tailor their response to individual cases which could lead to: a) de-escalation of an incident; b) alternatives to the use of S136 or attendance at the Emergency Department (ED); c) reduced deployment of officers or other services when not deemed appropriate; d) the right people/services being put in place to best support the individual.

Theme 3: Pressure on Services and Culture Change. Officers identified that engagement with triage reduced both police and health time, with individuals being signposted to MH teams, their GP or referred directly to specialist units/organisations. One potential benefit of this can be a reduction in the need for overtime and deployment of officers from other areas to cover demand whilst police await assessment of individuals at the ED. Consequently, officers reported that triage "…has massively reduced the time officers spend in hospital waiting with people for an assessment and dealing with absconders" (Police Officer 4). Triage was also reported to facilitate cross agency collaborations by acting as an intermediary between services

> Triage is an amazing advancement in the right direction… decisions about needs/risks should be made by properly trained MH clinicians in the first instance, working collaboratively to gather as much information from police to make that decision" (Survey Response, Crisis Staff).

Stakeholder Event: Twelve-Month Outcomes

Triage Service User Focus Group

Three recurring themes were identified from the service user's discussion:

Theme 1: De-escalation of mental distress/crisis. De-escalation in cases of mental crisis was considered a significant advantage of triage. Triage service users explained having

a sense of fear when unable to access services out-of-hour, often leading to increased mental distress/crisis. One triage user said: "when you're ill you can't trust yourself" [to make decisions] (Service User (SU) 1) but having reassurance from a MH professional, who "listens and believes you*"* (SU 4), was found to fill a gap when community and GPs services were closed.

Theme 2: Lack of Follow Up. The group identified that problems accessing follow on/signposted services was the most significant problem with triage. Access to follow on care was identified as a wider service challenge due to cutbacks in community services. However, it was felt that this could undermine triage and create distrust with the police, even in situations outside of police control. One person explained "the police can de-escalate a situation, then triage signposts you, nothing happens, then you escalate again causing further distrust" (SU1). Linked to this was discussion around expectations from triage. For example, users initially expected a follow up and an offer of long term support from triage in the absence of community services. As one person explained: "there's a false sense of security that you'll get [long-term] support, but you don't and there's no [other] help" (SU1). The central concern amongst service users was that triage could identify 'need' and offer initial help but that support could end when the phone call ended.

Theme 3: Carer Trauma. Carers described the trauma of witnessing a loved one in mental distress/crisis, and triage was considered to act as a 'middle service' for families who might need to contact police about a loved one. One person explained, "phoning the police for a loved one is the worst feeling, knowing a MH professional is there [on the phone] makes you feel better" (SU3). Carers also discussed how triage offered "competent and understanding words" (SU3) to de-escalate an incident and help them feel confident they are doing the right thing. The service user and carer group emphasised the need for police and

health to recognise that carers experience trauma when a loved one is in mental distress/crisis; as one person asked, "who looks after a carer in a MH crisis?" (SU3).

Professionals Focus Group

Three core themes were identified from the discussions in the professionals group:

Theme 1: Service functions and perceived impacts. The service functions and inputs were noted to include decision-making (e.g. in relation to S136 use); education (e.g. providing information to police staff) and advice (e.g. of services or strategies that service users might access or use). It was reported that these functions were made possible through access to multiple systems by triage staff and their training. In many cases, this included supporting assessment to determine next steps and providing strategies and techniques to help de-escalate a crisis. This skilled 'back-up' to officers with limited training and experience in working with those with MH and related difficulties was considered to have consequently improved trust between police and MH services.

Theme 2: Lessons learned and areas for further work. At a systems level, the group noted the importance of access to the multiple health and social care systems. Staff described the evolving nature of this work as new systems were added that might have different permission or access procedures. The group discussed the need to develop more robust ways to measure inputs and outcomes, including ways to: a) use distress ratings during calls (to examine immediate impact); b) engage in routine follow up to understand both actions taken and the impact of these (e.g. in relation to signposting); c) monitoring impacts on other services (reductions in or more appropriate use). Whilst the first 2 developments could be actioned by the triage team (resources permitting) the service impacts data would need access to a range of systems (e.g. GP, Emergency Department, crisis teams, Community

MH Teams, social care, and ambulance call data) and possibly changes to the ways information is recorded on other systems.

Theme 3: Challenges/Problems/Concerns. The group agreed that it would have been helpful to have a longer period for induction and to ensure that systems and agreements between agencies were agreed and in place (including data collection) prior to the service 'going live'. However, this was considered difficult given the 'system by system' agreements and accesses that needed to be negotiated. The nature of the service needs to be regularly reinforced to avoid drift from the primary aims. Recognising (and accepting) the service as triage rather than a general MH resource is important, along with being clear about the boundaries between services and the different roles services might play. For example, it is important to recognise that in many instances, agencies are being notified rather than a formal referral being made. This needs to be clearly communicated to the triage service user, other agencies and recorded on the systems.

Discussion and Future Directions

Triage experienced a significant increase in use over the twelve-month reporting period, which might be expected for a new service as it becomes embedded in practice. Using S136 detention as a readily available reference measure of the relationship between triage engagement and outcomes, revealed the area with the greatest use of triage (BCU-2) also experienced the greatest reduction in S136 use, reduced discharge following MH assessment, higher referral rates into outpatient services following S136 use, and fewer cases of repeat S136 use on an individual. Conversely, the area with the fewest mental health tags into triage (BCU-1) experienced an increase in S136 use and referrals to outpatient services and no difference in S136 repeat rates when comparing the triage period to earlier data (2018).

Together these suggest that triage may reduce the use of S136 (by providing useful alternatives) and improve the quality of S136 use by helping officers to select this option only with those most likely to require specialist mental health / inpatient care following an assessment.

It might be that the slight increase in S136 rates in this area (4%) is due to natural year-on-year fluctuations, and it has not possible to consider factors outside of triage that might have impacted outcomes, such as management structures or access to services. Examination of these factors might also provide further insight into the varied levels of engagement with triage seen across the BCUs areas. It was not possible to explore this within the current work, but services should consider factors that mediate engagement and successful implementation of triage to consider how this might be supported and improved.

The reduction in S136 use since initiation of triage, had led to a preliminary estimated non-cashable £231,743 opportunity cost saving for activity within the police, the NHS, ambulance service and local authorities. This alone covers just over two thirds of the total annual service costs for triage (£321,000). However, a report from the Independent Police Complaints Commission (IPCC, 2008) estimate a longer average assessment time for S136 detentions, and so costs savings might be greater than presented here. However, it is important to recognise that as non-cashable savings, reducing staff resource demands for one task will enable existing staff to address other under resourced 'business critical' areas rather than releasing a resource which can be dedicated to a new purpose (i.e. to fund the triage service). Therefore, how triage services are funded and by whom will remain a key issue until a long term and sustainable solution is found.

Triage was viewed as a supportive and valued service by both triage service users and professionals. As found by Callender et al. (2019), triage was considered to have improved

trust between services, with health professionals supporting police decision making. However, there are significant challenges in accessing follow-on care. This has been raised previously by both Samaritans and Barnardo's, with an individual potentially being particularly vulnerable over the subsequent seven-days after a MH incident (National Assembly for Wales, 2018). Indeed, triage service users in the current evaluation discussed escalation of mental distress when unable to access MH services, resulting in police contact as a means to access support before reaching crisis point. However, there is a need to ensure that triage is not perceived as a service that facilitates or speeds up an NHS-led response when the incident does not require police contact. This was raised as a point of concern in a Home Affairs inquiry, where it was reported that the police should not be used as a gateway to healthcare, nor should there be a reliance for police to fund services that support individuals with MH needs when it might be best placed in the NHS (House of Commons, 2018). Nevertheless, triage might act as an intermediary service in the management of such individuals, particularly during out-of-hours when individuals might feel vulnerable. Thus, providing an opportunity to capture individuals with ongoing needs and promote partnership working across services to ensure preventative support is in place. However, there is a need for multi-agency working for this to succeed, and currently there is no 'built-in mechanism' whereby multi-agency reviews are triggered to support individuals who have been referred from police (Royal College of Nursing, 2019). This would require cross agency data collection to assess the role triage might have in reducing a potential 'revolving door' situation, in which individuals are discharged and signposted to their GP, only to escalate and again be detained under S136. This was indeed raised by triage service users and experts during focus groups at both the 6-month and 12-month interviews/focus groups. However, this requires services (i.e., health, third sector, police) to develop systems of data capture and sharing that will enable the individuals' journey to be followed, thus enabling service

evaluations to fully explore the long-term impact of triage on individuals and service demands. This will also require the involvement of social care and third sector services to help determine the long-term impact of triage and to examine how the service might prevent further escalation of distress and subsequent MH problems for those experiencing poor psychological wellbeing (i.e., loneliness, debt, bereavement etc.). Such factors accounted for 19% of calls into triage and further analysis is needed to examine how triage might support these individuals. This might also be an alternative approach to measure the potential costs savings to services when triage have intervened.

Developing and delivering this service has resulted in organisational learning which could be used to inform similar developments. These are considered from the viewpoint of the lead organisation (police) and are summarised in the observations and reflections of the third author (Box 1).

Box 1: Police Observations and Reflections

The South Wales Police provision of CPNs in the police control room, provides much needed advice and guidance to front-line officers who are not equipped with specialist training to support those potentially suffering a MH crisis. The triage service also helps to ensure that vulnerable people can access the right service at the right time via a trauma informed approach. We know from the evaluative work and on the ground feedback that the police workforce is more reassured when attending to MH incidents and when providing support to vulnerable people, knowing that experts are available to guide them. This is central to the ethos of the Wales Crisis Care Concordat and has strong emphasis within the Chief Constable's Delivery plan.

The triage provision makes a real difference to our communities. Given the immediate impact of the COVID-19 pandemic and anticipated longer-term impacts of recovery, it would

seem inevitable that MH related incidents will rise. Triage would therefore seem to be a provision that is here to stay. Looking to the future, it appears reasonable to expect further discussions to determine where funding for this essential health service should be sourced.

Limitations

This evaluation was not able to consider, in detail, the potential impacts of triage on health and social care services e.g. by ensuring individuals are directed to the most appropriate service or through diverting individuals away from hospital/crisis admissions into appropriate other/third sector services. Nor has it been possible to consider the factors that impacted engagement in triage across the four BCU areas. Table 1 provides contextual information on BCU areas in relation to population estimates and officer ratios, however further work should explore the factors that help and hinder engagement with triage across the BCUs. Critically, it has also been beyond the scope of this evaluation to (financially) quantify potential improvements to the service user journey through health and social care, and the long-term outcomes achieved because of this triage approach. This partly reflected the ways in which the available health and social care data was recorded which meant it was not possible for this to be linked to triage activity. The opportunity cost saving presented offers a base for more detailed analysis, rather than a formal cost analysis.

Data relating to caller demographics and reasons for access to triage were primarily sourced from one BCU area and only captured outcomes from December 2019-January 2020. Outcomes should therefore be considered cautiously. Repeat caller outcomes were drawn from police data only; consequently, there is a lack of wider information relating to caller characteristics and the context of the types of calls made. To address this, triage staff have begun collecting additional information about repeat callers and further service evaluations should include a more in-depth examination of this group. For this evaluation it was not

possible to access data from health settings such as ED, GP and ambulance data. Future evaluations should include relevant data from health, social care and third sector services which might help understand outcomes further.

It is important to note that the police data relating to the triage categorisation of the callers' main issue of concern (based on a nationally agreed recording framework) is problematic. For example, categories may overlap, be unclear, need further information to accurately use or be used when a more appropriate category also exists. For example, categories include psychosocial distress / wellbeing and formal MH diagnoses (i.e., low mood/depression and stress/anxiety/panic) and 'other issues' may be used in place of a 'diagnosable MH issue' as occurred in 238 cases included here. Such issues have been previously identified alongside concerns that police systems are not sophisticated enough to accurately flag or categorise mental health demand, or indeed identify patterns from frequent callers as identified above (HM Chief Inspector of Constabulary and HM Chief Inspector of Fire & Rescue Services, 2018). Work is needed to improve the recording / categorisation of concerns.

Conclusion

Triage is a positive example of joined up working across health and police that aims to ensure individuals experiencing mental distress/crisis are appropriately supported. Thus, addressing the South Wales Police & Crime Plan (2018-2021) priority of developing better pathways for individuals experiencing MH concerns. Whilst triage enables a multi-agency response in the management MH incidents, assessment of multi-agency follow-up is essential to ensure triage outcomes, in terms of impact on the individual and services, are measurable in the long-term. Specifically, quantifying the impacts (benefits or disadvantages) of triage

on service user journeys and agencies directly or indirectly connected to triage remains to be examined.

Implications for Practice

- Triage is an opportunity to respond effectively to individuals with mental health related needs and to promote partnership working across services to ensure appropriate signposting and support for the individual.
- Triage might act as an intermediary service to provide input to those experiencing distress before escalation to crisis, thus reducing overall demand across services.
- The 21% decrease in S136 use across the force in 2019 compared to 2018 led to a conservatively estimated opportunity cost reduction of £231,743 across police, the NHS, ambulance service and local authority.
- Triage provides police staff with education and learning opportunities in the management of MH incidents, including services or strategies that service users might access to address their concerns/needs.
- The reduction in repeat calls shows that triage de-escalation and support practices are pro-active in identifying and responding to the root cause of repeat calling.
- An in-built mechanism across services is needed to assess the long-term impact of triage on individuals and service demand, including follow up to determine the impact of signposting to MH and third sector services.

Declaration of Interest Statement

This evaluation received funding from the Police and Crime Commissioner for South Wales for provision of independent evaluation of the South Wales PSC MH triage model. However, the work was conducted by independent researchers with no known conflicts of interest and no significant financial support that could influenced its outcome.

Data Availability Statement

Due to the nature and sources of data utilised, the authors do not have permission for the data to be shared publicly; supporting data is therefore not available.

References

Adebalowe, Lord V. *Independent commission on mental health and policing report [Internet]. 2013.* Accessed from: http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/10_05_13_report.pdf.

Callender, M., Knight, L.J., Moloney, D., & Lugli, V. (2019). Mental health street triage: Comparing experiences of delivery across three sites. *Journal of Psychiatric and Mental Health Nursing, 28,* 16-27. https://doi.org/10.1111/jpm.12584.

Cummins, I., & Edmondson, D. (2016). Police and street triage. *The Journal of Adult Protection, 18,* 40-52. http://dx.doi.org/10.1108/JAP-03-2015-0009.

Glendinning, A. and O'Keeffe, C. (2015), "Attitudes towards offenders with mental health problems scale." *The Journal of Mental Health Training, Education and Practice, 10*, 73-84. https://doi.org/10.1108/MHTEP-08-2014-0023

Hanson, W.E., Creswell, J.W., Clark, V.L., Petska, & Creswell, J.D. (2005). *Mixed methods research design in counselling psychology.* Faculty Publications, Department of Psychology. 373. http://digitalcommons.unl.edu/psychfacpub/373.

Horspool, K., Drabble, S.J. & O'Cathain, A. (2016). Implementing street triage: a qualitative study of collaboration between police and mental health services. *BMC Psychiatry 16,* 313. https://doi.org/10.1186/s12888-016-1026-z

HMICFRS (2018). *Policing and Mental Health: Picking Up the Pieces*. Accessed from https://www.justiceinspectorates.gov.uk/hmicfrs/publications/policing-and-mental-health- picking-up-the-pieces/

House of Commons (2018). *Policing for the Future: Tenth Report of Session 2017-19.* Accessed from

https://publications.parliament.uk/pa/cm201719/cmselect/cmentalhealthaff/515/51502.htm

IPCC (2008) *Police Custody as a 'Place of Safety'*. Accessed from http://www.ipcc.gov.uk/sites/default/files/Documents/%5BNPM%5D%20LtL%20Bulletin%205%20-%20Case%202.4.pdf14The HSCIC publishes data on 'Inpatients

Keet, R., Vetten-Mc Mahon, M.D., Shields-Zeeman, L., Ruud, T., van Weeghel, J., Bahler, M.,…… Pieters, G. (2019). Recovery for all in the community; position paper on principles and key elements of community-based mental health care. *BMC Psychiatry, 19,* 174-185.

Keown, P., French, J., Gibson,G., Newton, E., Cull, S., Brown, P… McKinnon, I. (2016). Too much detention? Street Triage and detentions under Section 136 Mental Health Act in the North-East of England: a descriptive study of the effects of a Street Triage intervention. *BMJ Open, 6*: e011837. doi:10.1136/bmjopen-2016-011837

Lamb, R.H., Weinberger, L.E., & DeCuir, W.J. (2013). The police and mental health. *Psychiatric Services, 53,* 1266-1271. https://doi.org/10.1176/appi.ps.53.10.1266.

Lepresle, A., Mairesse, E., & Chariot, P. (2013). Section 136 and police custody-an unacceptable situation. *Lancet*, 381(9885): 2224: 382(9900):1248.

Mental Health Services (2019). *Addressing the Care Deficit.* Accessed from https://nhsproviders.org/mental-health-services-addressing-the-care-deficit

National Assembly for Wales (2018). *Everybody's Business: A Report on Suicide Prevention in Wales*. Accessed from http://www.assembly.wales/laid%20documents/cr-ld11947/cr-ld11947-e.pdf

O'Brien, A., Sethi, F., Smith, M., & Bartlett, A. (2017). Public mental health crisis management and Section 136 of the Mental Health Act. *Journal of Medical Ethics, 44*, 349-353.

Policing and Crime Act (2017). Accessed from: www.legislation.gov.uk/ukpga/2017/3/contents/enacted.

Rogers, M., Thomas, S., Dalton, J., Harden, M., & Eastwood, A. (2019). Police-related triage interventions for mental health-related incidents: a rapid evidence synthesis. *Health Service Delivery Research, 20*

South Wales Police & Crime Plan 2021-25: Executive Summary. Accessed from https://www.southwalescommissioner.org.uk/media/1923/crp002-crime-plan-2020-eng-p5.pdf

The NHS Confederation's Mental Health Network (2020). *Mental health services face 'rising tide' in demand due to coronavirus.* Accessed from https://www.nhsconfed.org/news/2020/08/mental-health-reset

Welsh Government (2019). *Wales Crisis Care Concordat National Action Plan 2019 to 2022.* Accessed from file:///C:/Users/Rachel/Downloads/CCC%20National%20Action%20Plan%202019-2022.pdf

Table 1

Mental health occurrences and population estimates per thousand across the BCUs.

	Mental health tags (Dec 19)	*Front line staff*	*Popn '000s*	*Mental health tags (Dec 19) per 100,000*	*Ratio of mental health tags: staff*
BCU-1	201	169	278	72	1.19:1
BCU-2	364	246	390	93	1.48:1
BCU-3	286	211	301	95	1.36:1
BCU-4	327	282	366	89	1.16:1

Table 2

Estimated S136 opportunity cost reduction across BCUs since initiation of triage

	S136 use		***Estimated Cost[1]***		***Estimated Savings***
	2018	**2019**	**2018**	**2019**	
BCU-1	190	194`	£310,080	£321,504	**£-11,424**
BCU-2	297	190	£484,704	£310,080	**£174,624**
BCU-3	189	174	£308,448	£283,969	**£24,479**
BCU-4	284	264	£463,488	£430,848	**£32,624**
Total	960	822	1,566,760	1,346,401	**£220,303**

Note: [1] Based on estimated cost of £1632 per unit, across police, NHS, ambulance and local authority

Figure Captions

Figure 1: *Total number of mental health incidents tagged into triage for January-December 2019. Implementation period: January-May. Continuation period June-December.*

Figure 2: *Total number of repeat callers considered against number of reported mental health incidents between January and May 2019.*

Figure 3: *Main issue of person experiencing a mental health concern.*

Figure 4: *Rates of S136 use across the four BCU areas in 2018 and 2019.*

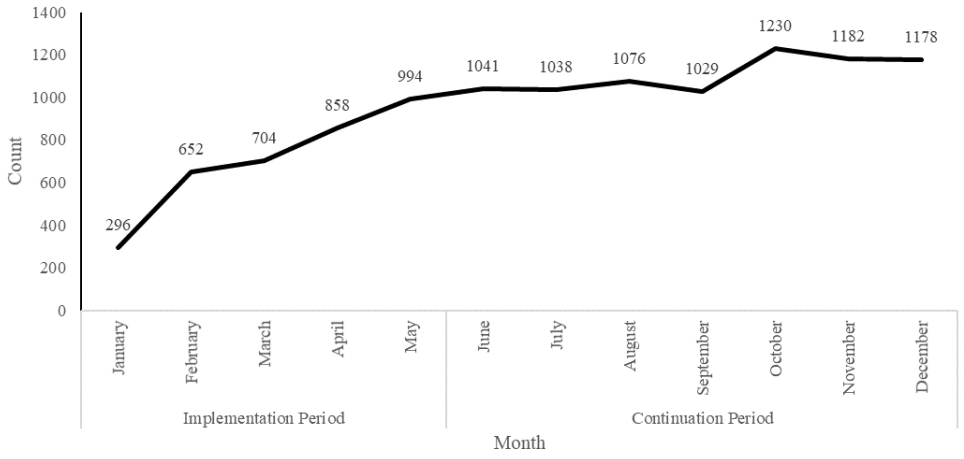


Figure 1: Total number of mental health incidents tagged into triage for January-December 2019. Implementation period: January-May. Continuation period June-December.

459x224mm (59 x 59 DPI)

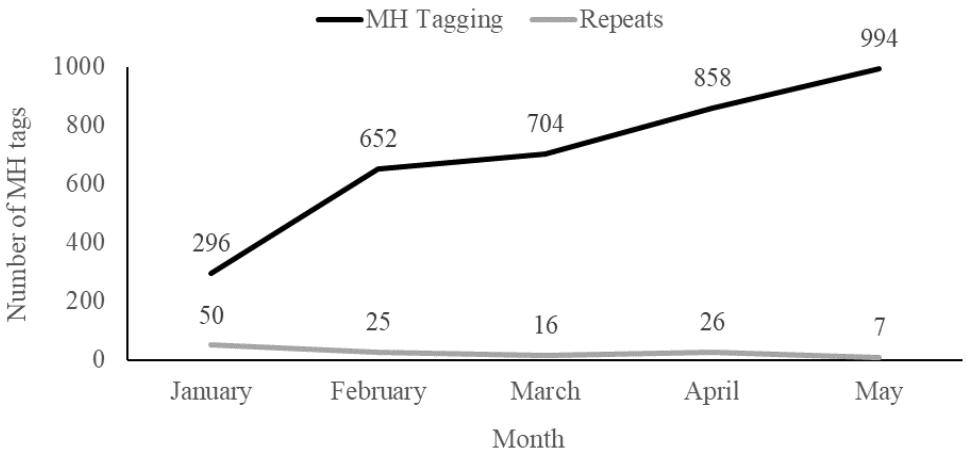


Figure 2: Total number of repeat callers considered against number of reported mental health incidents between January and May 2019.

404x195mm (59 x 59 DPI)

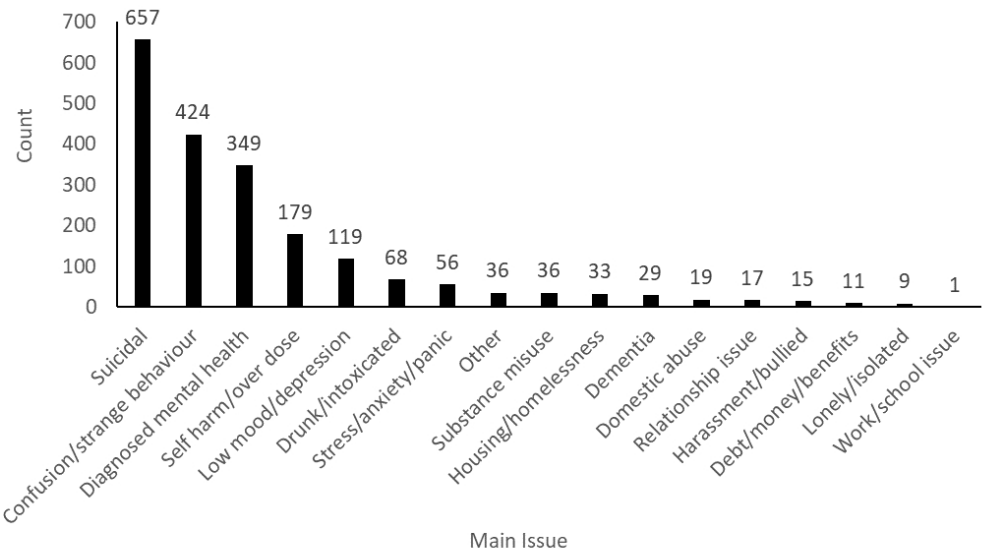
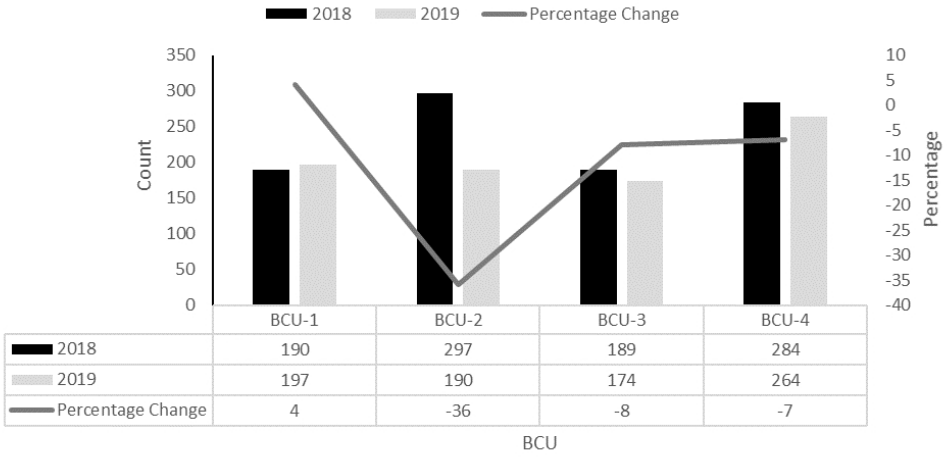


Figure 3: Main issue of person experiencing a mental health concern

437x258mm (59 x 59 DPI)



	BCU-1	BCU-2	BCU-3	BCU-4
2018	190	297	189	284
2019	197	190	174	264
Percentage Change	4	-36	-8	-7

Figure 4: Rates of S136 use across the four BCU areas in 2018 and 2019.

421x210mm (59 x 59 DPI)