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Global shifts in the policing of mental health

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Editorial: Global Shifts in the Policing of Mental Ill-Health

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This special edition outlines the changing landscape of policing and mental health and provides readers with an introduction to a multitude of policy and practice innovations from the United Kingdom, the Netherlands, Canada, the United States and Brazil. These examples of innovative and evolving practice address the challenge of providing fair, effective and efficient responses to people suffering from mental health crises. The special edition takes, as its starting point, a presumption that knowledge of mental ill-health within policing, as elsewhere, is limited. This is not to state that there is little discussion about mental health and policing. On the contrary, mental health is subject to much discussion at the policy level but there remains a gap between policy noise and consistent actionable change. The articles that follow thus represent an attempt to enhance and expand the research agenda in this area and to build an evidence-base to help inform future decision-making using global and multi-disciplinary perspectives from police officers, health workers, policy-makers and academics.

Police, Policing and Mental Ill-Health

Mental ill-health presents a challenge for police organisations across the globe. Yet, police officers routinely managing public health risks there remain only sporadic and uneven analyses of this work (Wood et al., 2013). The complex, and where possible preventative, management of health threats to the public by police organisations was identified by Bittner (1967) in his masterpiece: 'The Police on Skid-Row: A Study of Peace-Keeping'. Despite this, much of the academic and policy focus on vulnerable groups since this seminal work has oriented around factors such as gender, ethnicity and, to a lesser degree, socio-economic class. Public concern about these complex societal issues has left those who experience multiple disadvantage, marginalisation and vulnerabilities isolated from appropriate support networks. This issue was raised, only recently, in *Policing: A Journal of Policy and Practice* with Bartkowiak-Theron and Asquith's (2015) call for an academic and policy focus upon vulnerability rather than the current siloed model of multiple diversities.

Nearly fifty years later, Bittner's key insights remain influential over police studies; the craft of police officers lies within their reliance upon soft skills and tactics such as negotiation and persuasion to maintain the peace. These tactics are deployed within a context where the potential to use coercive force looms large in the background for those who encounter the police in conflict situations. This threat of coercive force is particularly problematic for people suffering mental health crises and who have disproportionate contact with the police and other state agencies. The movement of psychiatric custodial treatment into the community over thirty years ago left many people falling through the cracks of community systems and into the care of the police and criminal justice system. While the establishment of proactive policing models from the 1990s drew police officers back towards the communities they worked, an understanding of the impact of these changes upon people with mental health problems has remained largely on the periphery of police studies. Although community engagement has helped build relationships between some areas of the community and the police it is yet to address the potential over-policing and discriminatory experience of those suffering from mental ill-health.

In 2014, over 4,000 people were detained in police cells under Section 135 and a Section 136 of the Mental Health Act in England and Wales when they should have been under the care of a health-based organisation. The substantial resources required to support responses to mental health crises is undoubtedly a factor that has led to individuals with mental health issues falling through the cracks of multi-agency service provision. The London Ambulance Service's de-prioritisation of mental health cases where police officers are on the scene is just one example where individuals with mental health problems are left facing extended delays at the time when they are most vulnerable.

England and Wales are not alone here. The defragmentation of policing and mental health services in the United States is addressed by Normore, Ellis and Bone in this issue and similar challenges are identified across the articles in Canada, Australia and parts of Europe. Given these challenges, the special edition identifies a number of policy and practice innovations. The wealthy

western democracies have started to recognise the collateral damage of decades of political and economic re-structuring and marginalisation upon vulnerable individuals and the police and health services are taking a lead in re-formulating responses to those oft neglected and seldom made visible. In administrative terminology, the challenge is articulated through the language of ownership and management of risk yet for those in the system this translates as the navigation of complex inter-agency relationships, contradictory mission statements and inflexible organisational cultures. And finally you add rapidly diminishing resources to this list of challenges.

The socio-economic context of fewer resources and greater demand puts further pressure on police officers who are already regularly required to regularly manage crises situations. Whereas the management of mental health crises is a widely recognised problem there has been little detailed analysis of the mental health of police officers working I vulnerable situations. The first three articles in this special edition start to address this. Sean Bell provides a police officer perspective of the mental health landscape within the Police Service in England and Wales and identifies an unwillingness for mental health issues to be exposed both amongst police officers and within policy and training. The consequence of this internalised culture is an absence of both informal and formal support networks. XXX pick this same issue up from a Dutch perspective in their analysis of rescue worker social support networks. The article provides a clear evidence-base concerning the threat to individuals of multiple encounters with traumatic situations. A similar perspective is provided by Andersson Pereira dos Santos from within the different context of the Brazilian Federal Police. Pereira dos Santos identifies the need for resilience amongst police officers who are faced with challenging and demanding scenarios and the need for specific attributes and approaches to recruitment to avoid mental ill-health amongst police officers.

Policing, Communities and Mental Health

The first three articles provide some useful context for police organisations to prepare their workforce for the internal and external challenges presented by mental health issues. The final five articles outline a range of policy and practice innovations from within police organisations, between health and police partners, and within communities. The linkages between these articles emanates

out of a desire to find alternative responses to the enduring challenge of over-policed and under-protected vulnerable populations. There has been lots of policy and guidance on mental health issues but the global experience is one of uneven application in operational environments. Together, the five articles help to generate and consolidate an evidence base which can inform decision-making and more consistent practice. Ed Pollock explores shifts in thinking towards the use of police custody environments in England and Wales before Vaughan and colleagues provide a detailed spatial analysis of the distribution of calls reaching police organisations in Canada from people in mental health crisis situations. The article clearly maps out the multiple disadvantages of people suffering mental health in geographic terms and advocates for a knowledge map of vulnerable populations to help inform responses.

Anthony Normore, Brian Ellis and Darius Bone build upon this knowledge map and provide a case study that focuses upon the experience of homeless people in California. A message emerges from these articles of people suffering multiple disadvantages in the form of mental-ill health, disability, substance and alcohol use and a perceived requirement for police organisations to address social order issues that emerge from these populations. Within this context, appropriate care mechanisms can be marginalised in preference for short-term incident management. The articles highlight case studies and policy innovations that enable police organisations to avoid the cycle of arrest, detention and over-policing that can emerge out of these circumstances.

Arey and colleagues take this further and provide a review of 'crisis intervention teams' (CIT) and their impact in a range of different contexts. The article charts the evolution of 'CITs' and raises a number of pertinent issues that are applicable to the policing of mental ill-health in a range of contexts. These include; developing effective collaborations for all relevant agencies involved in mental health work, the development of relevant training and multi-agency data sharing models, the identification of recurrent blockages to effective practice, and access to funds to support the above. CITs remain well stablished in the United States and funding has been made available in England and Wales to support developments in this as well as other areas. Further policy innovations include; support for mental health co-ordinators who work across agencies and the co-

development of risk assessments. Evaluations of street triage schemes as well as best practice in custody are in progress and proposals are being put in place to enable more places to be designated as places of safety for vulnerable people (plus the mental health crisis concordat - check).

Yet, one of the most significant challenges in co-ordinating effective responses for vulnerable people is the large number of agencies involved who operate across a multitude of different jurisdictions. Examples abound of non-compliance with joint protocols which leaves the Police Service to pick up responsibility for an area where their officers receive limited training. Evidence of dysfunctional multi-agency partnerships is by no means new yet the landscape of policing and mental health is starting to shift. Paterson and Best question the sustainability of expensive, specialist collaborative models within a context of reduced public spending. Instead, they put forward a model of community connectors which emphasises the site of mental health policing as being in the community itself. This article draw on many aspects of the other articles but questions whether the police or any other criminal justice professional should be tasked with such a complex task and offers community-based models as an alternative response to mental health crises and ill-health.

Collectively, the articles in this special edition draw on the experience of people working across the police-mental health nexus in Europe, North America and South America. Both commonalities and differences in experience are evident. There are commonalities in the challenges faced within police organisations, by vulnerable populations, and a collective desire to respond to social inequity. There are clear differences in the envisaged responses and recognition of the need for all policy and practice to be in tune with local need whilst remaining united by the values of fairness and justice.

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