



**HEAR US**



# Hear us & the Croydon User Council

Meeting at: The Fairfield Club  
1.30pm – 4.30pm 3<sup>rd</sup> November 2009

Chair: Ian Timms

Minutes: Jane White (JW) Hear Us Administrator

ITEM	ACTION	WHO
1.	<b>MINUTES, WELCOMES, INTRODUCTIONS, APOLOGIES &amp; HOUSE RULES</b>	
	<p>The Chair welcomed everyone and went over the ground rules for the meeting and Fire safety instructions etc. Guest speakers from the Croydon Metropolitan Police were introduced and welcomed and the Chair explained the format that today's meeting would take. The 3 police officers would begin by giving everyone an overview of:</p> <p><b>1. Section 136</b> (Section 136 of the 1983 Mental Health Act, gives the police the authority to "<i>remove a mentally ill person from a public place to a place of safety</i>" when that person is in crisis and a potential risk to themselves or others.</p> <p><b>2. The Mental Capacity Act</b> (The Mental Capacity Act 2005 - came fully into force October 2007, designed to "<i>provide a legal basis for providing care and treatment for people aged 16 and over, who lack the mental capacity to give their consent.</i>"</p> <p><b>3. Safety and Restraint</b></p> <p>This would be followed by an opportunity for everyone to ask questions with regards to these issues. After the break there would then be an 'open forum' for people to put all their comments, suggestions, complaints, queries etc to the police.</p>	



<p><b>2.</b></p>	<p><b>GUESTS: CROYDON POLICE</b></p> <p><b><u>PS Guy Osland</u></b>  Partnership Sergeant Croydon Police – partnership team - looks at community issues including mental health. Guy has come today to discuss how they 'police' mental health locally. <i>Policing mental health on the front line</i></p> <p><b><u>Acting Inspector Steve Wiles</u></b>  Response Team inspector – works with response teams (999 teams supervisor) to discuss <i>how the police deal with mental health.</i></p> <p><b><u>PS James Knowles</u></b>  Response Team Sergeant / Borough Trainer – response team – to discuss <i>duties out on street, custody offices, and officer safety.</i></p>
	<p><b><u>Acting Inspector Steve Wiles</u></b></p> <p>Section 136 involves taking a mentally unwell person to a place of safety, such as the Bethlem, other psychiatric hospital, A and E, or if necessary, the police station. However, the latter should not be used as a matter of course and the police station would only be used as a place of safety as a last resort. The police would look to take a person to a friend or a family member if that was possible. The police acknowledge that the Police station is not a suitable/ideal setting for a person with mental health problems and if it was necessary to put someone on a section 136, the Bethlem would be the preferred place of safety. The police would aim to give people in crisis as much reassurance as possible if they did have to take them to the police station and explained that there are the facilities to manage people.</p> <p><b><u>What the police do in the custody centre to take care of service users:</u></b></p> <ul style="list-style-type: none"> <li>- a full risk assessment by the custody office</li> <li>- ask people about any injuries, existing illnesses including mental health problems, medication etc</li> <li>- If necessary the police will arrange for the person to be seen by a doctor as soon as possible.</li> </ul>



- all custody centres have CCTV installed (including in some of the holding cells if necessary - to ensure that someone deemed a risk of harming themselves, is monitored and kept safe.
- the police have specially trained designated detention officers, employed by the met, trained to spot for the first signs of self harm
- the police can put someone on close watch if they are believed to be a risk to themselves

### **Changes in the law and the Mental Capacity Act**

The police can now transfer someone who is thought to be suffering from mental illness to a place of safety *without* being seen by a doctor or social worker first

- A vulnerable person can be taken straight to the Bethlem – to minimise time spent in custody. The police would use an ambulance where possible, rather than a police van/car. This is MET policy and the policy of Croydon Borough police.
- The mental capacity act is relatively new legislation and we (the police) are still finding our feet with it. The act is not just for the police, it is a legal frame work for service users and carers (NB: the police act as 'temporary carers' in certain situations, e.g. when dealing with a person with mental health problems, and therefore the act applies to us (police))
- The Act gives a carer the power to make decisions on someone's behalf if a person can't do it for themselves, e.g. when in crisis such as threatening to harm themselves in their own home (a situation when the police can't legally put someone on a section 136 because it's not a public place). In this way the mental health capacity act can help. Where an officer feels a person lacks capacity, the police can make the decision (even with force) to prevent harm to that person – till now there was no legal power to do this on private property, such as a person's home.

### **PS James Knowles - Police Officer Safety and Techniques**



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**Question** When a person who is suffering from mental illness gets in to a fight in public with a person who does not have mental health problems, why do

**Answer** the police seem to side with the non-mentally ill person?

This should only happen if the person experiencing mental health problems is the aggressor in the situation, or if that person appears to pose a risk to themselves or others. The police should take people with mental health problems seriously and if people feel that they have not been listened to or that the police are 'laughing' at them, a complaint should be made. We (the police) would like to think that the majority of our officers are sympathetic to people who are in crisis, and that situations involving service users are assessed fairly and appropriately.

**Question** How long can a person be held under section 136?

**Answer** 72 hours

The police aim to deal with situations involving service users much quicker than this, so that people are only held on a section 136 until they get the help that they require (which could mean being released, taken to hospital etc) The police would ideally not want to keep someone in custody for 72 hours.

**Question** When was the last time a police station was used as place of safety?

**Answer** About 2 weeks ago, but this was the first time in about 4 years (when a more desirable place of safety could not be found), and unfortunately the situation involved a person who was drunk and therefore the Bethlem could not take that person and make an assessment. The person was at risk of self-harm and needed to remain somewhere under close supervision.



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**Question** Personalisation is of utmost importance if the police are really going to

**Answer** listen to service users and take their needs/issues into consideration.

**For example, if a service user does not want to go to a hospital, would you help them to avoid this? Secondly, what do the police do to try and minimise distress for people with mental health problems, when they arrive to deal with a situation or a person who is in crisis? (E.g. use of handcuffs/being put in a police van/locked alone in a cell etc...)**

As police officers we are not medically qualified to decide what treatment a person might need. Our primary concern is to keep people safe and if, in this example, a person could be at risk of harming themselves (or *have* harmed themselves) we would have to get medical treatment for that person (i.e. possibly take them by ambulance to hospital) even if that is against their will. (see below for answer to question regarding handcuffs etc).

**Question** Is time a factor? Do you sometimes opt for rushing someone off to hospital because supporting a person in the community could take longer, i.e. because of time constraints?

**Answer** We hope that our police officers don't think like this and again, we would like to think that the majority of our officers put care of the mentally ill person as the priority.

**Question** But surely it is more desirable to tend to someone in their home environment – are you (the police) too quick to rush in?

**Answer** This is true, sometimes a different approach is needed and police would (and do) take the decision not to use section 136. We often make a judgement call for different/better intervention which doesn't involve going to hospital.

#### **Officer Safety Training**

This covers:

- What is legal in terms of using force
- Tactical communication – how we talk to people
- Empty hand skills
- Medical implications
- Equipment – weapons we carry



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- Multi officer tactics (see below)
- General good practice – what works well across all the boroughs
- Batons, CSF sprays etc – carried by all officers working on the streets

Other packages to enhance officers' abilities when working on the streets – one of which is mental health awareness training

**Sometimes the way police 'handle' people when working on the streets seems disproportionate to onlookers?**

**Comment**

**Answer**

The Officer Safety Manual states that "officers must act in such a way as to reduce the likelihood of injury to an officer, the detainee and the public"

**Comment**

**For a person with mental illness, so many officers arriving on the scene can be distressing/intimidating**

**Answer**

A. We do try and make sure that as few officers as possible take part in the actual dialogue with the person involved. Police also make an effort to treat people with mental health problems in a different way to how they would treat criminals, e.g. by taking our hats off, talking to people at eye level, etc.

**Question**

**Can you tell us more about the training that police officers receive?**

**Answer**

The Officer Safety Training is a mandatory 5 week training course which covers the whole manual. A video, including conversations with mental health service users is included. Officers then take two refresher training courses per year (but these are not necessarily on mental health)

**Question**

**How up-to-date this video is and which organisation was it devised with. Also, what other training tools do you use?**

**Answer**

In all honesty, we are not sure

**Question**

**When was the last time you actually did training around mental health?**

**Answer**

This was over 2 years ago. One of the main reasons that we (the police) have come to this meeting today is to talk to service users about ways in which the police could improve/learn more about dealing with people with mental health problems. We hope that some of the issues raised today will help with future training of police officers around mental health issues



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**Comment** **Service user distress seems to be the least important consideration when it comes to police officer training?**

**Answer** It is important to note that many service users are aware of their own mental health issues and have no contact with the police. But unfortunately police only tend to become involved with people when they are in crisis and a risk of harming themselves or others, i.e. we tend to come in when 'things are at there worst'. I (James) feel that I have learnt a lot over the last 11 years and would like to think that improvements are being made all the time.

**Question** **There would seem to be a lot of 'safety procedures' put in place to safeguard the police and ambulance crew etc when dealing with service users, but what is the actual frequency of assaults against staff by people with mental health problems?**

**Answer** Guy Osland - 'in my experience – This doesn't happen very often at all'

**Comment** **Comment – service users don't just come into contact with the police when they are in crisis but also when they are victims of crime – statistically, service users are much more likely to be victims of crime than perpetrators**

**(People then gave the police examples of having been the victims of crime -**

**public transport seemed to be a particular 'hot spot')**

**Guy Osland** The police don't always get it right. We want people to let us know where and when they don't feel safe so that we can review policies and procedures and where necessary we can step things up. It could be an idea to bring along a guest speaker from the Transport Police division when we (the police) come to the CUC next time.

**Question** **On the subject of restraint techniques?  
If someone is lying down, and legs restrains are put on them, how do you then transport them to the police van?**

**Answer** The answer is the same whether or not someone is a mental health service user. If the police had to put someone in leg restraints for their own or others safety, we would hope that they would calm down sufficiently so that the



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restraints could be removed and they could walk to the van by removing leg restraints. If necessary, a person would be physically lifted and carried to the van. NB: Leg restraints were tested along with other restraint equipment and deemed suitable. They have been phased in fairly recently and have only been in use in Croydon for about 3 years.

**BREAK**

The chair explained that during the break, anyone who wished could have an informal chat with the police. People were also invited to pin up their 'issues', good or bad, about the police.

**3.**

**Open Discussion with the Croydon Police**

**Question** How do the police respond to patients who make a complaint against staff on the wards, e.g. if they feel they are being abused?

**Answer** Patients should call the police as soon as they can and we would respond in the same way as we would to any complaint of that nature. We aim to respond to calls from the Bethlem within the hour. We would interview the staff and investigate any injuries etc. However, as with any complaint, we can only prosecute if there is the evidence to back it up.

**Question** **Service user: This was not the case for me – There was physical evidence of maltreatment by staff but the police went away and didn't explain why or come back and speak to me?**

**Answer** It is difficult to respond to individual cases where we were not involved, but the Police should always update people and if it is decided for whatever reason that a complaint against staff can't be taken any further, then the person involved should be told why. We hope that improvements have been made in this area and there are tighter regulations now, but patients should complain/inform the police if they do not feel that they are receiving fair treatment from the police.

**Question** **What are the RIGHTS of service users (people with mental health problems)?**

- Answer**
- To be treated with dignity and respect
  - There should be no unnecessary/unreasonable force



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- They should be allowed to speak to a solicitor for free
- They should be given the opportunity to have someone they trust informed that they are at the police station
- They have the right to be seen by a doctor as soon as possible

**Question** **How do the transport police deal with people with mental health issues?**

**Answer** We are not involved with the British Transport Police so this is a difficult question to answer. However, we *do* have our own transport safety police, e.g. at East Croydon station, however they do not receive any special training around mental health (see earlier comment about the suggestion to invite the transport safety police to a future CUC meeting)

**Question** **Is there a Croydon Police Borough representative for mental health?**

**Answer** Every Borough has a mental health liaison officer.

**Comment** **Female service users have said that they felt better/calmer etc when there was a female police officer present**

**Answer** They told us that having a female police officer can help diffuse a situation, whereas being 'confronted by lots of big burley men' can heighten fear, aggression, anxiety etc.

"The female officer was able to speak to me in a way that maybe a male could not".

**Comment** **Comment: Sometimes police presence itself can antagonise people in crisis and could escalate a situation. It might help if the police were not in uniform?**

**Suggestion** It would be useful if those police officers who **had** received specific training in mental health could be identifiable to people in crisis, e.g. by wearing a badge

**Question** **Croydon is very multicultural – many different languages etc. How to the police deal with this?**

**Answer** The police are also multicultural - we have officers of all nationalities! However, we do have interpretation facilities available to us and when people dial 999 there is an interpreter system in place



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**Question** **Service user's experience: when I complained about the way that handcuffs had been used on my partner, leaving painful bruising, I was told that this was a design problem?**

**Answer** Handcuffs are not built for comfort but neither should they cause injury - hence stringent police training on restraint etc. If handcuffs are put on correctly and if the person doesn't put up a fight, then the chances of injury are very slim. An officer should always check how tight the cuffs are, and as a rule of thumb 'should be able to fit their little finger between the cuff and the person's wrist'. Handcuffs should be removed at the earliest opportunity.

**Question** **Why do the police get restraint training twice a year but very little (if any) mandatory mental health training?**

**Answer** Restraining people is something we have to do on a daily basis.

**Question** **What does the risk assessment include (i.e. how do the police decide how they treat a person, whether to use restraints etc)?**

**Answer** Is this person known to the police?  
Have they been violent on arrest before?  
What is the size of the officer compared with the size of the person they are dealing with etc  
There is a central computer that holds this all this information

**Question** **So is there a question that deals with mental health in the risk assessment?**

**Answer** Yes.

**Question** **When the police arrive in response to a mental health sufferer in crisis in their own home or neighbourhood, with their car sirens blaring etc, it is worth bearing in mind how that person might feel at a later date. This causes embarrassment and could make stigma and discrimination surrounding mental health worse?**

**Answer** We will take these comments on board but the police have to weigh this up against that person's (and others) safety and the speed of getting there.



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**Question** What changes will come about as a result of the police coming to talk with people who have mental health issues (service users) today?

**Answer** The aim of us coming today was to listen to the views of service users with the aim of bringing about changes and reviewing the way that the police deal with people who suffer from mental health problems. We acknowledge that mental health training has NOT been delivered to police in Croydon recently and we will be addressing this. We welcome this opportunity to begin a dialogue between the police and service users and value your feedback. We really hope positive change will come about as a result of the police working with groups like Hear Us.

**Question** Is it possible to make mental health training for all police officers mandatory?

**Answer** No – but we are hoping that (after today) and with future service user comments and feedback, we can start putting something together at a local level. If we can demonstrate to other boroughs that 'this is working' our hope would be to extend better mental health training for police further a field.

**Question** Is there one person responsible for identifying problems, raising standards, improving effectiveness etc, in Croydon and nationally?

**Answer** There is a dedicated team responsible for looking at good practice in mental health and making sure Boroughs are all working towards better standards.

**Question** Will you be feeding back to your bosses after today's meeting and will they listen to what we have said?

**Answer** Yes, we will be feeding back all the comments from today, including the suggestions about extra training around mental health, reviewing the video we use in training, service users' suggestions on de-escalation (e.g. having female officers in attendance for female service users) comments about restraint etc. When we told them that we were coming today to meet with service users and discuss the policing of people with mental health problems they said 'this was excellent'!



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**Question** What have the police learned today? And where do we go/how do we move forward/make improvements from here?

**Answer** As we said earlier, all these issues will be discussed among ourselves and with our bosses and we will be keeping in touch with Hear Us and with service users so that forums like this today can open these channels of communication between the police and service users. We have taken on board what people have said, particularly around areas of de-escalation e.g. female police officers etc, and also transport and people feeling safe on the streets seem to be important themes that we will come back to again. It is also apparent that officers need to be made more aware of letting people know what their rights are (particularly with regards section 136). Guy Osland will be passing on the phone numbers of the local police stations to Hear Us for people who want to make a complaint, express concern etc about their experiences with the police.

**4. HEAR US CHARITY UPDATE**

The Charities Commission has accepted the Hear Us application to be a charity. We do however have to make amendments to our objectives (our objects are what define the organisation). In accordance with charities commission guidelines, one of our objects was not actually an object, but rather a 'power' and small changes to the wording of the other 2 objects have been made. However, from the 1<sup>st</sup> October, the Companies Act means that for charities formed before the 21<sup>st</sup> of October 2009 amendments cannot be made to the memorandum and articles of association. Our solicitor is speaking to the charities commission about what to do next.

Hear us are having an AGM (Annual General Meeting) on January 19<sup>th</sup>. Before then we will have made any changes to the memorandum and articles of association and this will be made available to all our members before the AGM.

**TO**

**5. ANY OTHER BUSINESS**

**Hear Us Membership** – We have 3 new members from today and one person has renewed their membership.



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### **Hear Us Logo**

Comments:

- Some people find it scary
- Does it represent mental health properly – does it give the right image?

Suggestion: Have a Hear Us logo competition.

### **Linkworking – more linkworkers required**

(two people volunteered today)

**Xmas party week:** This will be taking place over ten days at various locations across the Borough, including the resource centres, drop-In's, Selhurst Road, Foxley Lane, Westways and Ashburton Road. There will be a meeting at Orchard House at 1pm tomorrow (4<sup>th</sup> November) to discuss the Christmas parties and for people to volunteer to help. Anyone who is unable to attend the meeting but would like to volunteer should contact Hear Us

**Safeguarding vulnerable adults:** As an organisation funded by the council and PCT (Primary Care Trust) Hear us has to fulfil certain criteria such as putting in place policies and procedures to safeguard vulnerable adults and children (among others). We need someone to come and talk to us about safeguarding children. Felicia Amoye has put herself forward as named child protection officer for Hear Us and will need training. Vincent Docherty is coming to talk at the CUC on the 2<sup>nd</sup> February about Safeguarding Vulnerable Adults.

### **Bethlem service user discharge packs:**

People leave the Bethlem with information about clinical services, e.g. which CMHT (Community Mental Health Team) to go to and maybe some phone numbers. We are proposing that people have information about other services as well, such as those which promote recovery etc. Hear Us will be asking for funding to do this.



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Minutes Signed off by Chair.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>

## Hear Us & The Croydon User Council (CUC) Meeting Cycle 2010

DATE	TIME	VENUE	Guest
<b>Tuesday 19<sup>th</sup> January</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club</b>	<b>HEAR US AGM</b>
<b>Tuesday 2<sup>nd</sup> February</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club*</b>	<b>Vincent Docherty Safeguarding Vulnerable Adults</b>
Tuesday 2 <sup>nd</sup> March	1.30 – 4.30pm	Hear Us Office*	TBC
<b>Tuesday 6<sup>th</sup> April</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club*</b>	<b>TBC</b>
Tuesday 4 <sup>th</sup> May	1.30 – 4.30pm	Hear Us Office*	TBC
<b>Tuesday 1st June</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club*</b>	<b>TBC</b>
Tuesday 6 <sup>th</sup> July	1.30 – 4.30pm	Hear Us Office*	TBC
<b>Tuesday 3<sup>rd</sup> August</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club*</b>	<b>TBC</b>
Tuesday 6 <sup>th</sup> September	1.30 – 4.30pm	Hear Us Office*	TBC
<b>Tuesday 5<sup>th</sup> October</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club*</b>	<b>TBC</b>
Tuesday 2 <sup>nd</sup> November	1.30 – 4.30pm	Hear Us Office*	TBC
<b>Tuesday 7<sup>th</sup> December</b>	<b>1.30 – 4.30pm</b>	<b>Fairfield Club*</b>	<b>TBC</b>

### Venues & Guests to be confirmed

Please send apologies to Tim Oldham or Jane White on 020 8681 6888  
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