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Sadiq Khan
Mayor of London
(Via email)

A handwritten signature in black ink that reads "Sadiq".

Improving the Met's response to mental health

With an estimated one in four Londoners living with mental health needs,¹ responding to them appropriately and with sensitivity—as victims, suspects, witnesses or simply members of the public—is a core part of modern-day policing in London.

The Police and Crime Committee recently examined the ways in which the Met supports its officers to respond to people with mental health needs appropriately. We also examined the role for MOPAC in supporting the Met's efforts to meet increasing mental health demand and holding it to account for its performance. In this letter we set out our findings and make recommendations that we want to see actioned to reassure us and demonstrate to the public that you are taking all necessary steps to ensure the Met adopts best practice in its response to increasing mental health demand.

In particular, we want you to be able to reassure us that:

- every officer is well-trained to identify and attend to mental health needs
- every officer is able to refer promptly people to appropriate mental health services
- there is effective monitoring of the impact of the Met's response to mental health

We recognise that the Met has made some good progress around mental health. Lord Victor Adebawale's 2013 review of the Met's conduct, response and actions around mental health found failings in systems, procedures and the behaviour of individual police officers. The previous committee's work on mental health found that officer training around recognising vulnerability and different needs was insufficient: it heard, for example, how some people with mental health conditions were afraid of the police, having been restrained, handcuffed and put

¹ Thrive LDN, 2017, Towards Happier, Healthier Lives

in a caged vehicle or locked up in a cell.² The situation has moved on. We heard from a range of stakeholders that there is evidence of cultural change at all levels of the Met, that attitudes have shifted and that understanding of mental health needs has transformed over the years.³ Lord Adebawale told us that he understood most of his recommendations were in progress, if not yet completed.

There is, however, recognition that there is more to improve. Lord Adebawale told us that the Met has “done a lot of work on some of the key issues that will prevent death and serious injury but there is still a lot more to do [...] They are making progress. I cannot say in all honesty that I am really pleased that everything is fine because it is not.”⁴ In 2018, Her Majesty’s Inspectorate recommended that all forces assess their mental health-related demand, review their mental health training programmes and evaluate their mental health triage services to improve their approach to managing mental health demand.⁵

At the same time, the scale of the issue that the Met must respond to is increasing. 40 per cent of police work involves some aspect of mental health need. Calls to the Met related to mental health have increased by 33 per cent in the last five years and are running at 115,000 annually.⁶ That translates to a call about a mental health concern once every four minutes and an officer being sent to respond to a mental health-related incident every 12 minutes.⁷

It is widely recognised that mental health services are under tremendous pressure. Londoners face long waiting lists for local and community mental health support services, and there is a considerable lack of psychiatric beds. It often falls to the police, as a last resort, to deal with people in crisis situations: situations that officers are not necessarily equipped or trained to deal with. Deputy Commissioner Sir Stephen House QPM told us that there was an acceptance that the Met will have to respond to mental health demand when other agencies are not able to.⁸

We recognise that this situation is far from ideal; however, the Met must be able to adapt and respond effectively to public need. It must deliver a high-quality service with a very well-trained force that is competent and compassionate when dealing with people who have mental health needs.

We want to see every officer well-trained to identify and attend to mental health needs

The Deputy Commissioner has said that dealing with mental health demand forms a “significant and very complex part” of an officer’s working day.⁹ All officers should therefore be trained sufficiently to carry out their duties in response to public needs; this means being able to identify and deal appropriately with the mental health needs of the people they come into contact with

² See, for example, Commander Christine Jones, Metropolitan Police Service - Police and Crime Committee, 21 November 2013; and Matilda MacAttram, Director, Black Mental Health UK - Police and Crime Committee, 21 November 2013

³ Police and Crime Committee meeting, 12 December 2018

⁴ Police and Crime Committee meeting, 12 December 2018

⁵ HMICFRS, 2018, Policing and Mental Health: Picking Up the Pieces

⁶ Sir Stephen House QPM, Deputy Commissioner, MPS, Police and Crime Committee, 10 Jan 2018

⁷ HMICFRS, 2018, Policing and Mental Health: Picking Up the Pieces

⁸ Police and Crime Committee meeting, 10 January 2019

⁹ Police and Crime Committee meeting, 10 January 2019

every day, whether it be a victim, suspect, offender or someone experiencing a mental health crisis. Poor treatment of those with mental health needs by the police can have significant implications for an individual's ongoing health.

In 2013, Lord Adebawale identified training as a vital way to increase frontline officers' skill in recognising and dealing appropriately with people with mental health needs. The Deputy Commissioner told us that the training that takes place for new recruits, "is not enough, we know it is not enough".¹⁰ The Met is planning to increase the level of training given to officers, which we welcome, and we are particularly pleased to hear that this will include those officers in Basic Command Units. Officers should have regular opportunities to discuss and reflect on how they have dealt with people with mental health needs and to attend refresher courses.

We are also pleased to hear that improvements to training will include "scenarios where they [officers] can practise some of these skills before they have to use them on the street."¹¹ We heard that some of the best training comes from people who have lived experience of mental health needs. We expect to see the Met work with those with lived experience in developing and delivering such training. We also recommend that you, in your oversight role, ensure that the effectiveness of mental health training is evaluated by seeking feedback from the people who have been at the receiving end of police activity and by talking to staff about their confidence in dealing with mental health needs.

We want to see every officer able to refer promptly people to appropriate mental health services

Protecting vulnerable people is complex, requiring a range of organisations to work together. Officers need to be aware of the pathways to refer people with mental health conditions to appropriate support services and need to be able to refer people to these services in a timely manner, especially in crisis situations.

We heard that some officers have to spend hours calling around looking for available psychiatric beds, sitting with people in hospitals until beds are available, or holding people in cells or police vans while appropriate support is found. We call on you to strengthen London-wide efforts to coordinate the crisis care response for Londoners who need support for their mental health and wellbeing, and drive forward improvements to mental health support across the capital.

The trialling of Mental Health Investigation Teams will play a role in developing best practice with partners around crisis care co-ordination, but the trial must also demonstrate how these teams will support frontline officers in dealing with mental health demand. We would appreciate an update on the progress made on this commitment in your Police and Crime Plan.

¹⁰ Police and Crime Committee meeting, 10 January 2019

¹¹ Police and Crime Committee meeting, 10 January 2019

We want to see MOPAC thoroughly monitoring the impact of the Met's response to mental health

Given that 40 per cent of police work involves some aspect of mental health need, it is crucial that there is ongoing evaluation of how the Met deals with mental health demand. The Deputy Mayor for Policing and Crime told us that she was unsure whether MOPAC's monitoring of vulnerabilities picks up on mental health and has agreed to look into how monitoring could be improved.

We call on you to pay particular attention to the inequalities faced by those from London's black, Asian and minority ethnic (BAME) communities. Stakeholders told us that the Met must be more active in monitoring the disproportionately negative experience of BAME individuals in relation to the police response to mental health.¹² Lord Adebawale's review noted that people from BAME communities were significantly more likely to be restrained than people from white backgrounds. Dame Elish Angiolini's national review of deaths in custody highlighted the "double discrimination" experienced by black people with mental health needs. And the recent Independent Review of the Mental Health Act found that people from black African and Caribbean groups are sectioned more than any other group and are often sectioned after being involved with the police.¹³

We urge you to ensure that MOPAC explicitly measures victim and public satisfaction around the police response to mental health needs, with a particular focus on the experiences of BAME communities. Understanding the experiences of people with mental health needs is a crucial part of driving improvements in the police response.

Overall, we heard that the police often deal with people in crisis compassionately, with empathy and with care. But not everyone has that experience and there is much to be done with partners to ensure adequate support is readily available. You are strongly placed to press for progress. We call on you to ensure London can look after all individuals when they need it, not just some people some of the time.

We would be very grateful to receive your response by 8 March 2019. Please copy your response to Samira Islam, Project Officer, Samira.Islam@london.gov.uk.

Yours sincerely



Steve O'Connell AM

Chairman of the Police and Crime Committee

¹² Vicki Nash, Mind, and Lord Adebawale at Police and Crime Committee on 12 December 2018

¹³ Department of Health and Social Care, 2018, Modernising the Mental Health Act – final report from the independent review