

## Police Liaison Unit Welsh Government, Cathays Park

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### Terms of Reference

To examine the extent of the problem of suicide in Wales and what can be done to address it. To include;

- The extent of the problem of suicide in Wales and evidence for its causes – including numbers of people dying by suicide, trends and patterns in the incidence of suicide; vulnerability of particular groups; risk factors influencing suicidal behaviour.
- The social and economic impact of suicide.
- The effectiveness of the Welsh Governments approach to suicide prevention – including the suicide prevention strategy *Talk to me 2* and its impact at the local, regional and national levels; the effectiveness of multi-agency approaches to suicide prevention; public awareness campaigns; reducing access to the means of suicide.
- The contribution of the range of public services to suicide prevention, and mental health services in particular.
- The contribution of local communities and civil society to suicide prevention.
- Other relevant Welsh Government strategies and initiatives – for example *Together for Mental Health*, data collection, policies relating to community resilience and safety.
- Innovative approaches to suicide prevention.

The Committee would like to discuss how, as priority care providers identified in *Talk to Me 2* are trained and supported to deal with incidents of suicide, the Committee will wish to explore how the police identify people at risk of suicide and their role in helping them get the support they need. The Committee would also like to discuss the training for staff and support for those who have dealt with distressing situations.

### The extent of the problem

I am aware that the Office for National Statistics (ONS) provides data on the number of suicides by Local Authority for England and Wales and that this data is informed by the Coroner's Office. In recent years the ONS have only provided suicide data for those 15 years and over, but in recent years have revised their data to include deaths of persons aged 10 and over. There have also been changes in the classification of deaths in line with the new coding rules of the World Health Organisation (WHO).

The police are called to investigate all cases of sudden and unexpected death however, it is HM Coroner who will ascertain the cause of death through an inquest process and who may determine, taking into account all the information gathered as part of the inquiry, that a person has taken their own life. As a result, the HM Coroner cohort across Wales is best placed to report on numbers, trends and patterns regarding the incidence of suicide.

As a police service, we are able to contribute to the inquiry through a review of our custody records. Later in my evidence, I will explain the processes and procedures that we use to assess persons brought into custody who are at risk of suicide or self-harm.

### **The social and economic impact**

There are numerous social and economic impacts as a result of increased suicide. The four Welsh Force policing areas consists of many close knit communities, the impact of suicide on family members and wider communities is lasting and wide ranging with some of those affected needing support of police and wider partner agencies.

Within a policing context the impact of a death following police contact can have a significant impact on public confidence. Nationally there are numerous examples of public campaigns for changes in policy and legislation following such incidents particularly those related to mental health.

I have included a custody section in my presentation that highlights the type of circumstances that could be a contributory factor.

The North Wales Suicide and Self-Harm Prevention Strategic Plan estimates that the economic cost to North Wales from suicide is approximately £90m per annum. There is an evidence base that suggests that public mental health interventions deliver large economic savings and benefits which lead to reduced spending in criminal justice.

Data for North Wales suggests that the 5 year averages between 2002 and 2012 suicide rates were higher than in the Welsh average. The five year average for 2009 to 2013 fell below the Welsh average.

### **The effectiveness of the Welsh Governments Approach to Suicide Prevention**

The Police Liaison Unit (PLU) based in Welsh Government have a representative that sits on the Nationally Advisory Group for Wales on Suicide and Self Harm on behalf of the Welsh Chief Officer Group.

Talk to Me 2 highlights a very important point, and I agree that we all can play our part in reducing stigma, improving awareness and understanding of suicidal behaviours.

This is something that we recognise in the police service and the important role that we play in providing support to, and dealing sympathetically with people in crisis and also the families and friends of those who have either attempted suicide or have taken their own lives.

Talk to Me 2 lists police custody suites as a priority place where suicide prevention efforts 'should be focussed' and I will provide detail in my presentation as to how we manage this.

Gwent Police and South Wales Police (SWP) have formed an invaluable partnership with the Samaritans providing support to detainees in Merthyr custody suite. Persons coming into custody are offered a call to the Samaritans whilst in detention. As well as a telephone service, Samaritans volunteers attend custody suites and provide support to individuals who may be experiencing emotional distress.

In addition, when a person leaves custody, they provided with Samaritans contact details and are offered a call from the Samaritans within 24 hours.

Samaritans have delivered training to custody staff, raising their awareness of their work and how they can help and further awareness training is planned, along with the roll out of the telephone service to all custody suites in the future.

By April 2018, the full service was available in Merthyr and Swansea with the telephone service available in Bridgend.

With regard to public awareness, SWP promote partners and the support that they can provide through social media channels on a regular basis, to signpost people to appropriate agencies and organisations. SWP currently have 100,000+ followers to their social media and this number continues to grow.

SWP do this at times when they know people can be particularly vulnerable such as at Christmas and New Year and at these times, colleagues from Samaritans have located themselves in SWP control room who can speak to people directly when calls are received.

This has included calls from people who are vulnerable - but where contact is not a policing matter.

As well as Samaritans there are numerous other organisations that the four Welsh Forces work with, such as:-

- Childline
- Welsh Women's Aid
- Respect UK
- Mind Charity
- Age UK
- NHS Direct Wales
- Victim Support

Dyfed Powys Police (DPP) works closely with partners in order to deliver the *Talk to me 2* strategy. As part of the Mid and West Wales region the force has contributed to the creation of the draft Suicide Prevention Strategy which is to be delivered locally via the regional suicide harm prevention group and local mental health partnership delivery boards. These boards include statutory and non-statutory partners, and service users.

DPP is keen to focus on Suicide prevention and is currently working with local authority partners to identify key risk sites across Pembrokeshire in order to implement additional signage and support messages.

The force is currently piloting an Integrated Risk & Intervention Service – (IRIS) to support those who come into regular contact with police and other agencies when in crisis to identify support and interventions to prevent further harm.

Dyfed Powys are actively engaged in supporting delivery of the Crisis Care Concordat local action plans in conjunction with local authority and health partners. In support of this work the force has fully embedded scrutiny mechanisms for the use of S135 & S136 powers, and a fast time partnership

review process to quickly identify any service delivery learning or issues that require strategic escalation.

North Wales Police (NWP) have worked collaboratively with partners to create a regional Suicide and Self-Harm Prevention Strategic Plan. The objectives of the plan follow the national objectives of Talk to Me 2 and are as follows:

- 1:** Further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm and professionals in North Wales
- 2:** Deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm
- 3:** Information and support for those bereaved or affected by suicide and self-harm
- 4:** Support the media in responsible reporting and portrayal of suicide and suicidal behaviour.
- 5:** Reduce access to the means of suicide
- 6:** Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in North Wales and guide action

The regional approach has considered national learning, but also builds on practice, experience and expertise within North Wales. Not only is improving people's mental health a priority for the Together for Mental Health Partnership Board, but it also has a mission to support the whole population's mental wellbeing.

Gwent Police participated in the development of the Suicide and Self-Harm action plan with Public Health Wales and attend the annual Gwent suicide and self-harm prevention workshops and meetings.

Gwent WASPI (an information sharing protocol) has been developed that enables data sharing between the Police, Health Board and Social Services specifically for mental health crisis.

This has been evidenced by a pilot of a Community Psychiatric Nurse (CPN) in Gwent Police control room. This has now become permanent and is

commissioned by Police and Crime Commissioner. A CPN is now employed on every shift in the Force Control Room providing 24/7 cover.

### **Contribution of public services to suicide prevention**

I have previously explained how we work with specific partners to prevent suicide and provide support to those at risk of suicide and self-harm.

As a police service we work collaboratively with a number of agencies through both our operational arrangements and partnership arrangements.

SWP have a joint Public Service Centre with the South Wales Fire and Rescue Service and Wales Ambulance Service Trust and work with both public and private sector partners in their Multi-Agency Safeguarding Hubs and in doing so, have made significant improvements in providing support and services to our most vulnerable at the earliest possible opportunity.

Gwent and South Wales Police are firmly engaged with the Early Intervention (ACES) programme and have dedicated staff to move forward with this piece of work. It is anticipated that, amongst the variety of other ACE type issues, our engagement with the programme may assist in the early identification and signposting for individuals at risk of suicide or self-harm.

It is vital that the Welsh Forces have an ability to be able to access information at first point of contact from our partners in Health Care either through direct access to information or through our partnership arrangements with Health Care Professionals. This will make a significant difference to the right and timely support to persons in crisis and those at risk of suicide and self-harm.

The four Welsh Forces work with their Statutory and Third Sector partners to deliver the aims of the Welsh Mental Health Crisis Care Concordat (MHCCC) this work has a direct link to Suicide Prevention. The MHCC is a shared commitment, endorsed by senior leaders from the organisations most heavily involved in responding to mental health crisis in a specific context. It covers what needs to happen when people in mental health crisis, often in a public place require attention from the Police. The MHCC is designed to support policy making; investment in services; in anticipating and preventing crisis; and in making sure effective emergency response systems operate in localities when a serious crisis occurs.

The MHCC is structured around:

- Access to support before crisis point.

- Urgent and emergency access to crisis care, (whilst using the least restrictive options) by both face-to-face and 'hear and treat' services.
- Quality treatment and care when in crisis.
- Recovery from crisis and staying well in the future.

NWP is a standing member of the North Wales Suicide Prevention Group chaired by Dr Gwenllian Parry. The Suicide Prevention Group recently published its strategic suicide and self-harm plan for the next 3 years. It sets out the partnership commitment and action to reduce suicide and self-harm.

The work completed by North Wales Police to reduce the incidents of suicide and self-harm are concentrated in three key areas. (1) The crisis pathway available to the person in crisis to ensure that they receive the support they require at point of contact, (2) the treatment of detainees whilst in police custody and (3) the mental health support available to staff within the organisation.

North Wales Police and Betsi Cadwalader University Health Board (BCUHB) piloted a street triage team (police officer and mental health practitioner) for eighteen months to respond to all police incidents that involved a person with mental health needs. This approach reduced use of s.136 by 69%, whilst ensuring the immediate needs of the individual were met. This approach is popular in large densely populated towns and cities demonstrating greater cost efficiency. The majority of individuals (67%) were currently or previously known to specialist community services from within the Mental Health and Learning Disability Division.

North Wales Police and BCUHB have trialled locating a mental health practitioner in the police control room for eight hours a night over a few days in the month of December to provide tactical advice and support when police respond to a person with mental disorder. Whilst a limited trial, initial evaluation demonstrated the benefit that could come from a telephone triage service for individuals in crisis. The intention is that this becomes a permanent feature within the North Wales Control Room.

BCUHB and North Wales Police are working together to provide police officers with opportunity to consult prior to detention under s.136, in accordance with the Policing and Crime Act 2017.

Gwent Police has the ability to access information at first point of contact from their partners in Health Care either through direct access to information or through their partnership arrangements with Health Care Professionals. This makes a significant difference to the right and timely support to persons in crisis and those at risk of suicide and self-harm.

Dyfed Powys Police have implemented a mental health triage unit based in their Force Communication Centre which comprises of police constables and a mental health practitioner. The team assists front line officers when dealing with persons suffering mental health crisis, ensure that vulnerable members of the community have access to the most appropriate services.

The triage unit have access to both police and health care information enabling a collaborative approach in response to calls for service, ensuring that individuals exhibiting signs of mental illness or those with a history of engagement with mental health services are signposted to the most appropriate support/intervention at the earliest opportunity. In addition the unit are able to offer telephone advice and guidance to officers dealing with mental health incidents.

This service was initially available 4 days per week, however coverage has recently been increased to 7 days per covering times of key demand (1600 – 0020) in order to enhance this service.

#### Arrest and Custody

When an officer makes an arrest, they are personally responsible for the risk assessment and welfare of the detained person. This responsibility continues until the suspect is handed over to the custody officer for a decision regarding detention. The custody officer is then responsible for documenting and recording the risk assessment for every detainee in the custody record.

Where there is a high risk of self-harm, the custody officer has a number of options available to consider that includes referring the arrestee to police custody healthcare professional and they are kept under close proximity supervision. Officers have access to the forces directly employed mental health liaison officers; NHS employed healthcare professionals as well as FME/doctor for advice and/or assessment.

Any action taken is dependent on the outcome of any assessment and there are a number of factors which may not be obvious but which are considered indicators of an increased risk. These include.

- Mental ill health including depression, personality disorder, anorexia and schizophrenia
- It is the first time a person has been arrested and detained
- Drug, alcohol or substance abuse or withdrawal
- Breakdown of social support and isolation (military service veterans, students, prisoners, homeless people, immigrants, older people and refugees are at particular risk)
- Being unemployed
- Previous episodes of deliberate self-harm, especially if occurring within a custodial environment.
- people in certain professions who have easy access to a means of suicide, e.g., poisons, drugs or guns, have higher rates of suicide than the general population
- chronic disabling pain or illness
- family history of suicide and/or mental ill health
- recent loss such as bereavement, divorce, separation, redundancy
- adverse childhood experiences
- People arrested in relation to violent or sexual offences, especially where they involve children, a close friend or family.

Young people may be more at risk of suicide or self-harm when the following factors are present:

- Impaired parent-child relationships (including poor family communication styles and extremes of high and low parental expectations and control)
- Parental separation or divorce
- Mental ill health in parents (e.g., depression)
- History of parental substance use disorders and antisocial behaviour.

### Self-harm

Increased vulnerability to self-harm may arise:

- After interview
- On being charged with an offence
- After arrest for further offences
- Following a visit by family, friends or others who have taken an interest in their welfare
- After refusal of bail
- While on bail

Officers and staff will personally speak to a detainee prior to release and decide what action if any, is appropriate to support a vulnerable person upon release. Depending on the circumstances, where an individual has come into custody in respect of sexual offending against a child or offences in relation to Indecent Images of Children, The Police also ensures that the individual is supplied with literature from the Lucy Faithfull Foundation Stop It Now campaign which provides advice, guidance and a confidential number to assist with issues post arrest.

#### Warning markers and flags

The Welsh forces will use warning markers/flags on their respective record management systems for Suicide and Self-harm.

Markers are added during initial questioning by custody staff about a person's circumstances, health, medical condition and general wellbeing.

Self-harm is a signal that is used where information suggest that a person may self-harm, but that the harm is not considered to be a suicide attempt.

Suicidal is where a person has a previous history, indicates or threatens that they may make a determined effort to commit suicide.

In both incidences the methods used or likely to be used is recorded on the person's record. This is not restricted to any attempts whilst in custody.

The process of checking a person's circumstances, health, medical condition and general wellbeing is repeated every time they attend at custody and warning markers are updated. If the information provided by a person at risk of suicide i.e. by what method has been or is likely to be attempted changes, then additional warning markers with information is added e.g. attempt suicide by way of ligature, cutting, drugs, swallowing items.

#### Contribution of local communities and other groups to suicide prevention

The police service work with many groups and partners, some of which are highlighted in this report. Wherever possible, The Police will signpost individuals to the services provided locally to assist them.

#### Other Welsh Government strategies and initiatives

The four Welsh Forces support the Welsh Governments delivery plan 'Together for Mental Health' and actively participate in the development and adoption of the Mental Health Concordat.

## Training

All four Welsh Forces have embraced and invested in upskilling their staff in line with the Approved Professional Practices (APP) published by the College of Policing on mental health, suicide and self-harm.

At SWP, Suicide awareness is included as part of the forces mental health awareness training. Between May 2017 to December 2017, 1,000 response officers received new mental health training to include changes to the Police and Crime Act (2017) which made changes to police powers under the Mental Health Act (1983).

Day 1 – Suicide Awareness

Day 2 – Practical Guide to Procedure S.135 and S.136

Police training is based on the College of Policing modular inputs and is supplemented by podcasts from;

- A service users experience of being detained under S.136
- Dr Gaynor Jones on mental capacity to include fitness to detain and fitness to interview
- The Force Advisor on Mental Health provides a cradle to grave guide on S.136 procedure for officers
- Negotiator input on the do's and don'ts at first point of contact, when someone is in crisis and at risk of immediate harm or suicide.

Gwent Police MH training has been provided for 1000 front line police officers alongside Health and Local Authority staff mainly Approved Mental Health Practitioners (AMHP) Jan-March 2017. The training covered the law and criminal justice around MH (Sec 135/136; Mental capacity; missing people where MH is a factor) and how to interact with people with MH conditions or learning disabilities and Suicide Intervention.

In May/ June 2018, MIND will be delivering a training package to all Gwent Force Control Room staff around taking calls from people in MH crisis (which is likely to include but not be exclusive to those who are suicidal). Presently, MIND Newport are writing the training package. This will be to assist call handlers with first identifying that someone may have a MH problem and then how to talk to them and signpost where appropriate.

Custody Officers and Detention Officers, receive training in dealing with MH crisis on their initial courses. This training is supported and developed through bespoke annual custody refresher training.

In Dyfed, the force provides training in the form of two mental health awareness training days; the training is delivered to officers and front facing staff in order to provide them with the knowledge and tools to deal with a wide range of mental health related incidents and life events.

The training is a culmination of legislative inputs in respect of the Mental Health Act 1983, Mental Capacity Act 2005, guidance and protocols to follow as well as general awareness of mental illnesses and their associated symptoms. The training also highlights the role and involvement of a range of health care providers in the event that intervention is required and specifically where section 135 or section 136 powers are invoked. Furthermore the force has delivered bespoke dementia and autism awareness to front line staff.

This training is reinforced to supervisors and forms part of the newly promoted sergeants and Inspector's course content. This is in addition to the training/awareness provided as part of the initial joiner's course, which constitutes practitioner inputs and placement within mental health facilities to engage with patients and staff.

At the time of writing 865 members of staff have received the mental health awareness training; this equates to 89% of officers and front facing staff.

Several of the force Mental health Triage Team and some force trained negotiators have also received Applied Suicide Intervention Skills Training to enhance their ability to identify persons who may have suicidal thoughts and create plans to support on-going well being.

In addition to mandated training the force supports continuous professional development events. For example, in March 2018 and in conjunction with the office of the Police Crime Commissioner, Dyfed Powys Police hosted a mental health conference. Attendees included strategic leads and practitioners across police and mental health services nationwide across Wales, with presentations from academics, partners and service users.

The force employs a full time mental health officer, whose responsibility is to provide specialist advice and guidance to all staff in relation to the service provided to those with mental health needs both internal and external to the organisation. The role is supported by a Chief Superintendent as strategic lead.

North Wales Police have similar training arrangements for their front facing and supervisory officers.

### Officers in regular contact with Children and Young People through the All Wales Schools Liaison Core Programme

This is a national Pan Wales programme, which the four Welsh Forces are actively engaged with.

Suicide and self-harm amongst children and young people is also something that we recognise.

We have specialist officers who work with the All Wales Schools Liaison Core Programme that have two bespoke training days delivered by the Charlie Weller Trust on mental health, depression, suicide and self-harm. This better equips them to understand young people in distress.

It is important to note that advice from educational research is that discussing the issue of suicide – even in a controlled and sensitive fashion – can have a detrimental effect and in fact *can* encourage young people to attempt suicide. Therefore, we have established that officers do not speak about it.

They have been trained however, to respond to direct questions from children and young people regarding the topic, by accepting the question and offering to answer on a one to one basis after the class or group session has finished – with a school member of staff present.

With regard to self-harm – the schools programme is not a ‘health’ programme. There are no deliveries on self-harming behaviour such as cutting or scarring. The evidence is similar to that of suicide in that a child or young person needs one to one counselling and support.

The schoolbeat.org website does contain a guide for parents regarding self-harm in their children and other information and guides.

What the programme does offer is a wealth of harm reduction messages and these can be found in all of the schools topic areas such as drugs and substance misuse (including alcohol), healthy relationships, internet safety and bullying and sexting and other areas that can affect a young person’s mental wellbeing.

### Police Officer & Staff Wellbeing & Counselling

There is a provision within all four Welsh Forces for welfare services for police officers and staff to be referred to confidential counselling. The service

supports individuals through trauma and difficulties to restore their psychological wellbeing.

Qualified counsellor's work with the individual in a confidential and safe environment, and in doing so, enables the staff to explore any anxiety and difficult feelings from a traumatic or distressing event or situation.

Where there is a need for ongoing counselling or support, or where the requirement is greater than that which is provided, then referrals may be made with directly employed counselling and trauma advisors.

### Health and Wellbeing.

South Wales Police continues to invest heavily in the environment and facilities for its staff. This is also reflected in the three other Welsh Forces. In SWP A programme of refurbishment and improvement is underway across the force with funds being made available to improve canteen and rest area facilities as well as expand and improve facilities for physical training and fitness. Various initiatives have been undertaken including mental health and well-being, bureaucracy reduction, time to train, etc which are all seen as a means of improving general well-being, physical and mental health and positivity. Similar schemes are operating in the other three Welsh Forces

In 2017 Dyfed Powys Police Chief Officer team launched the force 'Calon' strategy which focuses on leadership and wellbeing across the force. This has resulted in the creation of wellbeing committees across the force who deliver well-being information and initiatives.

The force has an active occupational health unit that provides confidential counselling for staff. In addition all staff involved in traumatic incidents are given the offer of specific support in addition to welfare support from line management.

The force participates in the national Mental Health Awareness week and World Mental Health Day to raise awareness both internally and externally.

North Wales Police are working towards the College of Policing Oscar Kilo Blue Light Health & Wellbeing Framework – the police services first dedicated framework in health and wellbeing which includes the areas of mental health, leadership, resilience, managing the environment, and managing attendance.

North Wales Police provide an internal Occupational Health service provision, which includes access to qualified physiotherapy and welfare and counselling

services. Where there is a requirement for further psychological support this is assessed on an individual basis.

Gwent Police has an active Mental Health Support Network with 60+ members. This group continues to grow with new members joining on a regular basis. The group meet quarterly and run the interactive Whats App group as a peer support mechanism. Group members plan social activities throughout the year as another means of offering peer support to colleagues living with MH conditions. The network members also contribute to campaigns throughout the year such as World MH day and submit blogs and stories about their lived experience

#### Mind Blue Light Programme.

South Wales Police have reached a key Blue Light Programme objective in establishing a large number of Blue Light Champions within their organisation. A Blue Light Champion is an employee or volunteer in the emergency services, who takes action in the workplace to raise awareness of mental health problems and challenge mental health stigma. This role acts as a signpost service to those who require support related to mental health.

We all have mental health just as we have physical health. We know that one in four people in the UK will experience a mental health problem in any given year. But independent research shows that the estimated quarter of a million people who work and volunteer in our emergency services are at an ever greater risk of experiencing a mental health problem than the general population, but are less likely to get support.

Last year South Wales Police formally signed the “Blue Light Pledge”. The pledge challenges organisations to meet a series of objectives:

1. Tackling mental health stigma
2. Improving workplace wellbeing
3. Building resilience
4. Improving access to information
5. Improving pathways to support.

Since launching the Blue Light Programme, across the UK over 1,700 blue light staff and volunteers have become Blue Light Champions. To meet one of the key milestones linked to the pledge, South Wales Police is providing mental health awareness training for managers and supervisors.

The training will:

- increase awareness of mental health issues
- ensure own resilience and the resilience of those under management
- improve management styles of those affected by mental health

- better equip those manage their own mental health and the mental health of those under their supervision
- address stigma and discrimination

Dyfed Powys Police are active participants within the Blue Light Programme and have a number of volunteers Blue Light Champions within the force. These volunteers work to raise awareness and address the stigma of mental health throughout the organisation.

In addition to these volunteers the force has facilitated two mental health awareness for managers training days, and is in the process of reviewing the force mental health training packages to ensure they are 'business as usual' within the annual force training plans going forward.

North Wales Police have begun implementing a Mental Health Peer Support Network in 2017 and successfully obtained a grant from the Police Dependents Trust. Supporters are being trained to enable them to support staff in times of need, and sign post them appropriately to more specialist interventions if necessary. Additionally, North Wales Police have trained thirty staff as MIND Blue Light Champions.

Gwent Police have reached a key Blue Light Programme objective in establishing and training 60 Blue Light Champions within their organisation. A Blue Light Champion is an employee or volunteer in the emergency services, who takes action in the workplace to raise awareness of mental health problems and challenge mental health stigma. This role acts as a signpost service to those who require support related to mental health.