Policing, Vulnerability and Mental Health

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Abstract

This chapter will examine the current debates in England and Wales about the role of the police in responding to citizens experiencing some form of mental health crisis.The chapter will situate these debates in their historical context. It will also place them in the broader social policy context of austerity which has seen reductions in social welfare provision including significant reductions in police numbers (Cummins, 2018). The chapter considers some of the practice developments such as street triage that have arisen in response to the issues raised by police involvement in the mental health field. It then considers the broader notion of vulnerability arguing that Fineman (2004, 2008) provides a radical reshaping of this concept and one that can form the basis of a social state based on core values of mutuality and reciprocity. The chapter concludes that even the most well resourced mental health services will not be able to ensure that there are never any circumstances, in which, police officers are called to respond to individuals in mental health crisis. The aim should be limit the occurrence of these incidents and ensure that inter-disciplinary working means mental health professionals become involved at the earliest opportunity. This will involve significant investment in mental health services alongside other social welfare services. On a policy level, this means a rejection of austerity and the retrenchment of the welfare state. It will also require a radical reshaping of our notions of citizenship.

Austerity

Policing cannot be considered in isolation from the broader economic, political and cultural context of the society, in which, it takes place. Since 2008, in the UK, Governments have followed a series of economy policies that have been shaped by the impact of the banking crisis of that year. It is now overlooked that in the aftermath of the bank bailout the Brown administration followed standard Keynesian economic approaches to stimulate demand (Cummins, 2018). These

included a reduction in VAT and a commitment to infrastructure projects. The election of 2010 and the formation of the Coalition Government saw an end to this. Coalition governments are very rare in British politics. The last formal coalition was formed in World War II. The 2010 Coalition presented itself as being formed in response to a national emergency - i.e. the parlous state of the public finances. The root cause of this situation was presented as the profligate spending of the Labour administration. Brown (2015) highlights that calls for individual sacrifice have a key role in the discourse of national emergency. In introducing a series of wide ranging cuts to public provision, George Osborne, the Tory Chancellor stated that " *we are all in this together*" - a phrase with echoes of wartime calls to patriotic service. Austerity was never simply an economic project (Krugman, 2015). It involves a very clear restructuring of the welfare state in the United Kingdom. In addition, the focus is benefits paid to those not in employment. This is a very narrow and misleading account of welfare spending (Hills, 2017). One of the biggest areas of welfare spending , pensions was specifically projected from any cuts under austerity.

It is important to acknowledge that the impact of reductions in welfare spending will have the greatest impact on the most marginalised individuals and communities. The Chancellor announced in the October 2018 Budget that austerity was over (https://www.theguardian.com/uk-news/2018/oct/29/is-austerity-really-over). However, there are more cuts to public services planned alongside a series of welfare reforms that will impact disproportionately on the poorest, particularly families with children (Crossley, 2016). The overall result is austerity has had the greatest impact on the most vulnerable members of society . Beatty and Fothergill (2016) suggest there will be reductions in welfare spending of £27 billion a year by 2020. In this process the local authorities with the highest levels of need have had to manage the most significant reductions (Innes and Tetlow, 2015) . This is Tudor-Hart's (1971) inverse care law as government policy with those in most need being allocated fewest resources. The overall result is that those communities with the highest local needs are the ones that bear the brunt of these cuts in services (Crossley,2016) There is clearly a great deal of excellent community work that goes on in attempts to mitigate the impact of austerity. However, individuals

and families in the areas with the highest needs are less likely to have the economic and social capital to replace the resources and community assets that are not sustainable without state funding. The Coalition government's policies, therefore inevitably had the most impact on the most vulnerable. Fifty per cent of the cuts in spending fell in two areas: benefits and local government spending (Centre for Welfare Reform, 2015). These areas account for twenty-five per cent of government spending. Austerity led to a 20% cut in benefits—the majority of which are paid to people with disabilities and people living in poverty.

In November 2018, the United Nations Special Rapporteur on extreme poverty and human rights, Professor Philip Alston undertook a special inspection to the UK - a statement in itself of the potential impact. The report he produced highlighted that not only the impact of austerity on the poorest members of society but also that this was disproportionately experienced by women. He described austerity as misogynistic. In introducing the report he wrote
"The UK is the world's fifth largest economy, it contains many areas of immense wealth, its capital is a leading centre of global finance, its entrepreneurs are innovative and agile, and despite the current political turmoil, it has a system of government that rightly remains the envy of much of the world. It thus seems patently unjust and contrary to British values that so many people are living in poverty. This is obvious to anyone who opens their eyes to see the immense growth in foodbanks and the queues waiting outside them, the people sleeping rough in the streets, the growth of homelessness, the sense of deep despair that leads even the Government to appoint a Minister for suicide prevention and civil society to report in depth on unheard of levels of loneliness and isolation."

Austerity has thus created the current environment, in which, police officers are carrying out their day to day duties. In addition, it should be noted that the police themselves have been subjected to significant cuts in numbers since the introduction of these policies. The number of police officers in England and Wales fell by over 20,000 between March 2010 and March 2018 (https://full-fact.org/crime/police-numbers/). There are significant variations between police forces but the general trend has been one of forces facing increased demand with reduced resources. These issues are discussed in more depth below. In the area

of mental health, there is an increasing research literature that examines the links between socio-economic factors and mental health. For example, Wilkinson and Pickett (2017) discuss links between psychosocial factors such as ongoing acute stress and other environmental factors combine to produce poor mental health outcomes. Alongside this, there still remains a significant stigma attached to mental illness (Hatzebuehler et al. 2013). The World Health Organisation (2014) emphasised the social determinants of mental health. Broader socioeconomic factors such income inequality, poor housing and living in communities with a lack of resources all have a potential impact on individual mental health (Silva et al. 2016). These issues have potential implications for policing as these are significant factors in the drivers of police demand in this field. For example, Platt et al. (2017) outlined a link lower socioeconomic status suicidal behaviour. Linsley et al (2007) found that police officers are the professionals that an individual, who takes their own life, is most likely to have some form of contact with in the three months prior their death. People from marginalised groups, for example asylum seekers and refugees or those who have experienced other forms of trauma, are more vulnerable to the development of mental health problems (Rafferty et al. 2015). In general, marginalised groups are more likely to have some form of contact with the police.

Policing and mental health.

Police culture

Policing is an increasingly complex role. It is far from being "simply" a matter of the apprehension of offenders. In Bittner's (1970) famous description a police officer is "*Florence Nightingale in pursuit of Willie Sutton"* . Sutton was a bank robber. Bittner highlights that the police have what we might broadly regard as a welfare function. He was also one of the first researchers to explore the nature and impact of police encounters with people with mental illness. Police involvement in this field has increased during the period of deinstitutionalisation (Cummins,2013). The police welfare function extends beyond their mental health work. The current debates in the area of mental health work focus on the increasing demands that are being placed on police forces. Seddon (2009) suggests there has been an ongoing argument about the treatment of the mentally ill within the

Criminal Justice System and prison regimes. Seddon argues that this is a specious argument because the mentally ill have always been found in these systems. Morabito (2007) describes the boundaries between the two as *"porous"*. It seems inevitable that there will be some overlaps between these two areas. This is far from being a new problem. John Howard (1780) when in his famous inspection of the prisons in England and Wales noted that there were too many "*idiots and lunatics"* in jail. He also noted the detrimental impact that this had on the treatment of the mentally.

Police research has to consider organisational and work place cultures.Reiner's (1992) outline of " *cop culture"* has been very influential in setting and shaping debates about the nature of policing. He identified the key themes elements of the police organisational culture as being a conservative, with officers holding a cynical and ultimately pessimistic view of the world and the communities that they serve. Reiner sees police officers as being action orientated - status is obtained by being a "thief taker". The working culture that is described here is also one that is politically conservative and on occasions racist, misogynistic and homophobic. Skolnick (1966) outlined the features of what he termed the police "*working personality*". As well as these individual characteristics, Reiner highlighted the importance of loyalty both to fellow officers and the *"police family"*. Westmorland and Rowe (2016) highlight the importance of organisational solidarity and shared values whereby officers see themselves as part of a "*thin blue line"* that protects the community from criminal elements. Within such a cultural framework, there is the potential for mental health work to be seen as " *not proper policing*" and thus having a lower status and organisational priority. Waddington (1999) argued that the *"canteen culture"* that Reiner was outlining was an oral culture. It was full of bravado and dark humour which were essential defence mechanisms for officers who were dealing with crisis situations and examples of the worst aspects of human behaviour on a daily basis.

Organisational culture is a neutral term but is generally used in a pejorative sense when policing is being discussed (Foster, 2003). Reus- Ianni (1999) argues that there are multiple cultures within policing - it is wrong to think of a force as

one organisation. The location of forces, urban or rural, for example will potentially impact on the nature of the work but also the working culture. In addition, there are clear differences between management approaches and the officers who are exercising their roles on the street in face to face encounters with members of the public. The police culture of solidarity is usually seen as a potentially negative aspect of the organisation , particularly as it makes the exposure of unprofessional behaviour more difficult. Campeau (2015) acknowledges this but also there are positive aspects to these processes. In this field, the work of Chief Inspector Michael Brown (OBE) is a great example. His MentalHealthCop blog (https://mentalhealthcop.wordpress.com) and @MentalHealthCop twitter feed is seen as offering serving officers invaluable practical and sometimes legal advice on any issues relating to mental health and policing. He has become an influential and important figure within this field - being asked to give evidence to the Home Affairs Select Committee but also making regular media appearances.

Reiner's original outline of *"cop culture"* is now over twenty-five years old. This raises a question as to its current validity as a starting point for the analysis of police work and structure. In this model, *"cop culture"* is monolithic. Police officers are attracted to the role because of certain aspects of it - the commitment to community protection - but also socialised into it. The role working and the recruitment practices of the police have changed significantly since Reiner's work first appeared. These changes can be divided into two very broad areas. The first might be termed the police response to the equality and diversity agenda, the second area is the new modes of working with a range of agencies and partnership working. Such changes require new approaches but also a new set of skills - interagency working, empathy and problem solving. These skills have been traditionally seen as *"feminine"*. These areas - child protection, community work for example - have been seen as "*soft policing*".

Partnership working has become a key feature of modern policing. At the heart of this approach is a fundamental shift in the nature of policing. Community policing, rather than a reactive model, requires the police to work with local communities and relevant health and social welfare agencies to gain an insight into local problems (Skogan, 2008). Not all such problems are necessarily crime but they

will involve a police response. Such an approach acknowledges that the police cannot *"solve"* the problem of crime on their own. It is also an implicit recognition that policing is often more concerned with the welfare of vulnerable people than the detection and arrest of offenders. The response to people experiencing a mental health crisis are a clear example of this. The moves to a partnership approach began in the 1980s. Holdaway (1986) outlines that such local partnerships were met with skepticism - with the police regarding them as "*talking shops"*. The organisational changes and development of partnership working have occurred at the same time as profound changes in social and other attitudes in the areas of race, gender and sexuality. Reiner's model excludes or marginalises consideration of these issues. Since that period, there has been a range of initiatives aimed at the recruitment, retention and promotion of officers from minority communities and groups. These initiatives include the establishment of groups such as Lesbian And Gay Police Association to support officers. It would be naive to assume that there were no longer any issues in these areas but there clearly has been progress.

Loftus (2010) sought to revisit the notion of police culture - as outlined in the classic formulation. She identified that there was a tension between the changes in the policy landscape and the persistence of some of the police cultural characteristics. In particular, these sense of *"them and us"* was a persistent trope. This took two forms - the rank and file saw themselves apart or often at odds with the senior management but also with the general public. The sort of openly racist comments that Holdaway (1983) reported in his classic study of policing were not present. However, Loftus (2010) noted that derogatory comments aimed at young working class or marginalised communities were still present. The sense of loyalty and being a member of the *"police family"* were still present. This work along with Brough et al (2016) noted the continued endurance of a strongly masculine aspect to police culture despite the changes to recruitment and other initiatives. Important shifts were identified. The first was the reduction in the social rituals - particularly those linked to drinking. This was partly the result of social attitudes but also Loftus (2010) identified that the "job" was no longer seen as the key aspect of officers' lives. Policing was, like other public services, dominated by a culture of risk and risk management.

Mclaughlin (2007) argues the aim of the diversity reform agenda has been to the removal of the worst aspects of Reiner's cop culture and the creation of a modern organisational work culture. This is not simply a matter of organisations complying with legislation. It involves a recognition of the benefits that diversity can bring - for example by recruiting from a broader base you bring new qualities to an organisation but also the police can serve communities more effectively. We can include the broad response to mental health issues within this framework of diversity. The developments in this area overlap with the arrival of new organisational structure which see new forms of partnership working. O'Neill and Singh (2007) argue that police culture should be seen simply as the "*way things are done round here"* . This underestimates the ongoing strengths of some of the traits of police work. The nature of the work is a key factor in its organisational and work culture. Loftus (2010) concluded that despite these changes aspect of *"cop culture"* clearly remain. This is because the fundamentals of policing remain - engaging with often powerless or vulnerable people in difficult, tense and demanding situations.

Police decision making

The Assocation of Chief Police Officers (ACPO) developed the National Decision Making (NDM) model (ACPO, 2012) to inform all officers in the complex policing decisions they are required to make on a daily basis. At the centre of the model, the police values and mission statement commits the police to *'act with integrity, compassion, courtesy and patience, showing neither fear nor favour in what we do. We will be sensitive to the needs and dignity of victims and demonstrate respect for the human rights of all.'* (ACPO, 2012: 3)

Officers are required to keep these principles at the centre of decision-making. The NDM model is applicable to all police work and appears particularly relevant to the context of police work where mental health issues are present.

Models of policing

This section will explore models of policing that have been developed to address some of the challenges that working with mental health issues may create. These

models have been developed as a result of national and local circumstances – often in response to a critical incident. Lamb et al (2002) identify three possible models of police response. It should be noted that these models are essentially developed to respond to mental health crises that occur when officers are on patrol or called to an incident. This does not represent the totality of police work in the mental health field. Mental health crisis is a very broad term - it is not used in any clinical sense here. The models are:

• *specialist trained officers;*
• *joint police and mental health teams;*
• *phone triage or a system that allows officers to access relevant health information and records.*

The first and probably best known of these models is the Crisis Intervention Team (CIT) based in Memphis (Compton et al, 2008). This model was established in 1988 following an incident when the Memphis Police shot dead a man who was suffering from a psychotic illness. CIT officers deal with mental health emergencies but also act in a consultancy role to fellow officers. To become a CIT officer, personnel have to undergo intensive mental health awareness work as well as training in de-escalation techniques. CIT is a well- established model.There are a number of approaches to the provision of a joint police and mental health professional response. The most well-established of these models are to be found in the USA and Canada. Hails and Borum (2003) discuss the variations on the joint response that exist - either a joint team or specialist mental health support being made available. Reuland et al (2009) argue that both approaches have produced promising results in terms of both health care and more effective use of police resources.

Triage is a well-established concept within general nursing and medicine. In this process, an early assessment allows for individuals at accident and emergency to be treated speedily in the most appropriate setting. This process also allows for the more efficient allocation of medical resources. In the context of policing, mental health triage has come to be used as a short-hand for a number of models of joint services with mental health staff and policing. These systems share the same aims as triage in that they combine some element of assessment with a recognition that individuals need to access the most appropriate services in a

timely fashion. In addition, these models of service provision seek to improve officers' confidence in decision making in the context of mental health.

Policing and Mental Health

The issues of policing and mental health have been steadily moving up the policy agenda. For example, the Bradley Review (2008) and the Home Affairs Select Committee Report in 2015 both highlighted concerns about the police role in this area. Two more recent important reports have examined the role of the police in mental services alongside the pressures that these create in terms of increased police demand. In October 2018, the House of Commons Home Affairs Committee published a report *"Policing for the Future".* The report is based on evidence taken from a range of witnesses including Chief Constables and Chief Inspector Michael Brown. The report discusses a wide range of issues. Dee Collins, Chief Constable of West Yorkshire Police, in giving evidence stated that "*83% of my time in terms of delivering services is not about crime"* It includes a focus on issues relating to vulnerable people. It highlights three areas where the demands on the police are increasingly complex and demanding: mental health work, missing people (particularly missing children), and multi-agency child protection work. In situating this work in the wider context of modern policing, the inquiry highlighted that

"*A prominent theme emerging throughout this inquiry was the increasing volume of police work arising from identifying and managing various forms of vulnerability, including safeguarding vulnerable adults who cross their path, being first-on-scene during a mental health crisis, undertaking child protection work on a multi-agency basis, and dealing with repeat missing person incidents, including looked-after children"*

One of the ongoing issues in this field is problems with defining exactly what constitutes mental health work and then collecting relevant data. In his evidence, Chief Inspector Brown told the committee that the data does not lead easily from police systems that were built for purposes such as crime recording. Despite these difficulties in robust data collection, the overall trends are clear. The BBC reported the results of an FOI request showed that 23 police forces in England and Wales dealt with 215,000 mental health cases in 2016–

17—a 39% increase on the year before (https://www.bbc.co.uk/news/uk-41688577). Some forces saw demand in this area double.

Section 136 MHA is a police power. It authorises any police officer to remove someone, who appears to be mentally disordered, from a public place to a "*place of safety*". A "*place of safety*" is broadly defined but is usually a hospital or a police cell. This is an emergency power and is generally used in circumstances where a person is considered to be putting themselves at immediate risk. The use of section 136 MHA relies on the assessment of the individual police officers involved. There is no need for a formal medical diagnosis. The purpose of section 136 is for a mental health assessment to be carried out by a psychiatrist and an Approved Mental Health Professional (AMHP). The place of safety should normally be a hospital based setting. Most mental health trusts have created specially designated areas - section 136 suites - where the formal assessments can take place. Section 136 MHA has become something of a key indicator for police mental health work. It also crystallises a number of debates in the area of mental health and policing. It is therefore worth examining the area in some depth here.

There is a long standing body of literature (Rogers and Faulkner, 1987, Dunn, and Fahy, 1990; Bhui et al, 2003) that highlights the over-representation of BAME groups, particularly young black men, in section 136 detentions. This is a crucial issue as it means that in a number of cases, the first contact that this group has with mental health services is via the Police or other areas of the CJS. Section 136 MHA is much more likely to take place outside of standard office hours when normal support services are more widely available. Borschmann (2010) indicate that the "typical" section 136 patient is a young, single working class male with a past history of mental illness– a group which much less likely than others in

the population to access general health care including mental health services. In Borschmann's study also noted that this group tended not to be registered with a GP. The IPCC carried out a major study of the use of section 136 MHA in 2005/6. In this study, 11,500 patients were assessed in custody and 5,900 in a mental health setting. The report highlighted significant variations between forces. Some of these can be explained by local conditions – for example Sussex police covers Beachy Head. This study also confirmed Browne's (2009)finding that black people were almost twice as likely as other groups to be subject to section 136 .

Police Cells can be used as a *"place of safety"*. This is a far from ideal intervention and cellsshould only be used in "*exceptional circumstances"*. Police custody is a pressurised, busyand often chaotic environment. There is clearly the potential for this to have a negative impact on an individual's mental health. Police officers are called upon to manage very difficult situations such as self-harm or attempted suicide often with little training or support (Cummins, 2008). These are long standing issues and it would be wrong not to acknowledge that the progress that has been made in this area. The Angiolini Review (2017) reported a fall in the use of police cells as places of safety. However Policing for the Future reported that despite this the worrying fact that in the majority of section 136 cases, the detained person is taken to hospital by the police - i.e in a police van. This is frequently because an ambulance is not available. This can be seen as a pragmatic response and I am not being critical of individual officers who have to manage these situations. It is not a role that the police would seek to carry out. However, there is clearly not parity of esteem for people with mental health problems in these circumstances. It is an inevitably stigmatising.

The physical environment of a police cell also needs to be taken into account when considering the potential impact of custody. A cell is a bare concrete space with a mattress and a steel toilet. Hampson (2011) argues that in practice exceptional means that

the patient is *"too disturbed to be managed elsewhere"*. HMIC's 2013 study *A Criminal Use of Police Cells* examined in detail 70 cases where a cell had been used as a place of safety. There are significant variations between or even within forces. This is the result of different local service provision. The most common reason for a police cell being used was that the person was drunk and/or violent or had a history of violence

There is very limited research which examines service-user perspectives on the experience of being detained under section 136 MHA. As the HMIC (2013) review notes the experience can be, if the individual is taken to police custody, is akin to being arrested. In custody, they are treated in the same way as any other person. The booking in process is the same – it would include being searched. On occasions, because of concerns about self harm or suicide clothing may be taken away from the detained person. There will almost certainly be periods of delay – in custody or a hospital based place of safety. Jones and Mason's (2002) study highlighted that for from a service user perspective this is a custodial not a therapeutic experience. In this study, service- users made clear that the routine of being booked into custody was a dehumanising one. They also felt that police officers were too quick to assess that they were at risk of self-harm meaning that there was an increased risk that they would be placed in a paper suit. Riley (2011) confirms this dissatisfaction with the process. In particular, the participants in the study felt that they were being treated like criminals for experiencing distress. Some felt that their mental health had worsened because of their time in custody. All of the above applies to any person with a mental health problem who comes into custody.

The case of MS v. UK which was decided in the European Court of Human Rights (ECHR) in 2012, demonstrates illustrates the potential difficulties that can arise. MS was detained under section 136 MHA following an assault on a relative. When he was assessed at the

police station, it was decided that he needed to be transferred to psychiatric care. There then followed a series of delays and arguments between mental health services as to which unit would be the most appropriate to meet MS's mental health needs. This argument went on for so long that the seventy-two hour limit of section 136 (MHA) was passed. MS was still in police custody and this has a dramatic impact on his mental state. As a result of paranoid delusional ideas, he refused food. The ECHR held that the treatment of MS constituted a breach of article 3 which prohibits inhumane and degrading treatment. This is clearly an unusual case but it illustrates the potential issues that arise. The judgement made it clear that the initial decision to detain MS under mental health legislation was valid and justified.

The Health and Social Care Information (HSCIC) data shows that in the majority of cases those individuals assessed following the police use of section 136 MHA were not formally admitted to hospital – i.e. detained under section 2 or 3 of the MHA 1983. One of the major difficulties when examining the use of section 136 MHA is the danger that there is too narrow a focus on outcomes. It is a fallacy to argue that section 136 MHA has not been used appropriately if the person is not detained. The test of section 136 MHA is whether the officer thinks "that it is necessary to do so in the interests of that person or for the protection of others". Police officers have to respond to the emergency that they face, if mental health professionals carry out an assessment and alternative to hospital are organised then that does not mean the police officer's decision was incorrect. The recent changes in the law mean that wherever it is possible and practical police officers should seek the guidance of a mental health professional before using these powers. The purpose of section 136 is for an assessment to be carried out not for a formal admission to hospital. Borschmann's (2010) study is an analysis of the use of section 136 MHA in a South London Trust. 41.2% of these did not lead to hospital admission, 34.4% led to admission under the MHA and 23.1 % to an informal admission.

The HMIC *Picking up the Pieces* report echoes many of the themes that occur in the House of Commons report. From its title onwards, the main thrust of the report is clear: the police are called upon to respond to too many people experiencing mental health crisis. This is not considered an appropriate use of police resources. In addition, there are concerns that police officers do not have the skills and training required to support people in the midst of a mental health crisis. The final area of concern highlighted is that the increased involvement of the police in mental health work is ethically questionable because it in effect criminalises or potentially criminalises mental illness. It may also put people who are experiencing a crisis at greater risk – they may not receive appropriate treatment or the mental health concerns may not be identified by officers. The final area that the report highlights is the need for a more co-ordinated and systematic approach to the training of police officers.

As noted above, police forces like all the public services have faced a period of retrenchment since the introduction of austerity. Since 2008, the issues of mental health and policing have climbed the policy agenda. It is unlikely that this is purely a coincidence. It is not surprising that as police forces are asked to do more with fewer resources that senior managers and leaders reconsider what the organisations core roles and functions should be. In addition, austerity policies have the impact of creating greater demands on social welfare organisations whilst at the same time reducing their resources. This is as true for the police as any other organisation. However, the emergency role of the police means that the public will seek their assistance – everyone knows that dialling 999 will produce a response.

The question of police demand is a difficult one. As the HMIC report notes there is a lack of consistent recording of information in this field. Edmondson and Cummins (2014) noted that "*mental health"* was something of a flexible term covering a wide range of situations. On occasion, it included calls where it was not clear what the exact nature or the relevance of the mental concern was. This is a very important point. The focus on debates about demand is often on police responses to mental health crises or emergencies. This obscures the much broader nature of police work in this area, not the least of which, is the

police supporting people with mental health problems who have been the victims of crime.

In 2008, the Sainsbury Centre suggested that 15-20% of police work was mental health related. In 2013, Lord Adebowale described mental health work as core police business. In the same year, the then Home Secretary, Theresa May told the police that their role *"was to cut crime no more no less".* In 2016, the former Met Commissioner, Sir Ian Blair suggested that responding to vulnerable people in crisis was preventing the police fulfilling its core function of ensuring community safety. In 2017, Sir Tom Winsor stated the police had become the service of first not last resort for people in crisis and that this was wrong. In its discussion of demand the HMIC, reports data obtained from 22 forces on *"mental health flags".* Three per cent of all calls were flagged as mental health. This represents a total number of 318,000 incidents. 66 percent of these incidents were related to a 'concern for safety' for an individual. Roughly ten per cent of these concerns for safety calls came from other agencies. The peak time for calls to police for support with mental health-related incidents is 3pm to 6pm, Monday to Friday. This possibly reflects that community mental health and other agencies are less likely to be available. The report also highlights that mental health calls are more likely to come via 999 than other types of calls. In addition, they are much more likely to be graded as requiring an "*immediate response".* The report notes that this is a positive indicator that call handlers are recognising the potential risks and vulnerability that such calls may entail.

The report emphasises that there will clearly be mental health incidents, which require some form of police involvement. The concern from a police perspective is that officers are being asked to undertake, which is more appropriate for staff from social welfare agencies. Mental health issues are complex and often the police are being asked to respond to situations as emergencies, which are actually the result of long term complex issues, that cannot be resolved quickly. The report, for example, highlights that the five most frequent callers to the MPS made over 8600 calls in 2017 - an average of roughly 4.5 calls each every day.

The report does identify one perhaps surprising outcome of the increased role for the police in mental health work.

"One of the positive, perhaps unintended, outcomes of the police working closely with mental health professionals is that stress and wellbeing are discussed more openly, not just in terms of looking after the public but also looking after each other."

This is a very important issue. Firstly, it is vital that we recognise the potential impact of the role of policing on individual officers' mental health. Secondly, it helps to break down barriers and develop a more positive attitude to mental health. The impact of a change of attitudes can be difficult to capture fully. However, it will be apparent in the day to day police contacts.

Vulnerability

As outlined above, the role of the police cannot be separated from the social and political context, in which, the role is exercised. Welfare, employment and other policies all need to be considered here. The work of the American feminist legal scholar, Martha Fineman

(2004 and 2008) challenges two of the most deeply engrained but interrelated social values. These are autonomy and vulnerability. Fineman (2004) argues that the cultural focus on individualism hides the social reality of our interconnectedness. In reality, we all need or will need some care at points in our lives. It is impossible to make to adulthood without being cared for by others. In adulthood, we do not when we might need some form of care and what our care needs might be. Fineman argues that political discourse and welfare policy is based on the notion of the liberal subject. This is an idealised version of the individual citizen. Such citizens are independent, autonomous adults. Fineman (2004) argues, deeply entwined with other ideological perspectives, such as a belief in free market capitalism and the notion of meritocracy. Anti-statist ideas have become more widely adopted - by both the libertarian Right and Left. Liberty in this context being defined as freedom from government. Fineman (2004) suggests that the results are that liberty has become more highly valued than equality. Thus role of

the state in this model has become to decide between competing individual claims and ensure fair treatment.

Vulnerability is generally used as a way of categorising individuals or groups. It has become essentially a paternalistic approach. Fineman (2008) argues that it is often used as a way of denying individuals rights or agency. She turns this notion and usage on its head. For Fineman (2008) the term is a basis for a politics of welfare based on reciprocity. In Fineman's work, it is the basis for a mutual understanding or reciprocity.The term becomes a way of recognising that we are all potentially in need of some form of support. The current focus on individualism ignores or seeks to set aside the basic conditions of mutuality that are required for social systems to function. Fineman's (2008) notion of vulnerability, views it as a universal and constant feature of the human condition. It is thus a quality that we all share. It is not a characteristic of particular individuals or groups. Fineman's focus is to argue that we are or should be seen as vulnerable subjects. She has argued that the notion of autonomy that underpins much of view of the worth of individualism is a myth. The cultural focus on individualism hides the social reality of our interconnectedness. We share what she terms a messy dependency. Fineman's use of the term is radically different. It is a basis for genuine reciprocity and a call for a more responsive state and equal society.

Conclusion

Mental health as core police business

The role of the police in the mental health field has been influenced the effects of two hugely significant social policies: the attempts to develop community based mental health services and the expansion of the CJS including imprisonment and other responses to marginalisation (Cummins, 2013 and 2016). In Teplin's (1984) seminal study of policing and mental illness, she used the term "mercy booking" to describe the situation where the police arrest an individual because they felt that this would ensure that a vulnerable person would ensure that the person was given food and shelter -even if it was in custody. These works show the complexity of the demands placed on the police.

Morabito (2007) argues that police decision making is more complex than is allowed for in these situations. She argues that police decision making is shaped by a number of variables. These are termed “horizons of context”. This model provides a tool for the analysis of the decisions that officers make. In Morabito’s model, there are three variable contexts. The scenic context refers to the range of the community resources that are available including the range of voluntary and statutory mental health services, access to training for officers and the working relationships between agencies. The discretion that officers can exercise is clearly limited by the range of services available. If community services are limited, then custody becomes regrettably a more likely outcome.
As well as the community resources, Morabito (2007) outlines two other “horizons of context”, which she terms temporal and manipulative. In this model, temporal refers to the individual and manipulative to the actual incident. There will be some incidents -for example in the rare cases when a violent crime has been committed -where the police for evidential and public protection reasons will have little alternative but to take the person into custody. At the other end of the scale, a very experienced officer dealing with a minor incident involving an individual they know well, will have much greater scope to exercise discretion. The scope will increase in areas where there are greater community mental health resources. As Morabito concludes there is a tendency to oversimplify the decision making processes that police officers use in these complex and demanding situations. The local service, social and environmental contexts are thus vitally important.

The recent retrenchment in mental health and wider public services mean that the police face increasing demands in this area (Edmondson and Cummins, 2014). Police involvement in mental health work has to be viewed as part of their role in wider community safety and the protection of vulnerable people. Wolff (2005) argues that the police have always had what might be termed a“quasi social work” role. This is vital work but mental health work does not fit easily with aspects of “cop culture” that Reiner (2000) identifies. For example, there is often not an immediate response in terms of action that can be taken. It is an area that does create particular challenges for police services (Carey, 2001, Lurigio and Watson 2010). As this work shows, these challenges are both individual and organisational.

Wood et al's (2011) review of trends in the UK, Canada and the USA concludes that the same issues arise across the countries: a combination of reduced psychiatric provision and poorly funded community services has led to increased pressure on police officers who often receive little or no specific mental health training. Police officers, particularly in urban areas deal with incidents that relate in some way or another to mental illness on almost daily basis. It is likely that the police will always be "first responders" to many incidents. The key then how are the police supported by wider community mental health agencies to ensure the response is appropriate. This is to ensure that individuals are safe but also to support police officers to make informed, professional and defensible decisions. There will always be cases where an individual who is mentally ill will be taken into police custody because they have committed or are suspected of a violent crime. These are the minority. Police officers need training in mental health awareness to increase their confidence in decision making. In addition, there needs to be more effective liaison and joint working between mental health services and the police to ensure that individuals receive support from the most appropriate services in a timely fashion.

Lord Adebowale (2013) concluded mental health is core police business. This should be taken to mean that dealing with individuals experiencing mental distress is a key feature of the working week of most police officers. There a number of models of triage that have been have developed in response to local organisational, demographic and other factors – for the example a response to a tragic incident or the commitment of individuals. It would be foolish to try to be very prescriptive in developing models of triage. However, all these schemes have two key features – the improved training for officers and improved liaison with mental health services. These elements are vital whatever the nature of the mental health crisis or incident that is being addressed. There are enormous challenges here. However, within these debates it is imporant to remember that officers deal with complex and demanding situations - often with little specialist support - ensuring the safety and welfare of vulnerable citizens

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