The Development of a Referral Decision Screening Tool to Allow the Early Identification of Mental Health Problems in Police Custody: Final Report

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Title: The development of a referral decision screening tool to allow the early identification of mental health problems in police custody: Summary Report

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The Offender Health Research Network is a collaboration between several universities, based at the University of Manchester. It was established in 2004 to develop a multi-disciplinary, multi-agency network focused on offender health care innovation, evaluation and knowledge dissemination.
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Summary Report

Background

Improving access to mental health services for people in contact with the criminal justice system (CJS) is a key government priority (1). The early identification of mental health concerns can be crucial for the immediate management of serious mental health problems (2, 3). Since 1990, criminal justice mental health liaison and diversion services (CJMHL&D) have proliferated, providing specialist mental health cover to custody suites but without a national model of care or evaluation into their efficacy.

Access to a mental health clinician for detainees in police custody is largely reliant upon concerns identified by a police officer with little formal mental health training. It is estimated that the current custody risk assessment only correctly identifies 52% of detainees with mental health problems, 48% with current suicidal ideation and 34% with past attempted suicide (4).

Aims and Objectives

The project aimed to improve current practices in the identification of mental health problems for people in police custody. Main objectives: 1) to identify and critique current procedures in England; 2) to develop a mental health screening referral tool for use by the police; and 3) to create an implementation manual and training materials.

Method

Questionnaire

A questionnaire was sent to 88 criminal justice mental health liaison and diversion schemes in England. Seventy-three (83%) completed the questionnaire which requested them to self-assess on points of best practice. The results allowed the research team to choose six research sites, reflecting a range of working practices, for participation in qualitative interviews and consultations. Data were entered into the Statistical Package for the Social Sciences (SPSS) and analysed descriptively.

Interviews

Semi-Structured interviews captured participants’ viewpoints on current screening procedures in police custody; required changes; and what should be included in a screening tool for this population and setting. Data from the interviews were transcribed and analysed in Nvivo v.8 with the use of grounded theory and the constant comparative method (5).
Consultations
A modified Delphi technique (6) was used to further develop a mental health screening tool and referral pathway. Data were analysed in Nvivo v.8 with responses categorised according to emerging themes and then grouped together to determine levels of consensus. Three rounds of consultation were undertaken which achieved consensus on draft versions of a screening tool, scoring system and referral pathway.

Action Learning Groups
Principles of action research were used to further refine outcomes for practice (7), including addressing necessary service reconfigurations and the development of training materials. Decision making processes were systematically recorded through the group facilitator’s reflective notes, meeting minutes and emails.

Participants
Interview and consultation participants included a range of mental health professionals, police officers and service users with experience of police custody across six sites throughout England. The study began with 58 individual participants, of which 72% were men and 28% women, with a mean age of 43 years. Ninety-three percent were of a white ethnic background. Overall professional experience ranged from 4–41 years. Additionally, a service user group consisting of 6 members contributed to ensure a strong service user perspective.

Action learning group participants were recruited separately from one local area. The group included managers and practitioners representing the CJMHL&D, police, county council, probation, crisis resolution, social care, private healthcare, and service user involvement. The group overall consisted of 12 people with approximately 4–8 people attending monthly meetings over one year.

Results

Screening Tool
Police officers welcomed the development of a new screening tool and/or some/further training to assist in safeguarding potentially mentally ill detainees. It was found that current triggers for a mental health referral mainly included clear statements of a desire to self-harm or current suicidal thoughts and/or how the detainee was presenting. Officers relied heavily on individual experience and their own observations for determining referral needs.

CJMHL&D teams expressed that they were frequently reliant on the police to identify concerns and make referrals for assessments. The way in which police custody sergeants made referrals to mental health teams was viewed as informal and lacking standardisation.

Participants were generally in agreement that a mental health screening tool in police custody should be short, easy to complete and cover a range of mental
health issues, risk of suicide and self-harm. The research team conducted a literature review to find appropriate existing screening tools matching the criteria identified by informants. The two screens which most closely matched were The Prison Screening Questionnaire (PriSnQuest; 8) and the Correctional Mental Health Screen for Men and Women (CMHS; 9).

The majority of respondents (72%) indicated that PriSnQuest, with slight modifications, would be the most suitable for integration into practice. PriSnQuest was described as covering a range of high risk issues including depression, suicide and psychosis. Mental health and custody staff described it as quick to complete and less likely to be overlooked, while service users described it as clear, specific, easy to answer and likely to result in relevant responses. There were concerns however, that the use of PriSnQuest would result in an unmanageable number of false positives. PriSnQuest also lacked questions relating to self-harm which officers felt were particularly important. Therefore, PriSnQuest was integrated with the existing questions on the current police custody risk assessment to include self-harm and reduce duplication. The resulting tool, The Police Mental Health Screening Questionnaire (PolQuest) is a 14 item screen which was also scored by participant consensus to differentiate urgent from routine referrals.

**Timescales**

Respondents were asked to identify an appropriate time frame for which a mental health professional could respond to an urgent or routine referral. The majority (73%) felt that an urgent referral made during regular working hours could be responded to within 1-2 hours. Fifty-one percent felt that an urgent referral made after hours should still be responded to within 1-2 hours. The majority of respondents, 88%, indicated that a routine response was only needed within 24 hours, with the possibility to follow up on a routine referral in the community after release.

**Referral Pathway**

Two pathways covering office hours and out-of-hours procedures were created. A particular goal was to ensure that detainees were provided every opportunity to access a specialised mental health professional regardless of when they were booked into police custody. Training materials were also created describing the process by which PolQuest was created, how it should be used and answers to a number of frequently asked questions.

**Impact**

The Police Mental Health Screening Questionnaire (PolQuest) is designed to improve the chances of accessing mental health services from police custody, prevent unnecessary progress through the CJS and thus improve health status, reducing social exclusion and re-offending which ultimately increases public safety. It extends screening procedures to all detainees in custody, regardless of their history and/or the hours of operation of the CJMHL&D. It may standardise and thus improve the appropriateness of referrals providing a structure to guide officer’s decision making and resulting in more effective targeting of services.
Conclusion

The study resulted in the development of a 14 item mental health screen (PolQuest) and referral pathway complete with accompanying manual and training materials. The introduction of PolQuest may ultimately result in more relevant referrals to encourage the economic use of existing services, provide standardisation of care, assist officers in their decision making and ensure that each detainee with potential mental ill health is provided the opportunity to access health and/or social services.
References


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