Healthcare Screening in Police Custody: Insights and Innovations

When Two Worlds Collide: Policing and Mental Healthcare Services Conference
November 14th, 2013, Manchester
# Identification of Healthcare Needs

- Legislation and guidance—PACE, MHA, SOPs, BMA/FFLM, IPCC
- Reports: Bradley, Corston, Flanagan, Prison Reform Trust, IPCC “deaths in custody”
- NPIA ➔ College of Policing
- Significant health needs:
  - Asthma, Diabetes, Epilepsy
  - Serious head injury
  - Risk of alcohol/drug withdrawal
  - Complex mental disorders: Serious mental illness, IDD, elevated suicide risk
- Risk assessment / health screening

<table>
<thead>
<tr>
<th>Detected (%)</th>
<th>Prevalence (%)</th>
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<tbody>
<tr>
<td>49, 67, 60</td>
<td>16, 5, 2</td>
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<td>17</td>
<td>5</td>
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<td>48,</td>
<td>17, 11-22</td>
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<td>58</td>
<td>8</td>
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<td>25-50</td>
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<td>48</td>
<td>30</td>
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Challenges: Health

- No national model of mental healthcare provision
- Locally developed services with insecure commissioning arrangements
- Limited hours of operation
- No universal screening – “the known unknowns”
- Lack of evidence in improving outcomes
Challenges: Police

- Mental health screening procedure is not sufficiently robust
- Training for police is limited or non-existent
- Pathways to care are complex and inconsistent
Challenges: Clients

- Access lottery – time and place dependent
- Police officers as gatekeepers to clinicians
  - experience/expertise/attitudes/culture/screening
- Long periods of detention whilst waiting for mental health assessment – safety & appropriateness
HELP-PC R/A screen

- Twenty questions
- Fifteen observational cues
- Interactive
- Guides the CO on which course of action to take
- Based on evidence
- Piloted in MPS in 2012
<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>B. Injuries/Head injuries</td>
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<tr>
<td>C. Physical Health</td>
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<tr>
<td>D. Female Health and Detention Issues</td>
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<tr>
<td>E. Medication</td>
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<tr>
<td>F. Drugs and Substances</td>
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<tr>
<td>G. Alcohol (intoxication and risk of withdrawal)</td>
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<tr>
<td>H. Mental health (vulnerability)</td>
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<td>I. Learning disability (vulnerability)</td>
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<tr>
<td>J. Suicide/Self Harm</td>
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<tr>
<td>K. Catch All</td>
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<tr>
<td>L. Dietary or religious needs</td>
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<tr>
<td>M. Officer's Remarks</td>
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</tbody>
</table>

**M1** Section for person completing risk assessment to record any other details or concerns about the detainee (e.g. concerns re: accuracy of details the detainee has given to the sergeant or other information).

Tick here if you have no further remarks to make.
Results

• Overall sensitivity-90%, specificity-93%

• Detection rates
  – Asthma-76%, diabetes-100%, epilepsy-83%
  – Serious HI-57%
  – SMI-93%, major depression 75%, IDD-83%

• Referral rate to HCP 45% (compared to 43%)

• Median time for completion – 7 minutes

• NHS England and ACPO
Qualitative

- Barriers to effective screening in the custody suite
  - The effectiveness of the tool
  - Role conflicts
  - Wider culture of the police
  - Custody environment
  - Education and training
  - Lack of clear referral pathway
PolQuest

- 14 Item Screening Questionnaire
- Administer in 5 minutes
- All Adult Detainees
PolQuest

PriSnQuest
- Historical issues
  - Depression
- Serious Mental Ill Health

Police Custody Risk Assessment
- Historical issues
  - Self Harm
  - Medication
Scoring

Urgent Referral

- High Risk
- Current symptoms/signs of psychosis, depression, self harm, suicide
- Highly distressed

Eg. ‘Have you recently found yourself wishing you were dead and away from it all?’
Scoring

Routine Referral

- Low Risk
- Historical issues
- Known to/currently engaged with services

Eg: ‘Are you currently in contact with mental health services?’
Discussion

• Physical Healthcare Screening in Custody
  – What are your challenges?
  – Are there any solutions?
  – Could the HELP-PC risk assessment integrate into your service?

• Mental Healthcare Screening in Custody
  – What are your challenges?
  – Are there any solutions?
  – Could PolQuest be integrated into your service?