MENTAL HEALTH CHAMPION

Open letter to Health and Justice Committees

November 2024

We all agree that the current situation, where a huge proportion of police time is spent keeping people in mental health or suicidal crisis safe, is unacceptable. However, I need to highlight to the Committees my concerns regarding the proposals for the implementation of the Right Care Right Person (RCRP) policy in NI. It is vital that the policy is adequately resourced, and it should be implemented in conjunction with the planned Regional Crisis Intervention Service.

In recent evidence to the joint Justice and Health Committee, the PSNI stated that they were responding to almost 40,000 calls annually where there was a "Concern for Safety". The proportion of callouts where there was an acute risk to life was described as being "in the margins" and it was stated that the majority of these referred to "an unmet health demand". It is important for me to convey the messages that I am hearing from staff on the ground. Emergency Departments, addiction services, ambulance services, Primary Care, and mental health services are all under enormous pressure. There is an acknowledged mental health workforce crisis and the committed staff in these roles describe being exhausted and demoralised. Community and voluntary sector organisations who are delivering mental health care are reeling from funding cuts, and a rise in presentations from vulnerable people with increasingly complex needs. The suggestion that health services would have the capacity to manage the extra incidents without additional investment is, I believe, unrealistic. Whilst an oversight group is in place to consider the consequences of RCRP, there is at present no commitment from Department of Health to provide funding for a service in cases where the PSNI do not attend. The idea that volunteers, youth workers, and community and voluntary sector groups may in a position to step up to fill the gap, in the absence of funding, is also naïve.

There is also a key question around how the decision to provide a police response would be taken. It is currently unclear whether people who are under the influence of alcohol and other substances, or so unwell that they may harm themselves or someone else, would be eligible for a police response. For example, it is important to identify any impact this policy might have on emergency referrals to PSNI by Lifeline (732 referrals in 2023-2024). The "tried and tested" "decision trees" and referral pathways, along with the training, and support structures used in RCRP in other regions need to be adapted for our Health and Social Care services and carefully tested.

It is notable that the other UK regions who have adopted this policy had progressed it over several years, through legal partnerships between police forces and health providers, which set out joint working and monitoring arrangements. Whilst there is a very positive commitment to collaboration between Health and PSNI, the Terms of Reference for RCRP (which I provided detailed feedback on) does not refer to the formation of such partnerships. It is also important to note that concerns have been raised about the

implementation of the RCRP policy in England and Wales from a range of groups. The mental health organisation, Rethink Mental Illness has linked failings under this policy to at least seven deaths. In relation to the rollout in England, the Chair of the UK Royal College of Psychiatrists stated "Our concern is around the workforce resourcing, new additional funding that will be needed and the timescales for implementation."

Other regions are adopting different approaches to supporting people in crisis and reducing the demands on police time. In the Republic of Ireland, the Department of Justice and the Department of Health, are piloting Community Access Support Teams (CAST) to provide intervention, prevention and for those in mental health crisis. The project is a partnership between An Garda Síochána and Mental Health Services HSE Mid West. It aims to reduce future interactions with Gardaí or other emergency services, through community follow-up and the case management of complex cases.

Police Scotland decided not to adopt RCRP, recognising that mental health requires a collegiate "whole system" approach. Additionally, they also currently have the Distress Brief Intervention (DBI) programme which is a non-clinical intervention, where trained front-line staff including health, police, ambulance and primary care provide a compassionate de-escalation response and where appropriate, "a seamless referral, with confidence and clarity" to a community-based problem solving support, wellness and distress management planning, supported connections and signposting provided by commissioned and trained third sector staff who contact the person within 24-hours of referral. In fact, this is the model proposed within NI's Regional Crisis Intervention Service.

Much work has already been undertaken to develop the plan for an effective Regional Crisis Intervention Service in Northern Ireland (actions 12 and 27 of the Mental Health Strategy). The policy details the necessary collaboration between other agencies, including PSNI, who are partners, and were involved in its development. The service would see joined up working between emergency services and existing support services, triage projects, crisis cafes etc. The aim is to ensure that people in crisis receive a responsive effective intervention, regardless of where they live. Despite the policy being launched in August 2021, no funding has been allocated to deliver the service. I was disappointed to see that the Terms of Reference for RCRP in NI did not reflect the need for this service to be implemented as part of this policy.

To be clear, I welcome that the stated intention of the policy is about "ensuring police and partner agencies work together to provide the most appropriate service to vulnerable people in our communities". Both Departments are currently undertaking exercises to establish the impact of the policy on their operations. However, I firmly believe that the slow pace of progress in implementing the Mental Health Strategy, especially the Regional Crisis Intervention Service, means that the time where existing mental health services can provide a service to replace the work currently undertaken by PSNI Officers, remains many years away. In the meantime, we should be seeking urgent clarity

regarding who is going to pay for and provide the alternative response. I will continue to work with the oversight group and both Departments, to develop a service that would better serve the people who would have previously received a police response. Unfortunately, if requests to assist vulnerable people are not responded to, we may see even more avoidable deaths, resulting in an additional resource burden and untold suffering.

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