



# ACPO Excellence in Policing Awards 2009

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Please use this form to submit your entry for the ACPO Excellence in Policing Awards 2009. Entries are invited from all UK police forces, multiple police organisations working collaboratively and in partnership.

The purpose of the Awards is to share effective practice to improve service to the public. By submitting this form you confirm your consent to it being published.

Submissions will be considered by a panel of representatives from at least two ACPO Business Areas, The Home Office, NPIA and the Awards sponsors who will be looking for evidence that the project or initiative:

- addresses an identified need
- is innovative
- enhances service delivery (e.g. quality of service, efficiency, cost-effectiveness, productivity, performance)
- achieves results that are measurable and sustainable

Submissions are limited to a total of 1,000 words and must be forwarded by email to [awards@eip-conference.co.uk](mailto:awards@eip-conference.co.uk) by no later than 12 noon on Wednesday 12th August 2009. The organisers regret that late entries cannot be considered. The panel will choose four winning entries that best meet the above criteria. The winners will then be invited to showcase their initiative at the ACPO Excellence in Policing Conference on Tuesday 22 September 2009. Conference delegates will vote for the initiative that they consider most deserving of the overall Excellence in Policing Award 2009.

**Please complete all fields**

## SYNOPSIS OF PROJECT

### PROJECT TITLE:

Joint police/mental health unit

### POLICE FORCE, ORGANISATION OR PARTNERSHIP:

Metropolitan Police Service in co-operation with the Barnet Enfield and Haringey Mental Health NHS T

### INTRODUCTION

*Please describe in no more than 200 words why the project was undertaken, how the need for it was identified and the results it was intended to achieve*

The project was developed within the protection command of special operations in the Metropolitan Police Service, which has a responsibility for protecting members of the Royal Family and senior politicians. It arose out of research project, the aim of which was to discover the characteristics of the thousands of people from all the UK and further afield who make inappropriate or threatening approaches or communications to public figures each year; and to develop practical interventions to assess and manage any risk they may pose. It was established that the great majority of the subjects concerned were suffering from serious mental illnesses, such as schizophrenia. It is difficult to assess risk in the mentally ill with standard policing tools. Therefore an assessment system was needed which incorporated mental health expertise. It was further established that the most effective way of reducing risk in the seriously mentally ill was to get their illnesses treated, where necessary through compulsory admission to hospital. However, to deal with these cases nationally would require a mechanism through which the police could galvanise rapid and effective intervention by mental health services all over the United Kingdom. This is difficult to achieve locally, let alone nationally.

### WHAT WE DID

*Please describe in no more than 200 words how working practices have changed or developed to achieve the intended results*

We set up the first joint police/mental health unit in the country, under the auspices of the Protection Command. The Unit is called the Fixated Threat Assessment Centre. Its unique feature is the working together of police and mental health workers in one team to research cases referred by police or the offices of protected persons, to assess risk and to effect interventions. The case-workers have access to standard policing information resources. In addition, the mental health staff have access to NHS databases. Because of their status as health workers, they are able to acquire detailed medical information without infringing confidentiality restrictions. The combination of police and health information permits a rapid and thorough assessment and risk evaluation, which allows the formulation of a management plan. This may sometimes involve arrest, but in most cases involves catalysing rapid mental health intervention by services in the relevant area, together with liaison with local police. The presence of psychiatric staff in the team overcomes the barriers which police would normally face in such circumstances, cutting straight through inter-agency red tape. Cases are then followed up, often by visits to case conferences all over the UK, until the risk is deemed low.

## **WHAT IT INVOLVED**

*Please describe the key elements of the project in no more than 200 words. Where new investment was required an indication of the cost or other resources used should be included*

The project involved setting up, and obtaining financing for, the new service. Agreement was obtained initially to a pilot project which had to prove its worth in order to become substantive. This involved developing new ways of working, evolving specialist procedures for risk assessment, cultivating relations with 'customers', ensuring the operation of an informed referral system, developing its own stand-alone computerised database, and overcoming some initial, ill-informed hostility from parts of the psychiatric profession and the tabloid press. We had to produce a detailed appraisal report proving the effectiveness of the model. These aims were achieved and the operation was placed on a permanent footing in 2008.

The main costs involved in running the unit comprise the salaries of police and mental health staff. The police staff comprise a DCI, DI, DS, 5 DCs/PCs and a civilian office worker, paid at standard grades. The mental health staff comprise four full-time community psychiatric nurses, two part-time consultant forensic psychiatrists and one part-time clinical forensic psychologist, the total cost for these being £500,000. We were able to secure funding from the Home Office for the police personnel and, remarkably, funds from the Department of Health for the Mental Health personnel.

## **WHAT IMPACT IT HAD**

*Please describe in no more than 200 words the measures used to assess the impact of the programme, the results obtained and how it will be sustained*

The impact of the programme was subject to audit and statistical analysis, with the provision of detailed reports to its sponsors. Impact was assessed in terms of referral numbers, case outcome, reduction in concern level and of effect on associated systems.

FTAC has received approximately 1,000 referrals a year, despite operating strict referral criteria. It was effective in assessing and managing risk. Of the first 100 cases in which FTAC intervened, 85 were taken on by psychiatric services, 55 through compulsory admission. The unit proved able both to resolve extant problem cases where previous policing intervention had failed, and to deal with new cases. It intervened in cases where serious risk proved to be present to high-profile clients. It also reduced harm to the general public, as individuals targeting public figures also threaten or harm those in their own communities. It enabled conclusions to be reached about more effective targeting of protection resources. It introduced an effective screening system at client agencies, for instance reducing letters referred to police by royal households from 10,000 per annum to a few hundred.

Its future position is being strengthened by conducting follow-up research of policing and medical outcomes of intervention at one year.

## **LESSONS LEARNED**

*Please describe in no more than 200 words any lessons learned by implementing the project and any factors which are critical to its success*

Previous initiatives between police and mental health agencies, such as psychiatric liaison schemes at police stations or multi-agency public protection arrangements, have involved co-operation between separate agencies. Such processes are often beset with problems about contact points, representation and confidentiality which impair effectiveness.

Our project has taken matters one step further by creating a single police and mental health agency, situated within the police force. This has largely succeeded in abolishing the difficulties encountered in working between agencies.

In particular, it has overcome the problem of confidentiality and enabled police to obtain fast and effective co-operation from mental health agencies all over the United Kingdom.

We see our model as a prototype for possible future joint developments between police and mental health. Other possible areas in which a similar model could be adopted include stalking and homicide prevention. It also points towards the possibility of more widespread incorporation of mental health personnel in police units through the embedding of community psychiatric nurses from local mental health trusts into borough and county forces.

## CONTACT

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Please check this box to confirm that you agree to your entry being published or featured in Police Professional Magazine, on the EIP Website and by any other means deemed appropriate by the EIP planning team for the overall benefit of policing.

Please check this box if you would like to enter this project for the ACPO Excellence in Policing Awards 2009. NB. This box should only be checked if you are agreeable to making a short presentation about the project at the ACPO Excellence in Policing Conference on Tuesday 22 September 2009.

Entries for the Excellence in Policing Awards must be authorised by an officer of ACPO rank or police staff equivalent. Please enter the name of the authorising officer below:

Entry authorised by:  
A/DAC Steve Allen

Date:  
11 August 2009