

**Conservative  
Mental  
Health  
Group**

**Briefing Two: Policing  
Mental Health – The  
Relationship Between UK  
Police Forces and Mental  
Health**

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## **Briefing Summary**

The relationship between policing and mental health has intensified over the last two decades with rates of mental health-related incidents ascending across all four countries of the UK. The deconstruction of institutional care and the inadequate development of community-based alternatives has increased pressures on law-enforcement. The increased saliency of mental health on the agendas of representative elites and governments has enabled this issue to be highlighted at the highest levels. Nevertheless, the well-meaning measures that have subsequently been established have seldom increased access to health-based provisions and reduced the burdens on law-enforcement.

This study endeavoured to examine the mental health burden currently being faced by police forces across the UK. The study sent Freedom of Information requests to all 43 police forces in the UK asking for data on the total number of mental health-related recorded in 2019 and 2022. The results of the study suggest that the number of mental health-related incidents recorded by UK police forces has increased between 2019 and 2022. The data collected showed that over half of UK police forces had seen increases in cases between the two years, whilst almost 80 per cent of forces experienced percentage rises of 10 per cent or higher.

Previous administrations have made the reduction of mental health-related incidents and the enhancement of health-based measures a priority, but the results of this study suggest that more needs to be done to achieve these outcomes. A comprehensive resource allocation at the national level and increased multi-disciplinary working and training opportunities at the local level may render the impact of mental health emergencies on individual forces.

### **Key Findings**

- The total number of mental health-related incidents recorded by UK police forces in 2019 was 402,804. This figure increased to 484,524 in 2022, representing an overall increase of 81,720.
- The overall percentage increase in mental health-related incidents recorded by UK police forces was 20.3 per cent with 75 per cent of forces recording a rise in cases.
- The highest percentage increases were recorded by Police Scotland (2889 per cent) and Lancashire Police (110.4 per cent).
- The average number of mental health-related incidents recorded by UK police forces was 17,500.

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## **Introduction**

The intersections between UK policing and mental health has increased across the last forty years. The deconstruction of institutional care and the poor formulation of community-based alternatives has increased the role of local police forces in the facilitation of mental health provision. The enhanced interactions between officers and those with acute mental health conditions has become a core concern of policymakers and scholars who have endeavoured to formulate new interventions to render the scale of this phenomenon.

A number of studies on the relationship between policing and mental health have been established by academics, policymakers and UK-based think-tanks. The studies outline the disproportionate amount of police time dedicated to mental health-incidents and the limited resources available to law-enforcement to meet the demand. A recent investigation undertaken by the Home Affairs Committee (2015) estimated that between 20-40 per cent of police time was committed to supporting individuals in crisis. The subsequent report highlighted concerns around the lack of training and resources bestowed to officers to appropriately deal with such incidents. Similarly, an investigation undertaken by Parliament Street (2019) into policing and mental health found that local forces dealt with almost 165,000 incidents in 2018, up by 17.8 per cent since 2016. Kane and Wire (2021) also examined the prevalence of mental health-incidents in England and Wales, estimating that around 5 per cent of interactions between the police and the general public were related to mental health. Indeed, only 15 per cent of such instances were linked with a possible crime, demonstrating the nature of such call-outs.

This small sample of studies demonstrates the significant relationship between UK policing and mental health within the contemporary context. A well-established view is that deficits in health-based provisions have determined the rise in police time being spent on mental health. Indeed, mental health services have experienced an increase in referrals for treatment over the last ten years, contributing to longer waiting-times for interventions. The latest data from NHS Digital (2022) showed that over 1.5 million adults were in contact with mental health services with an extended number of individuals awaiting a referral. The increased pressures on mental health services have compounded the limited availability of timely interventions, enhancing burdens on other agencies to 'pick up the pieces' as HM Inspectorate of Constabulary articulated it. What is clear, is that without action to increase the availability of care, the burdens on law enforcement are only going to increase. To encourage action, this report will shine a blue light on the current state of the relationship between policing and mental health.

## **Literature Review**

The inclusion of law enforcement in mental health work has become an established norm within the contemporary welfare environment. Traditionally, mental health work was the jurisdiction of health professionals only. The health service workforce was seen to have the knowledge and practical skills to deliver appropriate care and treatment interventions to those in crisis. The obligations placed on alternative welfare stakeholders and agencies was to facilitate and support the work of health professionals in the most severe cases. Under the strain of increased budgetary and capacity constraints, traditional health services have become unable to meet the needs of individuals with mental illnesses in a timely and effective manner. The increased demands for health-based treatments have seen the health service become increasingly reliant on alternative stakeholders and agencies to address unmet needs. The jurisdictional role of mental health work has therefore been extended outwards to social security, housing and law enforcement agencies in an effort to render pressures on more traditional services.

The relationship between police forces in the UK and those with mental health problems has become more acute over recent decades. The de-institutionalisation of mental health care and the inadequate construction of community-based interventions have been highlighted as core determinants of the increased role of law enforcement in mental health. Cummins (2013) suggests that de-institutionalisation endeavoured to foster the inclusion of those with mental health problems within their communities and render the economic costs associated with the outdated institutional system. Indeed, de-institutionalisation represented a dramatic and progressive shift from previous orthodoxies around mental health care and treatment. Nevertheless, McDaniel (2019) states that poor planning and coordination around community care rendered the potential benefits of this progressive measure. In other words, the benefits of deconstructing outdated responses to mental health were diminished by the poor introduction of community-based alternatives. Cummins states that the underdeveloped nature of alternative interventions outside the walls of the asylums led to the introduction of a managerialist approach to mental health administration and delivery.

## **Managerialism and Legalism in Mental Health**

The managerialist approach initiated shortly before and after the de-institutionalisation of mental health care included the use of legalistic instruments and short-term treatment frameworks. The Mental Health Act (1983) was established three years prior to the closure of the first asylum in England and created a new legal framework for the care and treatment of

the mentally ill. Even at this early stage, the police were bestowed powers to detain people with mental health problems if they were perceived to be a risk to themselves or others. The section established enabled law enforcement to extract someone in crisis from a community setting and relocate them to a place of safety. As Cummins (2022, p.4) states, places of safety could mean a clinical or custodial environment depending on the availability of each<sup>1</sup>. The use of health-based settings was encouraged but the lack of infrastructure rendered the frequency in which they were used. The inappropriate architecture of cells and the deficits in officer's knowledge around mental health led to unfortunate cases of injury and death. Leigh et al (1999, p.8) stated that around 9 per cent of deaths in custody between 1990 and 1999 were of people who had be held under the terms of the Mental Health Act. Leigh et al further states that the nature of these occurrences cannot be blamed on individual officers or the nature of their responses but on a broader set of circumstances that led to the use of custodial environments. Indeed, seldom were adequate levels of mental health training bestowed to frontline officers during this era, creating unnerving situations for officers and those in crisis. Nevertheless, preceding frameworks continued to reiterate the importance of law enforcement's role in mental health without establishing an appropriate level of training for officers.

The National Mental Health Framework (1999) further established the responsibilities of law enforcement in the facilitation of mental health interventions. The terms outlined in the Mental Health Act 1983 were restated with the police identified as core partners in the modernisation of mental health interventions. The multi-disciplinary approach espoused in this document was to become the hallmark of the modernisation agenda. The new framework encouraged welfare agencies to work together and share knowledge and information around mental health. Policymakers have been quick to declare that multi-disciplinary does not mean the reduction of health care interventions in favour of more cost-effective measures. On the contrary, it means increased collaborations between all relevant stakeholders in the facilitation of mental health care and treatment for those in crisis. Nevertheless, the limited capacity of mental health services to deliver appropriate interventions in a timely manner has constrained the successes of multi-disciplinary initiatives. Alternative stakeholders are not health professionals, neither can they attain the same knowledge that a nurse or a doctor can through small-scale training exercises. When the balance of responsibility veers too much towards alternative stakeholders,

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<sup>1</sup> The Police and Crime Act (2017) has subsequently outlawed the use of police cells for children and encouraged reductions in the number of adults being held in custodial settings.

issues can arise around the care of those in crisis. This is not to say that officers are not empathetic and skilled in these cases but that health interventions are more appropriate.

### **Policing and Mental Health**

The jurisdictional responsibilities and expectations of police officers in the facilitation of mental health interventions have been maintained within the contemporary setting. Indeed, the amount of time spent by officers responding to mental health-related incidents has been perceived to have increased over the last decade. It was estimated by the Sainsbury Centre for Mental Health (2008) that around a quarter of police incidents were related to the issue. A more recent examination of cases by the Home Affairs Committee found that around 40 per cent of incidents encountered by officers were associated with the issue. The subsequent report by the Home Affairs Committee established that the limited availability of timely mental health interventions had contributed to this outcome. The main area of concern highlighted by the committee was the availability of health-based crisis care out-of-hours. Indeed, officers submitting evidence to the committee highlighted that there was a clear correlation between the opening times of crisis services and the prevalence of mental health call-outs. This is a clear demonstration of the problem facing police forces and those in crisis in Britain. The shortage or infrequent availability of health-based services leaves those in crisis no alternative than to turn to law enforcement for support, increasing pressures on local forces.

Cummins (2022) suggests that the police have become the first responders to mental health crisis's but lack the training and resources to appropriately deal with them. The facilitatory role of the police as enshrined into statute may have become more of a delivery position in the modern context. Indeed, some scholars have gone as far to say that the police have become quasi-social workers. Quinn (2016) outlined that in certain localities, 20 to 38 per cent of incidents attended by officers are mental health-related. Indeed, testimony from one officer in a Yorkshire based force suggested that 83 per cent of his time was spent not dealing with crime but facilitating support for people with mental health conditions (HMICMRS, 2018). A study conducted by Marsden (2019) into police officers' perceptions of their role in pathways to mental health care found both discontent and optimism amongst the participants. The participants recognised their responsibilities to people in crisis but felt that there was a lack of training and support bestowed to them. They articulated that the lack of training reduced their confidence around dealing with someone in crisis. Indeed, officers outlined that increased training and multi-disciplinary working would make them more comfortable in responding to members of the public in crisis. Testimonies like the ones provided by participants in this study

have influenced the formulations and implementation of a modicum of multi-disciplinary measures and training schemes which will now be discussed.

### **Multi-Disciplinary Working and Mental Health Training**

An acknowledgement of the amount of time bestowed to mental health incidents by the police has led to the construction of new innovative initiatives that aim to encourage multi-disciplinary working and extra training for officers. The multi-disciplinary initiatives established include street triage, crisis intervention teams (CIT) and liaison and diversion programs. Training schemes have also been established but vary between forces in their content and comprehensiveness.

### **Multi-Disciplinary Initiatives**

The street triage method is a collaboration between health services and law enforcement. Police officers and health professionals are situated in the same vehicle and work together to provide interventions to those in crisis. Both stakeholders use their knowledge to deliver a holistic service in the community. An evaluation of the scheme by Kane et al (2018) found that it reduced arrests and rendered the timeframe of treatment interventions. Horspool et al (2016) found similar findings in their qualitative evaluation of the scheme. The participants of the study included health professionals and police officers who had engaged with the scheme in two geographical areas. The interviewees articulated support for the initiative with the exchange of knowledge and shared decision-making processes perceived to work well. Nevertheless, the participants voiced concerns around the availability of health-based provisions and recognised that without interventions being available at the point of need, the street triage schemes usefulness is rendered.

The crisis intervention teams (CIT) operate in a similar fashion to street triage, but the first contact made with someone in crisis is initiated by a trained officer instead of a combination of health and policing professionals. Thereafter, the trained officers are assigned to a specific access point in a local hospital complex where they can transfer an individual in crisis to clinicians. Kane et al states that this measure can increase the possibility of health-based interventions, but this depends on the availability of services in an area. They suggest that different localities have alternative levels of access to health services, rendering the universal applicability of this form of initiative. Franz and Borum (2010) corroborate the findings of Kane et al, suggesting that CIT's can reduce the number of arrests made and redirect those in crisis to available health-based services. The main word here is 'available' with certain forces



unable to direct someone to an appropriate health-based environment due to capacity constraints in local services.

The final initiative used is liaison and diversion schemes which similarly aim to redirect individuals with mental health problems away from custodial environments and towards health-based interventions. Kane et al states that initiatives of this kind have been seen to reduce arrest rates and enable better access to health-based interventions. Yet, a cautious note is struck by Scott et al (2013) around the usefulness of this scheme in environments where health-services are stretched. Indeed, similar to the other two interventions, liaison and diversion schemes require the availability of health-based interventions to make them useful. Without easy access to mental health professionals, any scheme of this nature will not work.

### **Police Mental Health Training**

The mental health training options offered to officers has increased over the last decade or so. The frequency and comprehensiveness of training varies across forces but the use of them have been seen to increase knowledge around symptomologies of mental illness, mental health interventions and collaborations between services. Thomas and Watson (2017) found that practice-based interventions were the most useful to officers with variations of this form of training equipping them to deal with real-life situations. Another study by Scantlebury et al (2017) examined the usefulness of two forms of training: bespoke mental health training and routine training. The randomised study's primary measure was the number of call-outs made by North Yorkshire Police after each form of training had been applied with the secondary measure focused on the number of sections 136's assigned during a 6-month period. The findings suggested that no statistically significant differences were recorded in either the number of call-outs or applications of section 136's. The main positive finding from the study was that officers became more aware of when and when not to include a mental health marker on an incident. Nevertheless, this study offers little support for the usefulness of the training schemes used within this specific force. Cummins and Jones (2010) provided an evaluation of an alternative model of training that saw officers spend time in a mental health unit. Dyfed Powys police (Wales) officers spent time in a local mental health unit, engaging with service-users and learning from professionals. The scheme was perceived to be successful with interactions between service users and officers improving the knowledge of the latter. Indeed, as practical collaborations increase, training should follow suit. The engagement of service-users within the process of learning may be a means of improving responses by officers in the community.

It is clear from the literature evaluated that the role of officers in the facilitation of mental health care and treatment has increased over the last two decades. This has stimulated the construction of a range of multi-disciplinary and training initiatives aimed at increasing collaboration between law enforcement and health professionals on mental health. Nevertheless, it is clear that many of these measures have limitations, caused by variations in access to health-based services. Indeed, resource and capacity issues in health services remain the largest barrier to achieving better individual outcomes and reducing mental health pressures on local police forces in the UK. It is clear from previous data collected, that mental health incidents continue to make up large proportions of police time. New data will now be considered to evaluate the current state of affairs.

### **Methodology**

This study has endeavoured to examine the current mental health burden being faced by UK police forces. A singular question was asked of local police forces with a range of methods used to examine the answers and how they reflect previous results and populations of forces.

### **Research Questions**

A singular research question was sent to all 43 UK-based police forces in 2019 and 2022 with a further research question examining the relationship between the population sizes of forces and the total number of mental health-related incidents recorded.

**Q1)** How many mental health-related incidents were recorded by your police force in 2022?  
(1st January 2019 – 31st December 2019)

**Q2)** How many mental health-related incidents were recorded by your police force in 2022?  
(1st January 2022 – 31st December 2022).

**Q3)** Does the total number of mental health-related incidents correlate with the population size of all 43 police forces population.

### **Selection of Cases**

All 43 UK-based police forces were sent a Freedom of Information request.

<b>Selection of Cases</b>
Avon and Somerset Constabulary
Bedfordshire Police
Cambridgeshire Constabulary
Cheshire Constabulary

City of London Police
Cleveland Police
Cumbria Constabulary
Derbyshire Constabulary
Devon & Cornwall Police
Dorset Police
Durham Constabulary
Essex Police
Gloucestershire Constabulary
Greater Manchester Police
Hampshire Constabulary
Hertfordshire Constabulary
Humberside Police
Kent Police
Lancashire Constabulary
Leicestershire Police
Lincolnshire Police
Merseyside Police
Metropolitan Police Service
Norfolk Constabulary
North Yorkshire Police
Northamptonshire Police
Northumbria Police
Nottinghamshire Police
South Yorkshire Police
Staffordshire Police
Suffolk Constabulary
Surrey Police
Sussex Police
Thames Valley Police
Warwickshire Police
West Mercia Police

West Midlands Police
West Yorkshire Police
Wiltshire Police
Dyfed-Powys Police
Gwent Police
North Wales Police
South Wales Police
Police Scotland
Police Service of Northern Ireland

*Table 1: Selection of Cases*

### **Data Collection**

The data was collected using Freedom of Information request which were sent out to all 43 UK-based police forces.

### **Analyse and Evaluation**

The data was collected and imported into a Microsoft Excel sheet before being sorted into two columns based on the year and totals of results. Once sorted, the data was then extracted and inputted into the IBM SPSS 25 software. The populations of each force were then added in an extra column to measure the relationship between the size of populations and the total number of incidents. A matrix was then applied based on the mean of the results for both years to sort the forces into four categories:

- **High MH Incidents and High Population:** High number of mental health-related incidents recorded and high population.
- **High MH Incidents and Low Population:** High number of mental health-related incidents and low population.
- **Low MH Incidents and High Population:** Low number of mental health incidents and high population.
- **High MH Incidents and Low Population:** High number of mental health incidents and low population.

### **Limitations**

There were two limitations identified with the research. The first related to the response rate from UK-based police forces. A total of 29 out of 43 (67%) forces responded with usable data for 2019 with 37 out of 43 (86%) able to provide useable data for 2022, therefore only 29 out of 43 forces could be included in the secondary analysis. The second related to the availability

of data on individual police force population with data only available for 2010. So, any interpretation of these findings must take this into account.

## **The Current State of Affairs: UK Policing and Mental Health**

The results will be presented in four sections with the first looking at the individual years (2019 and 2022), the second looking at the relationship between population sizes and individual numbers of mental health-related incidents, the third comparing the results for both years and the fourth sorting individual police forces into the four classifications outlined in the methodology.

### **Mental Health-Related Incidents in 2019**

A total of 29 out of 43 UK-based police forces responded to the request for information on mental health-related incidents with all of them providing useable data. The total number of mental health related incidents recorded in 2019 was 402,804 with the average number of incidents by police force at 13,889.

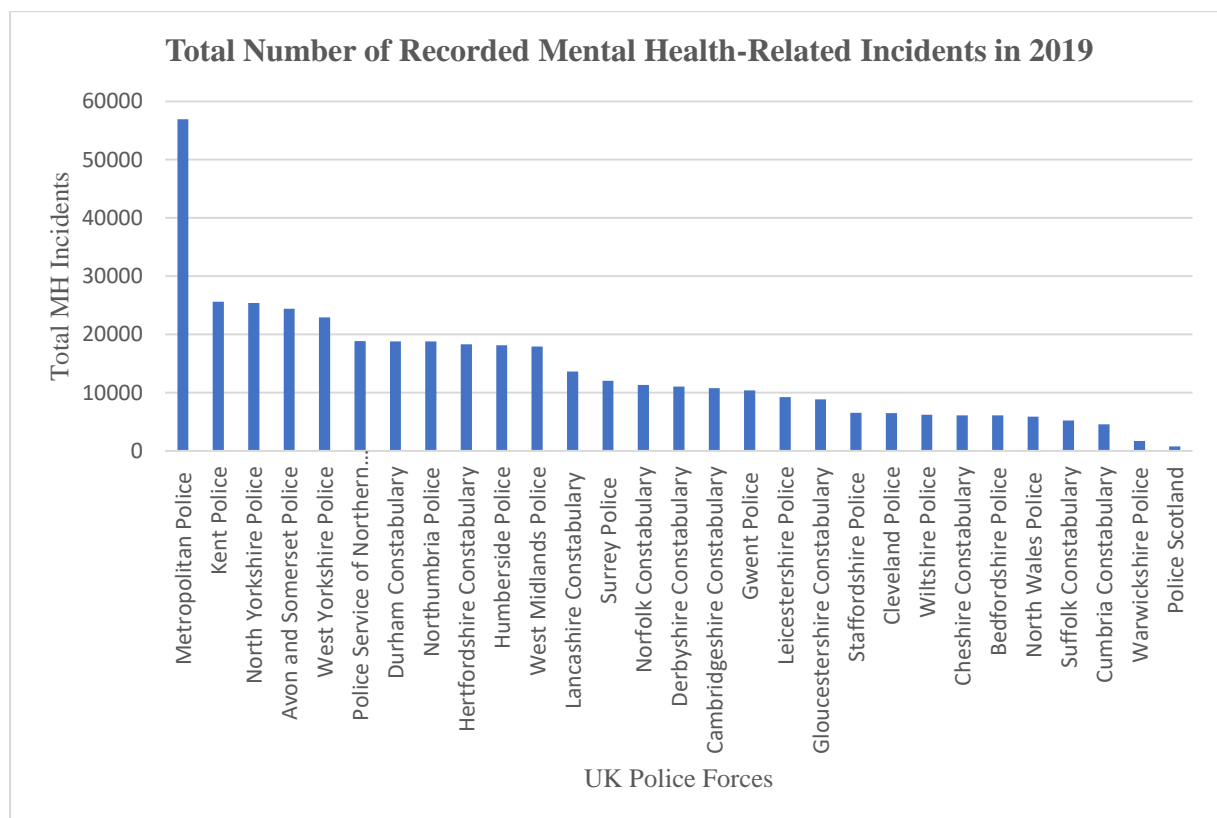


Chart 1: Total Number of Recorded Mental Health-Related Incidents (2019)

The highest number of mental health-related incidents were recorded by the Metropolitan Police at 56,943, Kent Police at 25,604 and North Yorkshire Police at 25,374. The high number of cases experienced by the Metropolitan Police and Kent Police is to be expected with both

forces covering large populations. North Yorkshire Police’s high number of incidents is more surprising with their population size the 27<sup>th</sup> highest out of 43. At the bottom end, the low number of incidents in Warwickshire and Cumbria is not surprising due to both forces smaller populations. A total of 17 forces recorded totals of over 10,000 equating to a percentage of 58.6%. A total of 5 forces recorded totals of over 20,000 equating to a percentage of 11.6%.

**Mental Health-Related Incidents in 2022**

A total of 37 out of 43 UK-based police forces responded to the request for information on mental health-related incidents with all of them providing usable data. A total of 647,395 mental health-related incidents were recorded with the average number of incidents by police force at 17,497.

The highest number of mental health-related incidents was experienced by the Metropolitan Police at 72,379, Devon and Cornwall Police at 51,933 and Lancashire Police at 28,708. The high number of incidents experienced by each of these police forces is not surprising due to fact that they serve some of the largest populations. Neither is it surprising that Warwickshire, Cumbria and Wilshire Police Forces had some of the lowest totals due to the relatively small size of the populations that they serve. A total of 17 forces recorded totals over 10,000 equating to a percentage of 49.9%. A total number of 9 police forces recorded totals over 20,000 equating to a total of 24.3%.

<u>UK Police Forces</u>	<u>Total Number of Recorded Mental Health-Related Incidents in 2022</u>
<b>Metropolitan Police</b>	72379
<b>Devon and Cornwall Police</b>	51933
<b>Lancashire Police</b>	28708
<b>Merseyside Police</b>	28578
<b>Kent Police</b>	27816
<b>North Yorkshire Police</b>	24593
<b>West Yorkshire Police</b>	24593
<b>Avon and Somerset Police</b>	24191
<b>Police Scotland</b>	23408
<b>Police Service of Northern Ireland</b>	22256
<b>Northumbria Police</b>	21100

<b>Humberside Police</b>	19353
<b>Greater Manchester Police</b>	19312
<b>Hertfordshire Police</b>	19198
<b>Essex Police</b>	18267
<b>Durham Police</b>	16734
<b>Surrey Police</b>	15459
<b>Gwent Police</b>	14441
<b>West Midlands Police</b>	14116
<b>Leicestershire Police</b>	13741
<b>Norfolk Constabulary</b>	13680
<b>South Wales Police</b>	13545
<b>Cambridgeshire Police</b>	13114
<b>Derbyshire Police</b>	10458
<b>Northamptonshire Police</b>	10031
<b>North Wales Police</b>	9767
<b>Bedfordshire Police</b>	9191
<b>Lincolnshire Police</b>	8860
<b>Suffolk Constabulary</b>	8191
<b>Dorset Police</b>	8142
<b>Cheshire Constabulary</b>	8138
<b>Cleveland Police</b>	7679
<b>Gloucestershire Constabulary</b>	7369
<b>Staffordshire Police</b>	6866
<b>Cumbria Constabulary</b>	5976
<b>Wiltshire Police</b>	4421
<b>Warwickshire Police</b>	1791

*Table 2: Total Number of Recorded Mental Health-Related Incidents (2022)*

### **Comparing 2019 and 2022 Police Mental Health Incidents**

The 2019 and 2022 results can be compared using results for police forces that responded to both years with usable data. The total number of incidents recorded based on the 29 out of 43 forces that responded to the request in 2019 was 402,804 compared to 484,524 incidents in 2022. This equates to a rise of 81,720 or 20.3 per cent with 75 per cent of forces recording a

rise in the latter year compared 25 per cent which saw a reduction. The highest percentage increases were experienced by Police Scotland at 2,889 per cent, Lancashire Police at 110.4 per cent, North Wales Police at 66.1 per cent and Suffolk Constabulary at 56.1 per cent. The highest percentage decreases were recorded by Wilshire Police at -28.9 per cent and West Midlands Police at -21.1 per cent.

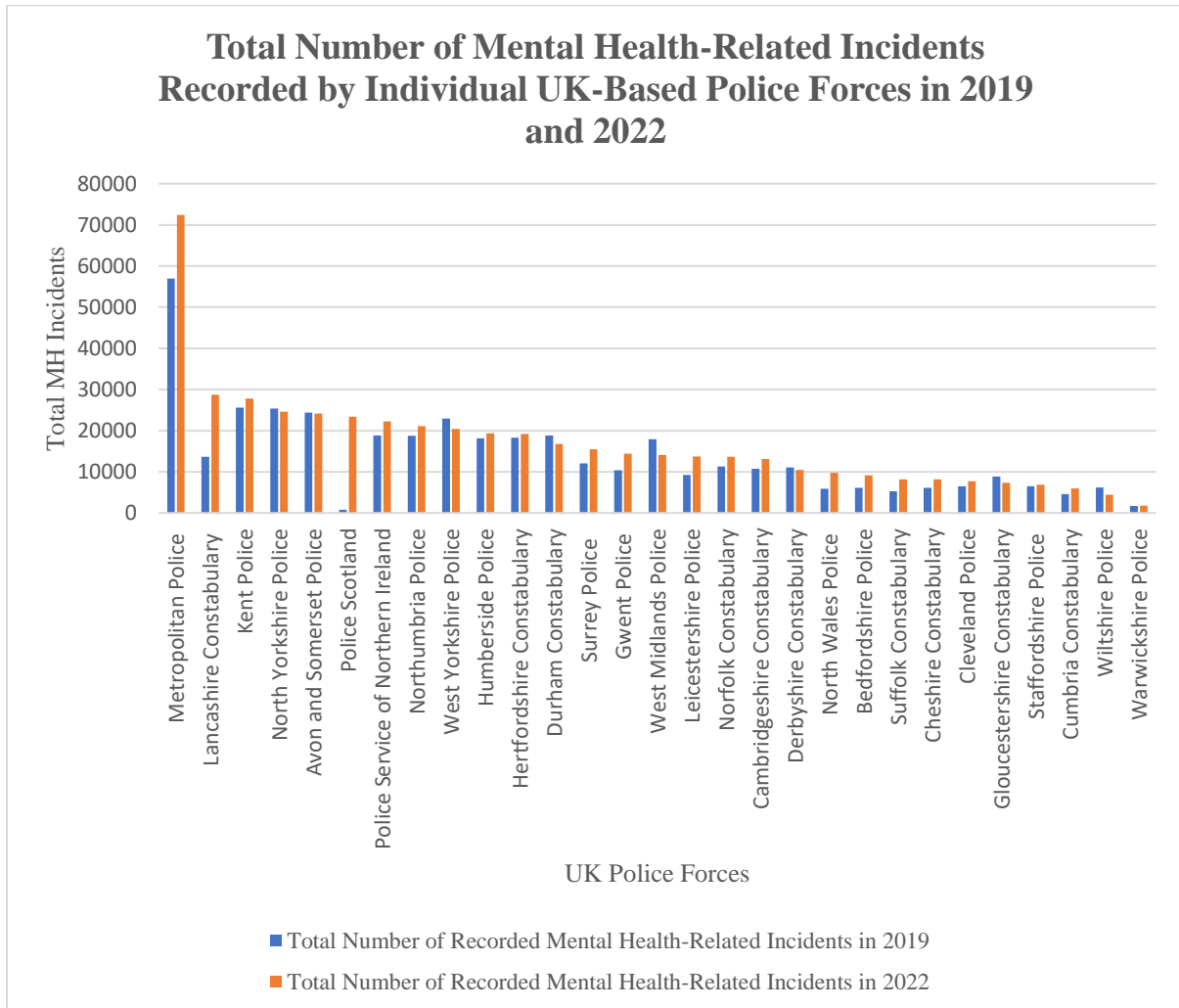


Chart 2: Total Number of Mental Health-Related Incidents Recorded by Individual UK-Based Police Forces (2019-2022)

UK Police Forces	Percentage Increase in Mental Health-Related Incidents Between 2019 and 2022
<b>Police Scotland</b>	2,889
<b>Lancashire Police</b>	110.4
<b>North Wales Police</b>	66.1
<b>Suffolk Constabulary</b>	56.1
<b>Bedfordshire Police</b>	50.9



<b>Leicestershire Police</b>	48.9
<b>Gwent Police</b>	38.9
<b>Cheshire Constabulary</b>	33.4
<b>Cumbria Constabulary</b>	30.9
<b>Surrey Police</b>	28.5
<b>Metropolitan Police</b>	27.1
<b>Cambridgeshire Constabulary</b>	21.8
<b>Norfolk Constabulary</b>	21.1
<b>Cleveland Police</b>	18.3
<b>Police Service of Northern Ireland</b>	18
<b>Northumbria Police</b>	12.4
<b>Kent Police</b>	8.6
<b>Humberside Police</b>	6.7
<b>Warwickshire Police</b>	6.5
<b>Staffordshire Police</b>	5.3
<b>Hertfordshire Police</b>	5

*Table 3: Percentage Increase in Mental Health-Related Incidents Between 2019 and 2022*

<b>UK Police Forces</b>	<b>Percentage Decreases in Mental Health-Related Incidents</b>
<b>Wiltshire Police</b>	-28.9
<b>West Midlands Police</b>	-21.1
<b>Gloucestershire Police</b>	-16.7
<b>Durham Constabulary</b>	-11.04
<b>West Yorkshire Police</b>	-10.95
<b>Derbyshire Police</b>	-5.3
<b>North Yorkshire Police</b>	-3.1
<b>Avon and Somerset Police</b>	-0.8

*Table 4: Percentage Decreases in Mental health-Related Incidents*

### **A longitudinal View of UK Policing and Mental Health: Populations and Mental Health Incidents - Correlation?**

A further analysis was undertaken to examine the relationship between the total number of mental health-related incidents recorded by individual police forces and population sizes. The data for both years was analysed against population sizes to consider whether the latter may be an influencer in the prevalence of the former.

### Population Size and Mental Health-Related Incidents in 2019 – Correlation?

The mental health-related incident results for UK-based police forces were compared with their populations to test for any correlation between the two. The outcome suggests that there was a strong positive correlation between population sizes and the total number of mental health-related incidents recorded. Put more simply, as the populations served by individual police forces increased, the total number of mental health-related incidents recorded increased. Nevertheless, though most forces followed this pattern, North Yorkshire Police and Kent Police had lower populations but recorded high numbers of mental health-related incidents. This removes the significance of population-size as a core determinant of prevalence. Alternatively, Police Scotland had a large population but recorded low numbers of mental health-related incidents. Yet again, this removes population size as the core determinant of the total number of mental health-related incidents they recorded. In the case of Police Scotland, a cautious note must be struck around how the information was recorded. The data provided is based on individual classification systems which can inevitably develop over time. The low number recorded by Police Scotland could be linked to a more specific type of classification system.

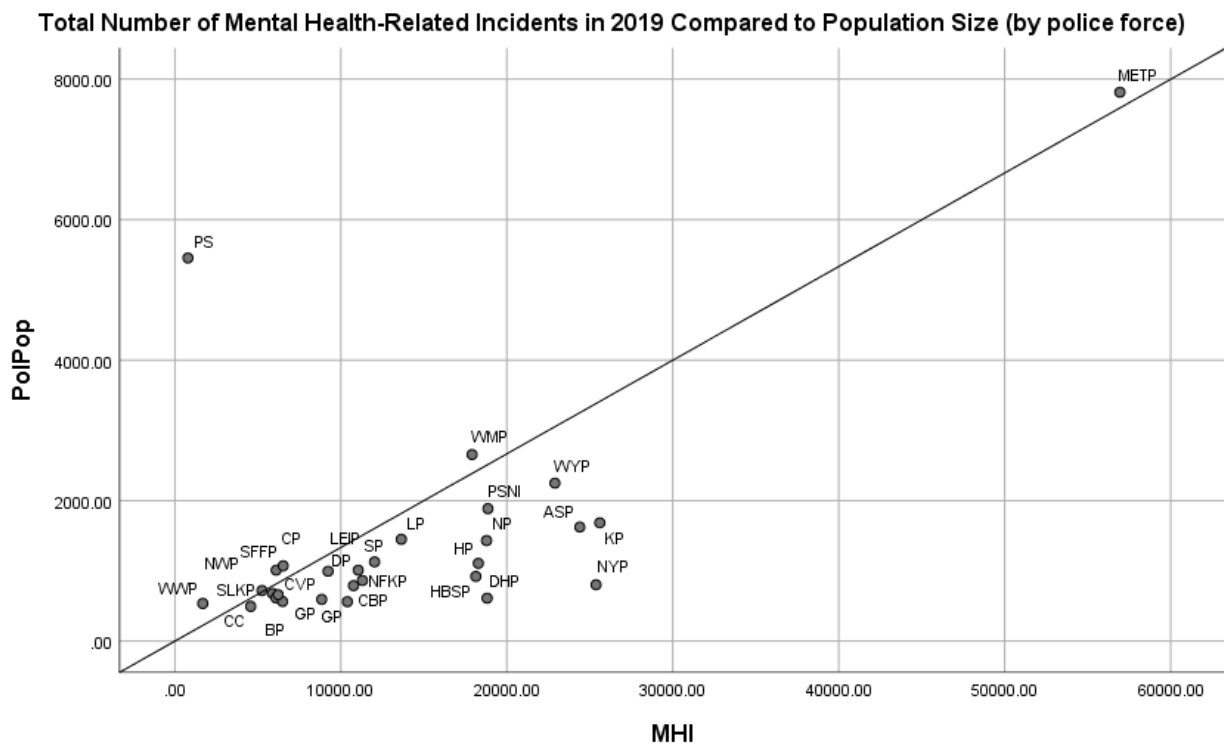


Chart 3: Total Number of Mental Health-Related Incidents in 2019 Compared to Population Size (by police force)

### Correlations



MHI	Pearson Correlation	1	.620**
	Sig. (2-tailed)		.000
	N	29	29
PolPop	Pearson Correlation	.620**	1
	Sig. (2-tailed)	.000	
	N	29	29

\*\* . Correlation is significant at the 0.01 level (2-tailed).

### Population Size and Mental Health-Related Incidents in 2022 – Correlation?

The mental health-related incident results for UK-based police forces were further compared in 2022 with their populations to test for any correlation between the two. The outcome suggests that there was a strong positive correlation between population sizes and the total number of mental health-related incidents recorded in 2022. Yet again, this signifies that as the populations of individual police forces increased, so did the number of mental-health related incidents. As with 2019, the majority of forces followed this trend but not all with Durham Police and North Yorkshire Police recording high numbers of mental health-related incidents but serving relatively small populations in comparison to other forces. Alternatively, West Midlands Police serve a much higher population but recorded a much smaller total of mental health-related incidents.

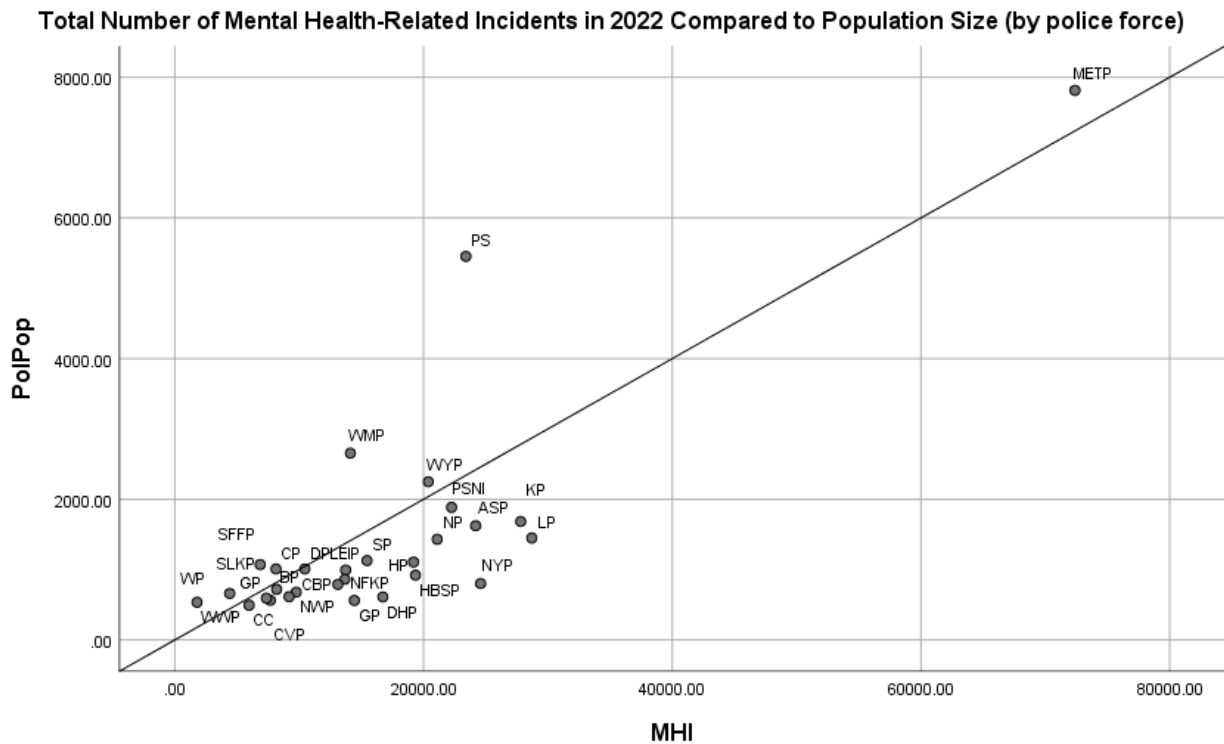


Chart 4: Total Number of Mental Health-Related Incidents in 2022 Compared to Population Size (by police force)

### Correlations

		MHI	PolPop
MHI	Pearson Correlation	1	.820**
	Sig. (2-tailed)		.000
	N	29	29
PolPop	Pearson Correlation	.820**	1
	Sig. (2-tailed)	.000	
	N	29	29

\*\* . Correlation is significant at the 0.01 level (2-tailed).

#### **Population Sizes and Mental Health-Related Incidents: Into the Matrix**

To accurately compare the current state of affairs of local police forces in relation to mental health, one has sorted them based on the average mean for all police forces in the UK based on the mean. Police forces have been sorted into four categories based on their population sizes and total number of mental health-related incidents. The four categories are:

- **High MH Incidents and High Population:** High number of mental health-related incidents recorded and high population.
- **High MH Incidents and Low Population:** High number of mental health-related incidents and low population.
- **Low MH Incidents and High Population:** Low number of mental health incidents and high population.
- **High MH Incidents and Low Population:** High number of mental health incidents and low population.

#### **Mental Health-Related Incidents and Population Sizes Matrix 2019**

The mental health-related incident results for each individual police force and their populations have been evaluated with the mean worked out for the dataset. The individual police forces have been sorted into four categories based on this:

**High MH Incidents and High Population (7):** Metropolitan Police, Police Service of Northern Ireland, West Yorkshire Police, Northumbria Police, Avon and Somerset Police and Kent Police and West Midlands Police.

**High MH Incidents and Low Population (4):** Durham Constabulary, North Yorkshire Police, Humberside Police and Hertfordshire Police.

**Low MH Incidents and High Population: (1):** Police Scotland

**Low MH Incidents and Low Population (17):** Lancashire Police, Leicestershire Police, Norfolk Constabulary, Cambridgeshire Constabulary, Derbyshire Police, North Wales Police, Bedfordshire Police, Suffolk Constabulary, Cheshire Constabulary, Cleveland Police, Gloucestershire Police, Staffordshire Police, Cumbria Constabulary, Wiltshire Police, Warwickshire Police, Surrey Police and Gwent Police.

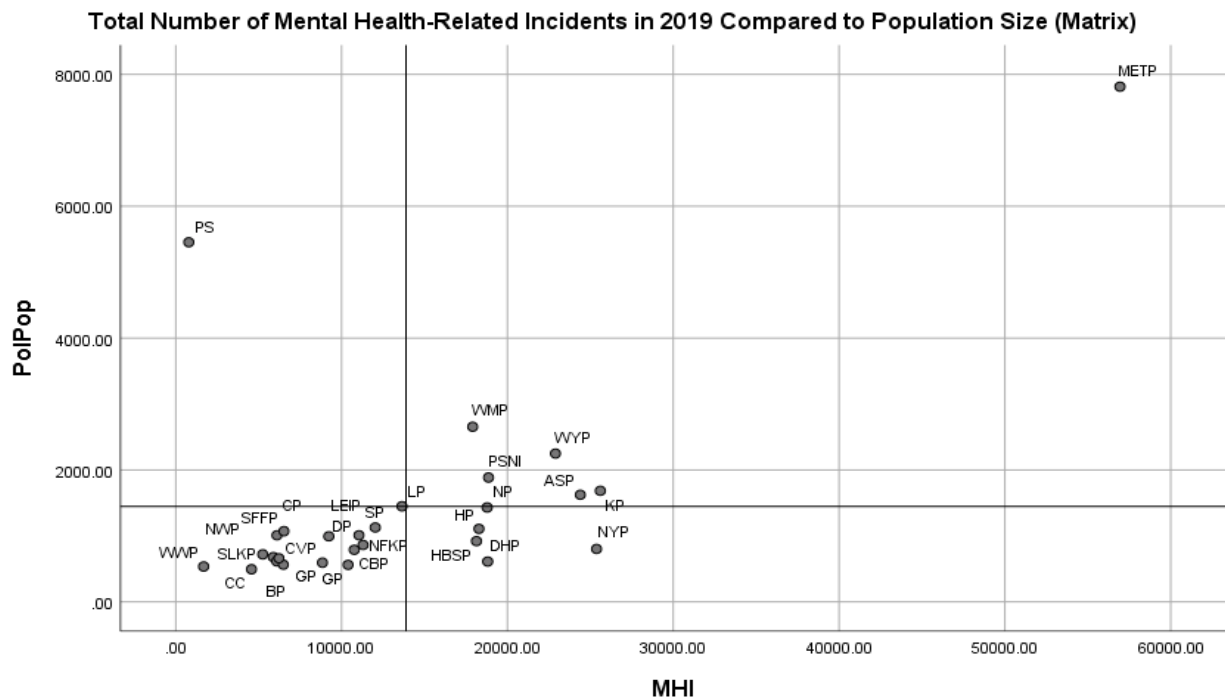


Chart 5: Total Number of Mental Health-Related Incidents in 2019 Compared to Population Size (Matrix)

The matrix for 2019 demonstrates that the majority of police forces with low populations recorded lower numbers of mental health-related incidents. Similarly, those with higher populations tended to record higher rates of mental health-related incidents. The most concerning group of police forces are those with low populations and high numbers of mental health-incidents. In this group are Durham Constabulary, North Yorkshire Police, Humberside Police and Hertfordshire Police. These forces go against the overall trend, rendering the influence of population sizes over the total number of mental health-related incidents recorded.

**Mental Health-Related Incidents and Population Sizes Matrix 2022**

The mental health-related incident results for each individual police force and their populations have also been evaluated with the mean worked out for the dataset.

**High MH Incidents and High Population (8):** Metropolitan Police, Police Scotland, West Yorkshire Police, Police Service of Northern Ireland, Northumbria Police, Avon and Somerset Police, Kent Police and Lancashire Police.

**High MH Incidents and Low Population (3):** North Yorkshire Police, Humberside Police and Hertfordshire Police.

**Low MH Incidents and High Population: (1):** West Midlands Police.

**Low MH Incidents and Low Population (17):** Warwickshire Police, Wilshire Police, Cambridgeshire Constabulary, Cumbria Constabulary, Norfolk Constabulary, Leicestershire Police, Derbyshire Police, Staffordshire Police, North Wales Police, Bedfordshire Police, Suffolk Constabulary, Cheshire Constabulary, Cleveland Police, Gloucestershire Police, Durham Constabulary, Surrey Police and Gwent Police.

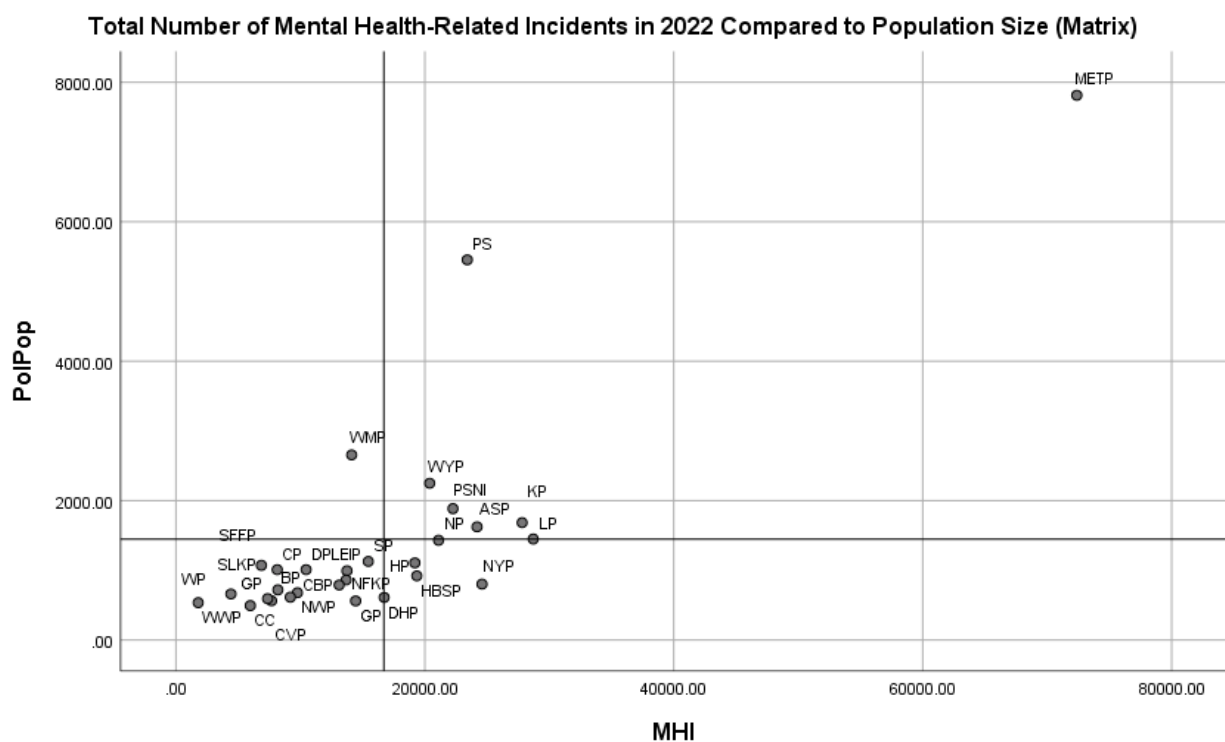


Chart 6: Total Number of Mental Health-Related Incidents in 2022 Compared to Population Size (Matrix)

The matrix for 2022 demonstrates that the majority of police forces with low populations tended to record lower number of mental health-related incidents. Similarly, those with higher populations tended to record higher numbers of mental health-related incidents. There has been some movement between the clusters with Police Scotland moving from the low number of mental health-related incidents and high population cluster to the high number of mental health-related incidents and high population cluster. A more encouraging transition was made by Durham Police from the high number of mental health-related incidents and low population cluster to the low mental health-related incidents and low population cluster. Nevertheless,

North Yorkshire Police, Humberside Police and Hertfordshire Police have remained in the most concerning cluster with high numbers of mental health-related incidents and low populations.

## **Conclusion and Recommendations**

This research report has demonstrated the enormous mental health-burden experienced by UK-based police forces. The de-institutionalisation of mental health care and treatment and the inadequate construction of community-based alternatives has increased pressures on law enforcement to facilitate health-based interventions. The scholarship of Quinn (2016), Kane and Wire (2021) and Cummins (2022) outlined the raw data around the relationship between UK policing and mental health, demonstrating the large proportion of officer time spent supporting individuals in crisis. Indeed, HMICMRS (2018) and Marsden (2019) suggested that officers often felt like they lacked the appropriate skills and training to deliver interventions. Several initiatives have been operationalised to improve the knowledge of officers and increase multi-disciplinary working between law enforcement and other welfare agencies (Cummins and Jones, 2010; Thomas and Watson, 2017; Scantlebury et al, 2017). Nevertheless, the interventions outlined were found to be constrained by the inadequate capacity of health services to provide health-based interventions to those in crisis. The main consideration that needs to be made by the UK Government is whether they are willing to invest in mental health care to enable those in crisis to access the treatment they need or are they going to continue to allow law enforcement to fill the gaps of our current mental health crisis.

The research outlined in this report aimed to consider the total number of mental health incidents over two selected timeframes; 2019 (before the pandemic) and 2022 (after the pandemic). The results confirm previous evaluations undertaken by scholars that mental health-related incidents continue to rise across UK police forces. Indeed, 75 per cent of UK-based police forces that provided data for both years saw an increase in cases in their geographical jurisdictions. The second aim of this report was to understand the relationship between population sizes (number of people served) and the number of mental health-related incidents experienced by individual police forces. The connection between the two was found to be significant. Nevertheless, forces such as North Yorkshire Police, Humberside Police and Hertfordshire Police continue to experience extremely high-rates of mental health incidents in their comparatively small populations.

The report has demonstrated the need for the national administration to create a range of preventative measures to render the number of people ending up in crisis. Secondly, it has shown the need for capacity building in local healthcare trusts so that those with mental health needs can access the support they deserve. The multi-disciplinary measures installed by local police forces can work and have been proven to reduce numbers of arrests of those with mental



health needs. Nevertheless, these schemes can only work if health-based interventions are available for individuals to access. The police's obligations to those with mental health disorders should be to facilitate access to appropriate health-based interventions. The main concern highlighted in this report is that the police are becoming the first responders and providers of care to vulnerable people in crisis, this should only be the case in the most severe situations.

### **Recommendations**

- The construction of preventative Mental Health Hubs in areas with high rates of mental health-related incidents.
- A long-term strategy on mental health (only), outlining a holistic agenda to improve the nation's overall wellbeing.
- Increased investment in primary care interventions for those showing the first signs of a mental health disorder.
- Investment in training and multi-disciplinary schemes at the local level.

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## Appendices

### Appendix 1.0: Total Number of Mental Health-Related Incidents in 2019 and 2022

<b>UK Police Forces</b>	<b>Total Number of Recorded Mental Health-Related Incidents in 2019</b>	<b>Total Number of Recorded Mental Health-Related Incidents in 2022</b>
<b>Metropolitan Police</b>	56943	72379
<b>Lancashire Constabulary</b>	13640	28708
<b>Kent Police</b>	25604	27816
<b>North Yorkshire Police</b>	25374	24593
<b>Avon and Somerset Police</b>	24397	24191
<b>Police Scotland</b>	783	23408
<b>Police Service of Northern Ireland</b>	18858	22256
<b>Northumbria Police</b>	18779	21100
<b>West Yorkshire Police</b>	22898	20390
<b>Humberside Police</b>	18132	19353
<b>Hertfordshire Constabulary</b>	18282	19198
<b>Durham Constabulary</b>	18812	16734
<b>Surrey Police</b>	12029	15459
<b>Gwent Police</b>	10393	14441
<b>West Midlands Police</b>	17902	14116
<b>Leicestershire Police</b>	9229	13741
<b>Norfolk Constabulary</b>	11296	13680
<b>Cambridgeshire Constabulary</b>	10763	13114
<b>Derbyshire Constabulary</b>	11047	10458
<b>North Wales Police</b>	5879	9767
<b>Bedfordshire Police</b>	6092	9191

<b>Suffolk Constabulary</b>	5246	8191
<b>Cheshire Constabulary</b>	6101	8138
<b>Cleveland Police</b>	6489	7679
<b>Gloucestershire Constabulary</b>	8847	7369
<b>Staffordshire Police</b>	6523	6866
<b>Cumbria Constabulary</b>	4566	5976
<b>Wiltshire Police</b>	6219	4421
<b>Warwickshire Police</b>	1681	1791

## Appendix 1.1: Police Force Populations

<b>UK Police Forces</b>	<b>Police Populations</b>
<b>Lancashire Police</b>	1449.3
<b>Merseyside Police</b>	1353.4
<b>Kent Police</b>	1684.1
<b>North Yorkshire Police</b>	802.2
<b>West Yorkshire Police</b>	2249.5
<b>Avon and Somerset Police</b>	1623.2
<b>Police Scotland</b>	5454
<b>Police Service of Northern Ireland</b>	1885
<b>Northumbria Police</b>	1431.5
<b>Greater Manchester Police</b>	2629.4
<b>Essex Police</b>	1738
<b>Surrey Police</b>	1127.3
<b>Gwent Police</b>	561.4
<b>West Midlands Police</b>	2655.1
<b>Leicestershire Police</b>	993.9
<b>South Wales Police</b>	1260.5
<b>Derbyshire Police</b>	1010.6
<b>North Wales Police</b>	678.5
<b>Cheshire Constabulary</b>	1009.3
<b>Gloucestershire Constabulary</b>	593.5
<b>Staffordshire Police</b>	1071.4
<b>Cumbria Constabulary</b>	494.4
<b>Wiltshire Police</b>	661.6
<b>Warwickshire Police</b>	536
<b>Durham Police</b>	611.6
<b>Northamptonshire Police</b>	687.3
<b>Lincolnshire Police</b>	703
<b>Hertfordshire Police</b>	1107.5

<b>Cleveland Police</b>	563.5
<b>Cambridgeshire Police</b>	789.7
<b>Metropolitan Police</b>	7813.5
<b>Dorset Police</b>	715
<b>Bedfordshire Police</b>	614.8
<b>Humberside Police</b>	921.2
<b>Devon and Cornwall Police</b>	1680.4
<b>Norfolk Constabulary</b>	862.3
<b>Suffolk Constabulary</b>	719.5