The development of a mental health screening tool and referral pathway for police custody

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Background: Time spent in police custody should present an opportunity for the early identification of mental ill health. However, this stage of the criminal justice system (CJS) is currently the least developed in terms of its links with health and social services. In England, police custody sergeants administer a standardized risk assessment tool to determine a detainee’s need for health-care and/or risk reduction measures while detained. Specialized mental health services are often reliant on this process to generate referrals; however, previous research has shown this to be ineffective. The aim of this study was to develop an improved mental health screening tool and referral pathway to better identify individuals with mental ill health in police custody. Methods: Mental health professionals, police officers and service users across six sites throughout England took part in qualitative interviews, controlled feedback consultations and an action learning group. Results: By combining a previously validated CJS mental health screening tool with elements of the custody risk assessment, the Police Mental Health Screening Questionnaire (PoQuest) was created. It is accompanied by a referral pathway that outlines services’ responsibilities, expected actions and response times. Conclusion: The study resulted in a screening tool, referral pathway and training package. PoQuest is expected to facilitate the mental health screening of all adult detainees; improve the early identification of mental ill health; aid timely access to services; provide clear indicators for referral; and reduce ambiguity in the roles and responsibilities of staff across a range of criminal justice and health-care services.

Introduction

The main purpose of the police is to detect and investigate crime. However, they are also frequently the first point of contact for many individuals with mental ill health in crisis. In 2010/11, approximately 1.3 million people were taken into police custody in England and Wales, many of whom are known to have complex health- and social-care needs. This routine contact with, and responsibility for, the safe custody of people with mental health problems has led to the formal recognition that mental health is a core concern for the police, to be reflected in all policy, guidance and operational procedures. Early identification is crucial for the management of serious mental health problems, which are often further compounded by the custodial environment. Police custody presents a unique opportunity for screening, assessment and intervention in a socially excluded group of people who are often challenging to engage with mainstream services. In 2009, it was acknowledged that police custody remained the most under-developed area of the criminal justice system (CJS) in terms of links with health and social services. It was recommended that multi-agency working between police, health and social services be strengthened by improving key practices, including the early identification of need, to prevent people ‘falling through the gaps’.

Despite daily contact with individuals with mental ill health, operational guidance and formal training in mental health issues have historically been limited. Therefore, any individual officer’s approach to people with mental health issues may be primarily influenced by their personal beliefs, attitudes, experiences and the professional culture within which they work. Lamb, Weinberger and DeCuir noted that ‘the police often fulfil the role of gatekeeper in deciding whether a person with mental illness…should enter the mental health system or criminal justice system. Criminalisation may result if this role is not performed adequately’ (p. 1266). How the police process those with mental health problems is therefore of vital importance to a person’s immediate and future well-being.

At present, when an individual is arrested and booked into police custody in England, a standardized risk assessment tool is administered. This series of questions and observations regarding physical health, substance withdrawal, mental health, medication, self-harm and security is used to determine whether a referral to a clinician is required and what level of risk is present. The tool is re-administered in full every time someone is detained. In spite of its widespread use, recent research findings have cast doubt over its effectiveness. With regards to mental health, it was reported that only 52% of detainees with a mental health problem, 48% with current suicidal ideation and 34% with a history of attempted suicide were correctly identified. Additionally, although 69% of detainees with depression were identified, only 46% of those were subsequently referred to a clinician. The study concluded that the risk assessment missed a significant number of people with serious health conditions and that officers struggled to determine an appropriate referral pathway. The authors recommended the revision of police procedures, with an emphasis on developing appropriate screening methods and referral pathways.

Across England and Wales, Criminal Justice Mental Health Liaison and Diversion (CIMHL&D) services have proliferated over the past quarter century, specifically developed to identify those with mental health issues held in police custody. CIMHL&D services are routinely nurse-led, receiving individual referrals from custody sergeants and/or checking the names of detainees through local health-care databases. The success of officer referral relies on the skills of individuals, in receipt of limited training, using a risk assessment known to be unreliable. Identification through
databases provides diversion opportunities only to those known to mental health services in the area they were arrested. These likely inefficient screening practices mean that at present CJMH&D services only see a small proportion of those in custody and may miss a large number of people who could benefit from the service. Thus, we believe the only way to ensure every detainee receives an equal opportunity to have his/her mental health needs identified and assessed while in police custody is through the use of a standardized universal mental health screening tool, administered with every adult detainee, which then informs a clear referral pathway to a mental health specialist. We have developed a method for universal screening that can be administered by custody sergeants, currently the only professionals who have contact with every detainee.

This article reports the findings of National Institute for Health Research, Research for Patient Benefit funded study to develop a universal screening tool and referral pathway to assist police custody sergeants in the identification and onward referral of adults with mental ill health.

Methods

The study used a mixed methods approach incorporating qualitative interviews, a review of existing screening tools, controlled feedback consultations and an action learning group. Research approvals were granted by the NHS National Research Ethics Committee North West (11/NW/0120) as well as the police forces and NHS Trusts responsible for each site.

Participants

Six regions across England were included in the study, reflecting urban and rural areas and a range of service delivery models. The study began with 58 individual participants, including 24 police officers, 18 mental health professionals working in police stations and 16 individual mental health service users with experience of police custody, 72% men and a mean age of 43 years (range 24–60). Overall professional experience ranged from 4 to 41 years. Participants recruited for the qualitative interviews were encouraged to remain engaged with the project during the later consultation rounds. Additionally, a six-member service user group with previous experience of the CJS and mental health-care services were asked to contribute to the consultation rounds.

The action learning group included managers and practitioners from one geographical area. Members were drawn from the CJMH&D service, police, social services, probation service, mental health crisis resolution home treatment team, private provider of physical custody health care and a service user involvement group. Overall membership consisted of 12 people, with ~4–8 people attending each meeting. Where group members were unable to attend a particular meeting, they were provided with minutes and action points appropriate to their role, thus ensuring continued engagement. Qualitative interviews

Individual semi-structured interviews were carried out with all participants between May 2011 and May 2012. All participated voluntarily and confidentially. Staff interviews took place via telephone, whereas service user interviews took place in a private neutral space, typically provided by local community mental health teams or universities. Based on our clinical and research experience, we developed discrete semi-structured topic guides for each professional group. Discussion topics included an exploration of current systems of mental health screening in police custody, including the preferred content, style and focus of a screening tool for this population and setting. Interviews were digitally audio-recorded and transcribed verbatim.

Data were analysed thematically in Nvivo v.10,13 guided by the principles of the constant comparative method, where new data are constantly compared with previous data, aiding the emergence of common patterns and themes.14–16

Review of existing tools

A structured literature review was conducted to identify existing mental health screening tools developed or adapted for use in the CJS that would then be provided to study participants for practical evaluation. Potential tools were identified by searching scholarly databases, including PubMed, Medline, PsychINFO, EMBASE, Ingenta, Proquest and Google Scholar. The following keywords were used: ‘Police’; ‘Mental’; ‘Screen’; ‘Refer’; ‘Offer’; and ‘Crim’. The literature search, although structured and comprehensive, was not designed as a full systematic review. Abstracts were scanned to include only papers that described the development or adaptation of a mental health screening tool in the context of the CJS. Authors were emailed to obtain copies of tools that were not freely available. Two screening tools met the essential criteria, as identified by participants, and were taken forward for consultation.

Controlled feedback consultations

We used a modified Delphi technique comprising consecutive rounds of structured consultation to reach participant consensus on the content, style and focus of an ideal CJS mental health screening tool. The Delphi technique can be characterized as a method for structuring consultations with expert stakeholders through a process of participant contribution with controlled feedback.17 The technique has been noted as well suited to healthcare research.18 Consensus was gained on which of the existing screening tool should be used and how it should be modified, the number and type of questions to be included, the prioritization of responses and the configuration of services required to provide an appropriate follow-on care pathway.

Data were mainly qualitative and therefore analysed in Nvivo v.10,13 categorizing responses according to emerging themes. Similar responses were grouped together to determine levels of consensus. Grouped responses were returned to participants for clarification and new questions posed to further refine levels of consensus. Participants were provided with a summary of the results at each stage and were able to view their responses alongside those of the group, providing them the opportunity to re-evaluate their views in the wider context and further explore areas of significant disagreement. Altogether, three rounds of consultation feedback were undertaken after which satisfactory consensus on a draft version of a screening tool, scoring method and referral pathway was achieved.

Action learning group

Following the production of the screening tool and referral pathway, an action learning group was convened to identify and address the service reconfigurations required for implementation and to develop supporting training materials. The group met monthly between November 2012 and July 2013, coordinated by the study research assistant, supported by a clinician and supervised by a senior researcher. Action learning is underpinned by principles of action research, and often used to enact change in organizations where practitioners and service users are directly involved in creating, testing or adapting a new development.19–21 Cycles of planning, action and evaluation are used to conceptualize problems and provide solutions. This approach has been used previously in similar CJS-based health research, for example, implementing clinical supervision in prisons, prison-based mental health awareness training and developing an assessment tool for older prisoners.22–24
Data recorded included meeting minutes, emails and the group facilitators’ reflective notes. Members agreed ground rules for the conduct of the group, including committing to active participation during meetings, the completion of tasks between meetings and a willingness to both give and receive respectful constructive criticism. Group consensus was achieved following eight meetings, leading to the production of the study’s final outputs.

Results

Qualitative interviews

Police officers generally agreed with the need for a short screening tool to assist them in safeguarding potentially mentally ill detainees. Most remarked that this was an area in which they lacked formal knowledge, despite regular contact with mentally ill individuals.

‘it’s an area of business where I don’t feel that, as police officers, we have the greatest understanding and we need to improve . . . we are coming across a number of individuals with serious, serious mental health problems on an almost daily basis.’

Police custody sergeant

Owing to lack of training, respondents noted that officers relied heavily on individual experience for determining referral needs. Triggers for referrals were described in terms of overt expressions of a detainee’s desire to self-harm, current suicidal thoughts and/or their overall behaviour. This individual approach was noted by mental health professionals as introducing inconsistency in referrals from police colleagues, acknowledged as a weakness of the current system.

‘It’s down to the individual officers. We have some officers who’ll think nothing of calling us up and asking for some advice, and others don’t’.

Consultant mental health nurse

It was concluded that any newly introduced tool needed to be short, simple and include a range of triggers to assist officers in decision-making, as well as provide them with a clear pathway for referral and, importantly, the confidence to use it. The screen should prioritize current, over historical, issues and address a range of mental health concerns, including self-harm and suicidal ideation. Additionally, any screen would need to prioritize the required response, clearly identify actions for staff, clarify roles and responsibilities and actively encourage dialogue between criminal justice and health-care workers.

Identification of screening tools

Following the interviews, a literature search resulted in the identification of two existing mental health screening tools designed for use in the CJS that fit the required criteria; the Correctional Mental Health Screen for Men and Women (CMHS)25 and the Prison Screening Questionnaire (PriSnQuest).26

Consultations

Participants from the qualitative interview process continued their involvement in this stage, augmented by contributions from the service user group. Three rounds of consultation were held, with response rates of 71% (n = 41), 76% (n = 31) and 87% (n = 27), respectively. Each round maintained representation from police officers, mental health professionals and service users.

Round one

In the first consultation round, participants were asked to consider the strengths and weaknesses of the CMHS25 and PriSnQuest.26 Overall, 84% of participants (n = 27) considered the CMHS unsuitable for police custody and for use by officers, whereas the majority of respondents (72%; n = 23) indicated that PriSnQuest, with slight modifications, would be suitable for integration into practice. Professionals described it as brief, quick to complete and less likely to be overlooked or cut short. Service users described it as clear, specific, easy to answer and likely to result in accurate and relevant responses. Thus, PriSnQuest was taken forward to round two.

Round two

In round two, participants came to a consensus on which questions from PriSnQuest should trigger an urgent or routine referral to a mental health professional. The result was the development of an Urgent (Red), Routine (Amber) and No Referral (Green) scoring system reflecting risk as described in figure 1.

Round three

In round three, participants reviewed the current custody risk assessment, alongside PriSnQuest, to determine which questions from the former should be retained. It was agreed that identifying self-harm was of particular value in the custody environment but was missing from PriSnQuest. Thus, these questions were combined with PriSnQuest and responses rated within the earlier agreed scoring system. The design of the integrated screening instrument was changed to clearly indicate scores and required actions. The resulting tool was named the Police Mental Health Screening Questionnaire (PolQuest) (figure 2).

Round three also included the creation of a draft referral pathway, mapping the actions required once a custody officer and detainee completed and scored PolQuest. Both PolQuest itself and the referral pathway were taken forward to the action learning group to consider the changes required to implement the screening tool in practice.

- Figure 1 Scoring system for the Police Mental Health Screening Questionnaire (PolQuest)
**Action learning group**

The main aim of the group was to further develop the referral pathways, drafted through the consultation rounds, for real-life implementation. Two pathways were created: one for office hours procedures (figure 3) and one for out-of-office hours procedures (figure 4). A particular goal of the pathways was to ensure that detainees were provided equal opportunity to access a specialized mental health professional, regardless of when they were booked into police custody, while not interfering with police custody legal procedures. In addition, the group created a training manual and supporting documentation.

The training manual created by action group members was divided into two sections: Knowledge and Practice. ‘Knowledge’ explains the nature of the current problem regarding the identification and care of detainees with mental ill health, and the development of PolQuest as a solution. ‘Practice’ contains guidance on how to integrate PolQuest into everyday practice. Supporting materials provide the basis for a training session for police officers including how PolQuest should be used, responses to frequently asked questions and scenario-based training exercises.

**Discussion**

It is widely acknowledged that, at present, police officers are insufficiently trained and supported in their frontline role with people with mental health problems. No standardized screening tool to detect possible mental ill health is in widespread use, and the risk assessment tool currently in use is flawed. The need for universal screening is a public health concern and presents a clear opportunity to engage a socially excluded group who may benefit from diversion to health- and/or social-care services.

Our study resulted in the development of a 14-item screening questionnaire (PolQuest), which is quick and easy to administer, yet covers a range of issues including current mental illness, depression, risk of suicide, risk of self-harm and psychosis. The results correspond to straightforward referral pathways, graded as urgent or routine and around the clock services, reflecting the operating model of police custody. The tool is intended to be administered in full, with every adult detainee, regardless of any known mental health history.

We hypothesize that the introduction of PolQuest may increase opportunities for detainees to be considered for diversion into health and/or social services rather than processed through the
CJS. Of equal importance, in the absence of complete diversion into care, PolQuest should ensure mental health-care needs are addressed throughout the criminal justice journey. We acknowledge that the implementation of universal mental health screen has significant resource implications and requires a truly collaborative partnership approach across health and justice agencies. For instance, all agencies will need to agree the specific roles and responsibilities involved to ensure there are no gaps in the pathway and that the screen is capable of being administered with every adult detainee that enters police custody. The next step will be to pilot the use of PolQuest to assess its practicalities, as well as monitor outcomes for staff and detainees.

The implementation of PolQuest may increase the volume of referrals for assessments to be undertaken by mental health-care professionals and subsequent community referrals. However, we expect that referrals generated by PolQuest will be better targeted and more appropriate than at present, contributing to the overarching offender health policy imperatives of early identification; the provision of care within routine community-based services; reduced reliance on costly emergency services; and a reduction in re-offending. The economic use of existing services and better standardization of care should be prioritized by service commissioners and providers as the only appropriate clinical, societal, moral and ethical response to the current health inequalities and social exclusion commonly experienced by those who are in contact with the criminal justice system.

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Key points
- Police custody presents a unique opportunity to identify and address the needs of members of the public with complex health- and social-care problems who are difficult to engage with community services. The Police Mental Health Screening Questionnaire (PolQuest) addresses these issues by providing a set of standardized mental health questions that can be used alongside a referral pathway and training.
- Universal screening is the only way services will truly be able to identify the full range of issues faced by detainees in custody and appropriately target services.
- The implementation of universal mental health screening for all adult detainees will require a truly collaborative approach across health and criminal justice agencies. All agencies will need to agree on specific roles and responsibilities with a view to addressing the identified rather than perceived needs of those in custody.

References