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**MENTAL HEALTH CRISIS CARE CONCORDAT – NATIONAL SUMMIT,
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KEYNOTE SPEECH

Introduction

“It is as if my life were magically run by two electric currents: joyous positive and despairing negative -which ever is running at the moment dominates my life, floods it.”

Some of you may know that these are the words of the poet Sylvia Plath. Words which can only hint at the depth of pain and confusion that a mental health crisis can bring.

Achieving better outcomes for people in mental crisis is what brings us together. So, thank you for inviting me to join you at this important summit on the Mental Health Crisis Care Concordat. It is incredibly important to hear the views of everyone that is involved in this important work; this includes professionals but more importantly those with lived experience.

It is really encouraging to see such a wide range of partners from across the country represented here today, from national Concordat signatories to service users and voluntary organisations. It is important that we use events like this to listen and learn of each other's expertise and experience - because these are challenges that we cannot tackle in isolation.

Today I want to recognise some of the progress that we have made to date, through the Concordat; the continued implementation of street triage type initiatives; the review of Sections 135 and 136 of the Mental Health Act and the continued reductions in the use of police custody as a place of safety.

We are driving a step change in the responses people experiencing a mental health crisis can expect to receive, whether from a police officer, a mental health professional or other professional. We need to maintain momentum and I will say a little bit more about some of these challenges today.

Everyone in this room understands the significance of getting crisis care right. We all see through our work – albeit sometimes from slightly different angles – the benefits of getting it right.

We all have our part to play. We all need to understand the different perspectives and challenges we face in doing this work.

I congratulate you all on the work you have done so far to develop, promote and deliver on the vision set out in the Concordat.

Home Office commitment

I am the Minister in the Home Office with responsibility for preventing abuse and exploitation. An important part of my role is helping those with mental health issues.

I have been struck by the commitment of so many in this area.

Not just the commitment of those of us who make the strategic decisions at a national level or a local level, but also for example the crisis helpline operator who offers comfort and guidance in the early hours, the police officer who saves a person from hurting themselves near railway lines, the mental health professionals who give patients the care they need – and many others.

The Home Office recognises the important contribution it can make to this work. Before the Concordat in 2013, the Home Secretary heard first hand from frontline police officers just how often they were called upon to help people who have come to a crisis point in terms of their mental health. These are people who have committed no crime.

Matthew Ellis, the Police and Crime Commissioner for Staffordshire, where my constituency is, produced a report estimating that almost 20 per cent of an officer's time was taken up in this way – some other reports suggest a higher figure.

The Home Secretary and I have made it clear, as have other Ministers including Alistair Burt and previously Norman Lamb – who I should commend for his passion and drive on this issue from the outset – that people who are experiencing a crisis should receive the medical care they need at the earliest possible point, regardless of which agency they first encounter.

The police may not be the main responder but that does not mean that they should never have a role to play.

We have to acknowledge that the demands on police time are greater than ever, and officers are feeling those pressures.

But this is about the right agencies responding at the right time – and that is very often a time of crisis.

Of course, that point has been made before but I think it is worth emphasising it.

Achievements and reflections

It is clear to me though, that, largely through the Concordat, there has been a great deal of progress on that point.

The national Concordat has been a vehicle for partners to get together and reassess their roles and consider what they are bringing to the table to ensure better outcomes for people who are at a vulnerable point in their lives.

There have been some great successes.

For example, I know that the 'street triage' schemes have shown how health and policing professionals can work together better. Yes, there is some debate about the form triage should take; debate is healthy. We should always challenge how best to do something. But the point is that street triage, in whatever form, is about working together.

It is effectively a symbol for what we are trying to achieve through the Concordat - that if we work together, we will help more people.

And within this there is flexibility on the extent to which each partner is involved, the hours and the geographical location in which the service

operates, and how it is paid for. Under local Concordat partnerships, you have a forum in which to agree the approach that's right for your areas. This is really important – crisis care should have standards but it is not a one size fits all approach.

You know that sometimes the conversations around improving crisis care are challenging: who should pay for what?; what is the evidence really telling us?; what could have prevented that person from reaching crisis point?; and is the organisation giving sufficient priority to mental health crisis care?.

Those are the right questions to ask and keep asking.

I am convinced that if we all continue to put the needs of those that need our empathy and support at the heart of what we do, this work will stay on the right lines.

So what has been achieved?

I have talked about the collaboration and the common purpose the Concordat has brought to the table.

I also want to reflect on some specific achievements.

There has been concerted action to cut the unacceptable practice of people detained under section 135 and 136 of the Mental Health Act being taken to police cells, and I thank you for that.

I think we should reflect on our progress:

In England the use of police cells has been halved between March 2012 and March 2015. At the start of that period over **8,600** people were detained in police custody in England for want of a more suitable place of safety. The latest National Police Chiefs Counsel data reported that custody was used just under 4,000 times in 2014-15. This meets the target set out in the Concordat and is a huge achievement.

Importantly for children two years ago police custody was used 256 times as a place of safety in England. Last year it was used 161 times. Whilst this is positive I still find it unacceptable that any child should be

detained in a police cell under these circumstances. It is my ambition to eradicate this practice all together.

We have been using a new police data set to understand what this looks like in more detail. I am pleased to see that more and more police forces are collecting that information – but more to the point using that information to understand what is happening on the ground.

I know that this emerging data is also being used to understand how people detained under the Mental Health Act are transported to places of safety; whether in an ambulance or police vehicle. In some places, police transport is still used all too frequently.

Those of you who deal with this know that a person in crisis is less able to make distinctions between support and threat. In that context, being transported in a police car could be as threatening to that individual as being kept in a police cell. We should not forget this.

We have reviewed sections 135 and 136 of the Mental Health Act – I say “we” because so many of the people in this room participated. There were over 1,100 responses to the survey.

We intend to make some of the recommendations from that review a reality by changing legislation through the Policing and Criminal Justice Bill being introduced in the New Year.

I have already mentioned the positive reductions in the use of police cells as a place of safety. The Bill will be another positive step towards making that a reality. It will also seek to reduce the maximum detention time to 24 hours – from the current 72 hours – unless there are valid clinical reasons for extending it. And I think we need to accept that there will be exceptional circumstances where this is the case.

There are many other actions that other national concordat signatories have delivered over the past two years.

We have learnt a lot - from our experience and that of the service user. The Care Quality Commission's report *Right Here Right Now* published in the summer has been instrumental in this. It acknowledges progress but shows that there is still some way to go. I think we collectively accept that challenge.

Challenges ahead

So what now?

Two weeks ago, Alistair Burt and I met with a small group of national leaders from across health and policing, not only to reflect on progress with the Concordat so far but to look ahead.

It struck me that they wanted to focus on the future.

They did not want to rest on their laurels. They wanted to talk about what more needs to be done and how we are going to get there.

One colleague made the point very powerfully that we need to understand more about the causes of mental health crises.

On the face of it, we feel that we know many of the reasons.

However, the testimonies of service users remind us that the causes are often very complex with many different factors leading to that all consuming point of crisis. This again demonstrates the importance of listening to those with lived experiences of crisis and mental health services.

The work I lead elsewhere on safeguarding, modern slavery, tackling violence against women and girls, for example, reveals the strong links between these other complex issues and mental ill-health.

This challenging set of factors also reminds us of the many opportunities there are for our organisations and us as individuals to intervene, to provide support, and to help prevent a person from reaching crisis point.

Decisions we make about the care and safety of all concerned in a crisis are improved through the exchange of relevant information. When frontline partners tell me how they are working effectively across organisational boundaries I always ask them “how they overcome these”, the response, all too often is “we talk to each other – we share information”.

We all recognise this and the need to respect personal privacy. Where we have achieved that balance, we have shown that lives can be saved.

Let's not forget that conversation costs nothing.

Closing

In summary I want to:

- Acknowledge the significant progress we have all made at reducing the numbers of people being taken to police custody as a place of safety – it should be our shared goal to continue to eradicate this practice – which we can only do in partnership.
- Recognise the platform which the Concordat has given us to work across boundaries, to talk to each and recognise that through doing this we can achieve shared outcomes and ultimately provide a better experience for those in crisis.
- Acknowledge some of the innovative approaches local areas are taking to support people experiencing a crisis – whether these are through testing alternative places of safety, different models of street triage or through safe spaces and crisis cafés. I want to challenge us all to be brave and try new things.

Finally I would like to thank Paul Farmer and his team from MIND for putting this summit together and for their outstanding support to the Concordat.

I hope you have an excellent day. I look forward to working with you to deliver the next phase of this important work.

Thank you.