



The use of Mental Health First Aid in supporting people working in the Prevent agenda

Background

The Bradley Review was commissioned by the government in order to identify and mitigate risk factors for people with mental health problems and learning disabilities entering the criminal justice system. The review was published in 2009 with key recommendations for the institutions and stakeholders that form a pivotal role in determining appropriate action needed for an individual.

Among the recommendations made in the report was the introduction of mental health awareness training for professionals such as the police, GPs, the police, prison wardens and court officials.

MHFA might be useful at several points when the police come into contact with the mentally ill, for example to de-escalate a worsening situation, in many cases avoiding the need for arrest. The Metropolitan Police Authority has identified that de-escalation techniques should be part of police training

Metropolitan Police Authority (2005) *Joint Review: Policing and Mental Health*

The West Midlands Counter Terrorism Unit has been working closely with Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) staff as part of the Preventing Violent Extremism (PVE) agenda. This work is aimed at preventing people from being drawn into terrorism and ensuring that they are given appropriate advice and support. There is some evidence to suggest that vulnerable adults, particularly those with mental health related problems, and/or learning disabilities are especially at risk of being radicalised or drawn into associated activity.

Channel is a police led multi-agency referral programme that identifies those at high risk of violent extremism, assesses the nature of that risk and develops and delivers packages of support or interventions. Interventions will often include providing an identified individual with a Mentor. Mentors provide one-to-one support to people assessed to be at risk of violent extremism

It was recognised by BSMHFT and staff at the Counter Terrorism Unit (based in Birmingham but operating as part of a national CT network) that the provision of mental health awareness (specifically Mental Health First Aid training) for Mentors and Security and Partnerships Officers was crucial. Over an eighteen month period the police Regional Channel & Interventions Manager and a small number of staff from BSMHFT worked together to ensure that mental health awareness training was high on the agenda for Mentors and others involved in Channel.

The MHFA programme is an excellent starting point for a bespoke police training, as it provides a basis for developing multiagency approaches/understanding as well as providing quality training in its own right.

Independent Commission on Mental Health and Policing Report, May 2013

Implementing MHFA

In November 2012 work was undertaken to provide subsidised MHFA training to all West Midlands based Mentors. After several months of MHFA promotion via email, and despite a lot of hard work by the Regional Channel & Interventions Manager, only one Mentor showed an interest in undertaking the MHFA training.

On the 17th of September 2013 a presentation was delivered in London at the 'Office for Security and Counter-Terrorism Prevent training symposium for intervention practitioners'. The presentation; Mental Health Awareness, Interventions and Pathways (by Dr Nicola Fowler Clinical Psychologist, Forensic Services and Naomi Hawkins Partnership Development Manager / MHFA Trainer) was devised in order to introduce the partnership between BSMHFT and the work in Prevent, and to promote Mental Health First Aid as a tool for Mentors.

- Mental health problems are likely to increase risk of radicalisation / terrorist activity in some vulnerable individuals
- Addressing mental health is likely to reduce risk and improve wellbeing
- Vulnerable individuals are likely to need support recognising mental health problems and seeking help
- Accredited MHFA training is effective evidence based training designed to support practitioners working at with at risk individuals
- Free MHFA training is available to Mentors for two dates in October

Following the symposium two training sessions were booked and filled for the delivery of MHFA to Mentors (both West Midlands based and national) and local Security and Partnerships Officers. The majority of feedback gathered from both sets of training was very positive.

Feedback after delivering MHFA

This sort of training, though only 2 days long, was a useful and overdue training for us in the police who come across people who are suffering with mental health issues very frequently.

This training needs to be rolled out across the wider police teams.

many thanks.

Very good course enjoyable. More time to discuss / learn about other areas of MH would be very beneficial



Very informative & great training
Style & structure

I had a very interesting two days and learned a great deal. The instructors were very engaging.

EXCELLENT COURSE MATERIALS, THE FACILITATORS WERE EXCELLENT.

THE TRAINING IS PERFECT FOR INDIVIDUALS TO HAVE AN AWARENESS OF MENTAL HEALTH ISSUES

1) The difficulties Channel Practitioners and mentors have had historically when knowing how to deal with mental health issues

In Prevent there was an obvious lack of knowledge & confidence around managing Mental Health. The majority of practitioners have received no mental health training other than general awareness & then only to ensure how best to signpost that person to another agency. It rarely required the need to understand what the specific condition was or how to respond to a person with those specific issues. This can be corroborated by the fact most Police Officers in particular will say a person has 'mental health issues' but then fail to be able to specify which one.

2) The impact that this had had on their work with vulnerable clients

When working with such clients, the failure to have a basic understanding of the specific problem means it could take days if not weeks before a correct diagnosis is made. In the meantime, the subject who is already vulnerable fails to receive the support they so desperately need. Quite often, the client may desist from referring themselves so the problem increases until a crisis point is reached where a more severe intervention like sectioning may be required. From a professional perspective there were difficulties in referring individuals due to barriers in joint working between Channel & mental health services.

3) What they make of the MHFA training

The training was excellent & should be rolled out to all frontline workers alongside the standard & mandatory first aid training. It was the first time in 22 years that I was given what to me was an in-depth explanation of mental health problems.

I would never as a Police Officer explain to a supervisor I needed guidance on how to investigate a crime, because the first question they would ask is "What sort of crime?" If you know the type of crime i.e. Fraud, the supervisor can signpost you to the Fraud Team.

I have been in multi-agency meeting where a delegate suggests there is a mental health problem, the mental health practitioner correctly asks what sort of mental health problem to which the delegate had to admit they did not know, other than it was a mental health problem!

4) How the knowledge they have gained might impact on the way Channel practitioners and mentors work with mental health issues in the future.

Practitioners now have a comprehensive understanding of localised support for clients with psychological & mental health issues. I have a dedicated single point of contact for Birmingham & I know my colleagues know their contacts for the rest of the West Midlands too. Our Trust colleagues support vulnerable subjects in Channel by trying to escalate (where necessary) referrals into mainstream services. Our referral care pathways will become more robust by promoting effective joint working between BSMHFT & CTU. Agencies will share best practice. From a Police perspective Channel will do this through their National Channel Practitioners meetings whilst regionally this is emphasised by the NHS Regional Prevent Forums organised by Shaun McCartney.

I would conclude by suggesting that Mental Health Trusts should register their own mentors with the OSCT approved Intervention Providers List as it is clear that the Channel subjects who need mentoring need a mentor with an understanding of both mental health & extremist ideologies.

*Sergeant Dipak Patel
Birmingham Channel Coordinator.*

Mental Health:

Many people are not well informed about mental health; certainly before this course my understanding was limited. Understanding how to recognise mental health problems and what effective treatments are available is not widespread.

I felt this course was excellent in increasing knowledge around mental health and it was delivered in an engaging and sympathetic manner.

With greater community awareness people will be able to recognise the signs and problems encountered by sufferers.

This is a valuable course, I believe, for our interventions providers who may well encounter individuals that have mental health conditions and will be able to respond in an appropriate way to give the best help.

10/10 an excellent course.

Thanks.

Kamran Siddiqui

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Observations made by MHFA Instructors (Jo Neale and Naomi Hawkins)

1) There were numerous questions raised about Autistic Spectrum Disorders (ASD). We explained that MHFA did not cover ASD and that ASD is a developmental disorder rather than mental ill health. On its own, autism is not a learning disability or a mental health problem. This is a huge and complex topic and we felt that all delegates (past and potential) would benefit from having ASD specific training from a specialist. Delegates had major concerns regarding understanding ASD and being properly prepared in order to be able to work effectively with individuals with this diagnosis (or symptoms)

We explained that people with ASD may be particularly vulnerable to mental health problems such as anxiety and depression due to the nature of their condition (isolation, discrimination, poor theory of mind etc.).

Our recommendation would be to explore additional training in this area.

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Please visit www.autism.org.uk/training to see overviews of our courses and the contents of standard training days, or call us on 0141 285 7117.

2) When we deliver the section on Post-Traumatic Stress Disorder and Acute Stress Disorder we outline ways to prevent symptoms from worsening and ways for people to get appropriate support. We felt that there was some risk that some police service men and women were not being provided with adequate access to support mechanisms to deal with some of difficulties faced as part of their work. MHFA teaches that an element of PTSD is a normal reaction to an abnormal event. Some of the daily interactions and scenarios that the police face are abnormal, but the regularity and assumption that this is 'part of the job' means that identifying the need for support is often missed. We were reassured that all officers are debriefed and offered support, however Jo and I felt that this was not a shared experience. We suggested that staff look into how they can set up internal support mechanisms, peer support, social occasions or dates (especially since the closure of social clubs and activities officers used to access).

3) Mentors stated that they had no access to debrief sessions or support. This was not directly followed up during the training however Jo and I discussed this and felt that individual consultants needed to allow for this in the rates that they charge and that perhaps they could access this privately if the police could not provide support. Unless the mechanism is built into the programme for mentors then perhaps this could be highlighted with any guidelines during the tendering/procurement stages of employing new mentors?

Future developments

Following the success, feedback and interest from the first two training sessions, the Association of Chief Police Officers stated that they are willing to fund and support the work and have requested that BSMHFT continue to work in partnership to provide three more sessions in order to train all 48 (national) Channel practitioners in MHFA. These practitioners will all become Mental Health First Aiders before the end of March 2014.