Mental Health, Gangs and Training: Literature Review

Executive Summary

- Effective police intervention can be key in managing mental health needs, yet there continues to be disjoin between the needs of those in mental health crisis and the response provided by the police.
- Young people and gang affiliation is a major concern within London, and there has recently been an increased awareness and concentrated effort to tackle gang crime.
- There is a recognised link between gang involvement and mental health, with mental health being both a cause and a result of gang affiliation.
- Whilst the amount of young people involved in gangs is small, those involved contribute inordinately to violence and crime in their area.
- Many public reviews have highlighted a concern regarding the availability, type and level of training for police officers in regards to mental health training and awareness.
- Research has also identified that partnership working between different agencies needs to be improved to provide a collaborative approach.
- A particular focus needs to be directed towards the link between mental health, offending in general, and the harm caused by gangs - both to gang members themselves and to vulnerable victims. By intervening at an early stage, before a person's condition deteriorates, may help reduce serious crime and serious risk to the public.
- Best practice would suggest that certain elements need to be included in future training to improve its effectiveness, such as:
    - Making the training relatable to the individual's everyday life;
    - Engaging the young person through discussion of their personal issues and experiences;
    - Building relationships with the young person to increase their confidence, resulting in a shift in their behaviour habits;
    - Engage with service users and learn from their experiences;
    - Building relationships with the local health services;
    - Collaborative working between the criminal justice system and mental health systems has seen a reduction on the number of arrests.
- Multi-Agency Safeguarding Training (MAST) was implemented in 2014 and made available to a wide range of practitioners who have direct involvement with young people across London. MAST has been introduced in response to an increased awareness of mental health and policing, in addition to the complicated needs of gang members. The aim of MAST is to equip practitioners with the knowledge and skills required to effectively manage young people who are suffering from mental health needs. MAST is being evaluated by the MOPAC Evidence and Insight Unit using a Randomised Control Trial methodology. The evaluation findings will be published in 2016.

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Mental Health and Gangs: Literature Review

Introduction

The prevalence of both mental health issues and gang involvement amongst young people in London is a clear issue. The commitment to mental health, gangs and training initially came from The Mayor of London's publication; 'Strategic Ambitions for London: Gangs and Serious Youth Violence' in 2014[i]. One particular concern stressed within the publication was the high demand on mental health services currently in place for young people. Consequently, such a demand restricts the fulfilment of young people's mental health requirements and care across London. A failure to deal with the mental health needs of gang members can have detrimental effects for the individual and their wider community, emphasising the importance of an increase in focus towards mental health, training and gangs.

Following a number of national reviews detailing the shortfalls of management of mental health across services, positive progress has been made. The Bradley Review (2009) and Independent Commission for Mental Health and Policing identified challenges around officer training, knowledge and collaborative working between partnership agencies. One response to this was the introduction of the Mental Health Crisis Care Concordat (2014)[ii] which provides guidelines for specific practice, responsibilities and duties among multiple agencies to ensure effective protocols are implemented when an individual is in mental health crisis. The Concordat presents an agreement between all services involved in mental health, ensuring that those in need reach the appropriate services and care. A number of recommendations have arisen from the Concordat, in particular focusing on local mental health requirements and partnership working on a local level to improve service communication and care for those suffering from a mental health crisis.

Whilst the Concordat has started to encourage partnership working there is still progress to be made, particularly in terms of training officers[iii] [iv], and especially around specialist areas such as mental health within gang members. This paper explores the links between mental health and gangs, particularly around prevalence and policing of mental health in London and specific needs of gang members with mental health needs. The review identifies different training methods currently in place, with an aim to highlight best practice when working with gangs and mental health. In 2014 the Metropolitan Police Service (MPS) and the Mayor's Office for Policing And Crime (MOPAC) took steps to address such issues by implementing Multi-Agency Safeguarding Training.

Mental Health Prevalence

The prevalence of mental health issues is high within Britain with an estimated 1 in 4 individuals likely to experience mental health issues each year[v]. Across London, a greater proportion of the population suffer from a mental health issue compared to other counties, with over 1 million Londoners living with a mental health problem[vi]. In London, the Office for National Statistics indicate that 41.3% of adults identified themselves as suffering from high levels of anxiety, compared to 38.5% within the rest of the UK[vii], a trend that is not only reflected for serious mental ill health, but also within young people pan London. Approximately 10% of London children between the ages of five and 16 years have a common mental health disorder. Furthermore, across the UK, 7.2% of 11 – 16 year olds have reported tried to harm or kill themselves[viii].

It's important to consider the impact such an extensive and widespread mental health issue has on emergency services such as the police who are often the first responders in terms of mental health crisis. Across a generic police force in Britain on a typical day, the College of Policing estimates that an

average of 14 mental health cases were dealt with by police[ix]. More specifically within London, data revealed that over the course of a year (April 2014- March 2015) the Metropolitan Police Service received approximately 80,000 emergency (999) and non- emergency (101) mental health related calls[x].

However, despite the statistical evidence of mental health prevalence, only 25% of individuals of any age suffering from a mental health problem, actually receive treatment[xi]. Although specialist mental health services are in place for such individual cases, with London's high demand of young people in need, this places heavy strain on public services. This is a demand that does need to be met, not only to best support those with specific and complex mental health needs, but also to address the wider social health benefits (e.g., individual with a mental health problem are more likely to be either a victim / offender)[xii]. Recommendations by Health in Justice[xiii] suggest increased staffing levels; however at a large cost of over £1 million to implement, other recommendations suggest a regional service for such complex mental health issues in replacement of a local level service to manage the caseload. In conclusion, it is clear that treatment and self-help is complicated regarding mental health, therefore highlighting the need for action to improve access to care and support for vulnerable individuals.

Police and Mental Health

The MPS routinely come in to contact with members of public, victims of crime and offenders who are experiencing mental health needs[xiv]. For those individuals experiencing mental health crisis, the police can act as gatekeepers, with officers regularly facing the tough challenge of having to identify mental health need and responding in an appropriate manner. However, there is a long history of discussions surrounding this specific topic, which are especially important given the demand and the organisational challenges preventing them from dealing effectively with cases involving mental health.

The Independent Commission for Mental Health and Policing in 2013 chaired by Lord Adebowale[xv] identified an inadequate understanding and awareness of mental health, a lack of sufficient training in addition to a lack of policy and suitable procedures in place to deal with those experiencing a mental health problem. In response, a number of recommendations were made, including a central oversight board between multiple agencies to improve mental health and policing in London, and a data sharing agreement across agencies. Where training is concerned, the Independent Commission for Mental Health and Policing recommended clear, compulsory training is introduced with an input from other agencies and individuals suffering from mental health needs themselves, with the intention of creating sufficient and effective training.

Many of the recommendations (e.g. from the Bradley Review and Independent Commission for Mental Health and Policing) have been made to improve police practice, aiming to effectively protect and care for those in a mental health crisis. A recurring theme focuses on the collaboration of mental health services and the police through both services communicating their responsibilities and devising methods of working together to achieve the most effective outcome for the person in need[xvi].

To address collaboration between police and mental health partnership, Street Triage was introduced. Nationally, the Department of Health funded nine pilot projects each developing their own operational models[xvii]. Overall, all but two of the Street Triage models resulted in a reduction in the use of Section 136 (Mental Health Act) detentions. Additionally there was a positive increase in the use of health based places of safety and a reduction in the inappropriate use of police custody. The

national evaluation was somewhat limited by its retrospective nature, and due to the significant variations in the different schemes across the country, it was not possible to establish which model was superior to any other. However factors were identified though that can be associated with better outcomes and longer term sustainability such as joint ownership, regular reviews, co-location of staff and joint training programmes.

One specific pilot area was located in four south London Boroughs. This model provided police with a 24hr telephone access to mental health professionals[xviii]. A specific evaluation of this project was conducted by the Mayor's Office of Policing and Crime (MOPAC) Evidence and Insight team. The evaluation was conducted using a range of methodologies looking at the process of implementation and embedding of a new service within two established organisations. Also, through the identification of, and comparison to, relevant matched control boroughs, the Evidence and Insight team aspired to explore the potential impact of the Street Triage service[xix].

Street Triage provided the opportunity for mental health services to equip police with the necessary information to carry out their job efficiently when dealing with people suffering from a mental health crisis. In London, 1,179 calls were made to Street Triage from officers 'on the ground'. Although initially use of the service was slow, this increased over time, and by the end of the pilot year it was estimated that the help-line was contacted in 26% of all eligible occasions[1]. Officers viewed Street Triage positively, feeling it helped with communication, confidence, data sharing and managing a situation.

The evaluation of Street Triage enabled important reflections to emerge when comparing the attitudes of service users and carers with those of police officers, particularly during the encounter between the two. Service users/carers detail a need for a fair encounter when in crisis, with concerns with officers body language, mannerisms and their aggressive, result focussed approach to situations[2]. In contrast, findings from the officer survey suggest officers hold a different perspective, focussing on the unknowns and risk factors that may present themselves. Whilst links between mental health and violence exists, they are often exaggerated[xx], however such stereotypes appear to be influential here, with officers report fearing for their own safety when faced with situations where an individual is in crisis (37%, n = 40), not wanting to make the situation worse (55%, n = 32) and concerned about the legal reprisals of their actions (83%, n = 48)[3]. These findings highlight the gap between service user / carer expectations of their encounters with police, and the officer's behaviours and actions. Although not all issues can be practically addressed, it is important to note the elements and aspects of an encounter that a service user holds important. One of the few aspects that service users, carers and police officers agreed on was the requirement for better training of officers that should involve service users, and cover areas on a practical and legal level, as well as additional communication styles.

Exploring the impact of Street Triage was more difficult. Although matched comparison boroughs were identified from theoretically relevant factors[4] that allowed for Street Triage borough data to be compared to a robust comparison, as well as a wider pan London view, no notable differences were found. Instead, Street Triage boroughs were entirely consistent with the broader London picture. Records indicate an increase in both recording of vulnerability (Merlin S136) and criminal incidents

[1] When the CAD called (e.g.: Emergency 999 or Non Emergency 101 call) received a resolution code of mental health.
[2] Findings from focus groups with service users (*n* = 6) and carers (*n* = 4).
[3] Not all officers answered every question, so there are different number of responses (*n*) per question.
[4] Factors such as the volume of mental health related calls to the police, population, crime rates, population with mental health needs, and socio-demographic factors.

where there is evidence of mental health (CRIS), both in the Street Triage boroughs, matched boroughs and across London (Merlin: 47%, 109%, 64% and CRIS: 28%, 35%, 31% respectively). This indicates a pan London rising level of demand that warrants attention across partners for London as a whole. Also, all groups presented a decreasing trend in the number of occasions where custody was used as a Place of Safety (63% - Street Triage boroughs; 80% decrease in Matched Comparison Boroughs; and 71% decrease Pan London). For London, the MPS and the public this is a very positive trend - although there was no evidence of any difference within the within the Street Triage boroughs. Despite this, the lessons learnt could be implemented into future mental health training initiatives, emphasising the importance of information sharing and efficient communication methods to successfully achieve partnership working.

The introduction of the Liaison and Diversion services is a further step towards collaborative, interagency working. Liaison and Diversion provides a service where anyone involved within the criminal justice system or youth justice system is screened (e.g. by police, YOTS and courts) for signs of mental illness, and if necessary referred to the relevant mental health agency[xxi]. The effectiveness of Liaison and Diversion around the UK indicates Liaison and Diversions teams were confident and efficient at undertaking mental health assessments, however organisational embedding, information sharing and data gathering were often poor and their sustainability questionable. There was also no robust evidence of impact[xxii]. Therefore it is important to consider that although Liaison and Diversion may help alleviate the deterioration of mental ill health, it does not provide a full fix it and non-mental health professionals need to be adequately equipped to make these assessments.

The discussion of gangs and mental health requires a focus into the youth justice system in particular. There is concern around the Youth Justice System and a lack of consideration for young people's specific vulnerabilities which could potentially lead to criminalisation and deterioration of their mental health. A study by the Children's Commissioner[xxiii] explored the support provided by the Youth Justice System for children and young people with mental ill health. Practitioner issues, such as a lack of consistency in the training and level support staff received to deal with young people's mental health were identified. Additionally there appeared to be inconsistent consideration for the repercussions of young people's personal life experiences on their mental health and criminal behaviour. However, organisational challenges such as a lack of engagement and support between services, together with structural boundaries of the organisations rather than incompetent individual workers were shown to impact such negative findings.

Work conducted around mental health within the Youth Offending Teams (YOS) provides further understanding of the challenges faced within the youth justice system. In a study which looked at health care provision located within YOTS[xxiv], it was identified that poor mental health was inadequately recognised in young people. In addition, barriers such as inappropriate style of the service (young people did not want to engage) and the high bar of criteria required for young people to meet in order to receive support from the service were recognised. Furthermore young people's access to mental health services, their likelihood of reoffending and recognition of their own mental health issues are all affected by the levels of health care provision in YOTS.

The literature reviewed surrounding police, the wider Criminal Justice System and mental health services show that challenges remain, particularly around a lack of understanding, adequate training and communication. Although new initiatives have been introduced, many of these have not yet been properly evaluated and there are still lessons to learn around partnership working.

Gangs in London

The past decade has seen a substantial increase in both the awareness of and concentrated efforts to tackle gang crime, particularly across London. A recent MOPAC Challenge (Feb, 2016)[xxv] identified that there are currently 187 active gangs in London, consisting of more than 3,500 individual gang members; with 48 gangs considered highly active. Gang individuals are more likely to be stopped and searched by the Police[xxvi] and experience higher levels of victimisation - potentially increasing the number of encounters between police officers and other practitioners and gang individuals. After a reduction in gang crime in 2012, the figure has since been increasing (1,579 gang flagged offences in 2013 (CY), compared to 2,094 in 2015 (CY))[xxvii].

The amount of young people involved in gangs is small, yet those involved, contribute inordinately to violence and crime in their area. One government initiative to address gang violence, The Ending Gang and Youth Violence Government report (2011)[xxviii], identified the requirement of communication and partnership working to prevent gang problems. The report outlined a detailed plan to implement at every stage of a young person's life and experience with the criminal justice system. An annual review conducted in 2014/15 [xxix] highlighted the positive impact the plan had on gangs in London resulting in a shift towards improved understanding of gang member's underlying issues, early intervention, prevention and mental health, furthermore diverting away from focus on punishment.

Research has suggested a link between gang involvement and mental health, with mental health being both a *cause* and a *result* of gang affiliation. Those experiencing mental ill health are often vulnerable, with an absence of stability within their lives. These individuals may look to gangs as a source or support, and feelings of purpose and worth. Alternatively, gang affiliation could be argued to cause mental health issues by the violent nature of their daily lives, in addition to their hard, emotionless persona to avoid being seen as weak within the gang[xxx].

Risk factors highlight specific issues among gang members emphasising their vulnerability. For example, in a sample of 100 young gang members, it could be expected that[xxxi]:

- 86 will have conduct problems (<18 years) or antisocial personality disorder (18+ years)
- 59 will have anxiety disorders (including post-traumatic stress disorder)
- 57 will have drug dependence (mainly cannabis)
- 34 will have attempted suicide
- 25 will have psychosis
- 20 will have depression

It has been suggested that such risk factors of gang affiliation are associated with an increased rate of psychological issues. A study of gang members across Britain identified that those involved with violent activity, showed greater levels of psychiatric morbidity. However, findings also revealed that in addition to violent activity, a gang member's poor mental health was caused by anxiety of future violence. Therefore exposure and/or involvement with violence could be argued to be a risk factor for poor mental health within gangs. Recommendations suggest that to effectively intervene in gang activity, regular assessments by mental health professionals who come into contact with vulnerable individuals within highly prevalent gang and crime areas should be compulsory[xxxii].

Victimisation from gang affiliation can also impact on specific mental health needs. Research demonstrates, that gang members are at a greater risk of violent victimisation than young people not involved within gang affiliation[xxxiii]. This notion contradicts the idea of 'protection' that gang

involvement provides; instead suggesting the opposite occurs - a gang does not protect the individual from being violently victimised. Therefore the longer a young person is involved with gang activity, the greater chance they have of personal violent victimisation[xxxiv].

Research has shown that family stability has a strong impact on the mental well-being of young people and their potential to join a gang. Family upbringing is thought to be linked directly to the mental state of young people[xxxv]. Punitive child up-bringing, single parent families, breakdown of child-parent relationships, parental involvement with alcohol/drugs and abuse all have a strong connection with young people's involvement with gangs and violence. As a result, a focus on creating a basis for strong families in addition to providing accessible family interventions to reduce the need for children to look elsewhere for fulfilment of what they are lacking within their own families is necessary[xxxvi].

Gang crime continues to be a complex and challenging area to be addressed within London. Individuals involved within gangs are not only vulnerable but often have complex needs that are rarely effectively managed. A particular focus needs to be directed towards the link between mental health, offending in general, and the harm caused by gangs - both to gang members themselves and to vulnerable victims. By intervening at an early stage, before a person's condition deteriorates, may help reduce serious crime and serious risk to the public.

Training

Research into mental health policy and practice has highlighted a concern of the availability, type and level of training for police officers in regards to mental health training and awareness. The Independent Commission for Mental Health and Policing[xxxvii] found that police officers were not equipped with the appropriate training to identify an individual at high risk, often lacking direction and appropriate pathways to manage those suffering with mental health issues that they came into contact with. Officer training around suicide prevention was not found to not be sufficient. Yet just increasing the *amount* of training officers receive is unlikely to improve the situation. The appropriate content and approach is imperative, and the integrity of any training programme needs to be addressed; basing any training on robust evidence and research, as well as being responsive to the needs of those attending. After all, the better training is designed, the more likely it is to be effective[xxxviii].

On a practical level, police are often the first contact a person suffering from a mental health crisis has with services, therefore effective police action at this early stage is of paramount importance. There are currently guidelines available produced by the Association of Chief Police Officers (2010)[xxxix], which emphasise the importance of police contact in a mental health crisis. The guidelines provide police with an understanding of how to deal with situations, aiming to improve outcomes for those in need of help. However, the College of Policing[xl] have published a draft Authorised Professional Practice (APP) module for police handling people in a mental health crisis which is set to be published in 2016. The APP is available on the college of Policing website, for all officers across the country to access as they wish. The APP guidance focuses on communication with those experiencing mental ill health, appropriate response, decision making, techniques to identify those with a mental health need, what is expected of police officers, guidance of working with other agencies and sharing information. Whilst this additional, easy to access information is a step in the right direction, there is no indication that this programme has been based on evidence nor that this method of learning will be evaluated.

Alternative training programmes have also been trialled. For example, a joint working initiative was successfully developed between police and health[xli]. This programme provided all new police officers with two days of training specific to mental health and officers then got to spend four days in an acute psychiatric unit, where they became involved in the care of patients experiencing acute distress. Officers were also introduced to the local Community Mental Health Teams, Crisis Teams and Outreach services, allowing them to start building professional relationships. Although the impact or process of the training was not evaluated fully, one strength of this programme was the significant service user input and officers viewed in positively.

Using a different approach, custody officers were trained using a more traditional classroom based course[xlii]. It was intended that custody officers could be 'champions' and role models who disseminate their knowledge down to other police officers. Initially these sessions were part of the much wider Police and Criminal Evidence Act training and as such, the mental health elements had to be 'shoe-horned' into the curriculum. Over time however, these sessions have been adapted to allow more time for discussions particularly around the practice and case examples. Although no robust evaluation was completed, feedback from this programme was positive, with officers appreciating the opportunity of a forum where they could discuss and resolve queries they had with fellow officers and a trained professional.

Looking further afield, in the United States of America, similar disjoin between criminal justice and health services appear to be apparent. There are large discrepancies between the quality and quantity of mental health training that officers receive[xliii]. Furthermore, Steadman, Deane, Borum and Morrissey (2000)[xliv] compared different police responses to those suffering from a mental health issue to identify the extent to which a specialised response is used and how often a mental health case is resolved without arrest. Variation in police response was identified, however, when the criminal justice system and mental health system worked together, it was found there was less need to arrest those suffering from mental health.

In an attempt to address the disjoin between services, the Crisis Intervention Team (CIT) model has been introduced as a collaborative address to provide care and support to those in need, as well as diverting them away from the criminal justice system if appropriate. The main component of the CIT model is specialised training of police officers, who go on to become "CIT Officers". The training was provided by mental health professionals, service users and police trainers, specifically including information on the signs and symptoms of mental ill health, treatment options, legal issues and de-escalation techniques.

Whilst it is noted that the CIT model has not yet undergone sufficient research to be considered evidence based in its approach, it is used by many law enforcement agencies throughout the world[xlv]. The limited research conducted to date has been non-experimental and quasi-experimental by design, focusing on before and after data. However, initial reports indicate a promising start, with lower arrest rates for people with mental ill health[xlvi], increases in the number of mental health related calls identified and for the CIT Officers, increases in the number of individuals that voluntarily agree to attend hospital for psychiatric evaluation[xlvii]. In one particular US state, the CIT model has also been beneficial past the initial encounter, with an increase mental health services being used in the subsequent 12 months[xlviii].

Additional research by Compton, Esterberg, McGee, Kotwicki and Oliva (2006)[xlix] explored attitudes and behaviors towards mental health, using a survey administered to officers before and after they

attended the CIT training. Findings demonstrated that CIT training is associated with improvements in attitudes and knowledge about mental health and supports Compton, et al's (2006) hypothesis that an educational program for police officers may reduce stigmatizing attitudes toward persons with mental ill health.

Turning to the wider criminal justice system can also provide an understanding of the training around mental health. Callaghan, Pace, Young and Vostanis (2003)[i] explored the introduction of primary mental health workers within Youth Offending Teams (YOTs) in the UK through focus groups with 17 YOT professionals from two YOTs. Constant comparative methods identified three themes focussing on the previous experiences of specialist mental health services, problems with interagency working and the role of the primary mental health worker within the YOT. Although there were mixed views on certain aspects including consultations and training – reflecting a theme that is commonly identified when discussing working with mental health - overall, the collaboration of YOTs and primary mental health services provided benefits through developing partnership working and improving the effectiveness of the service provided.

The connection between young people, gang affiliation and mental health requires effective interventions to deal with problems in early life and treat the root cause. The Centre for Mental health identified key aspects of effective programmes to successfully intervene into a girl gang member's way of life[ii]. The programme must be relatable to the individual's everyday life; engaging the young person through discussion of their personal issues and experiences whilst highlighting facts and providing them with appropriate resolutions. It is also important for the programme to take place in an environment where the young person feels positive and safe to build their confidence, resulting in a shift in their behaviour habits. Although key features identified were found to be effective for female gang members, their success could also be extended for programmes involving for male gang members.

Evidence based psychological techniques have also been found effective in dealing with the mental health needs of gang members[iii]. Across London, treatment in an informal setting in addition to assigning the young person to a regular worker to increase their chance of rapport building, personal discussion/treatment was found effective. Other evidence based interventions shown to reduce the likelihood of a young person with more complex issues reoffending include Cognitive Behavioural Therapy (CBT) which aims to replace thoughts with realistic/positive alternatives and Systemic Interventions which involves the young person in healthy environments to positively impact their lifestyle.

One of the most recently introduced mental health training programmes is the Mental Health Awareness and Safeguarding Training (MAST)[iii] put into practice in 2014 by the Metropolitan Police Service and the Mayor's Office for Policing And Crime (MOPAC). The training is fully funded by the Home Office, and available to a wide range of practitioners who have direct involvement with young people across London. The aim of MAST is to equip practitioners with the knowledge and skills required to effectively deal with young people who are suffering from mental health needs. The training is unique in the fact it has a particular focus on the link between young people, mental health and gangs within London, through exploring safeguarding and gang violence. MAST has been introduced in response to an increased awareness of mental health and policing, in addition to the complicated needs of gang members. An evaluation of MAST has been carried out by MOPAC's Evidence and Insight Unit, using a Randomised Control Trial and is set to be published in 2016.

Conclusions

Until now, specific mental health and gang related training has been somewhat elusive within the Metropolitan Police Service. Taking on board previous training courses specifically around mental health provides some clear strengths and limitations to different methods and approaches. In particular, providing officers with a forum to discuss topic areas, questions and experiences appears to be welcomed. Similarly, having involvement from both service providers (e.g. Community Mental Health Teams, Acute Psychiatric teams etc.) and service users has the potential to provide effective methods of training offices. For there to be movement forward and progress made in terms of managing mental health and applying the learning to vulnerable individuals, such as those in gangs, elements of future training need to take on board these best practice recommendations. Whilst organisational challenges will continue to arise and slow progress, it is essential that steps are put in place to start to address these issues, ensuring that officers can easily translate what they learn in the training to their everyday working situations - MAST is a new initiative that has the potential to do this.

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