Connect: a randomised controlled trial of a mental health training package for frontline police officers

Dr Arabella Scantlebury
Randomised Controlled Trials in the Social Sciences
12th annual conference
7th September 2017
Presentation outline

- Background
- The Connect Project: a brief overview
- Aims of the Connect trial
- Trial design and methods
- Intervention
- Results
- Discussion
Background

• In the UK, 1 in 4 people suffer from mental health problems each year (MIND, 2016).
• The police are often the first contact for individuals with mental health problems (NPIA, 2010).
• Police initiatives
• Mental Health Crisis Care Concordat (DoH and Concordat signatories, 2014)
• Section 136 of the Mental Health Act (The Stationary Office UK)
Background

- Gaps in knowledge and variations in training received (Her Majesty’s Inspectorate of Constabulary, 2013)
- Police officers are not and should not be experts in mental health
- But, they have to manage complex problems with insufficient training (Mental Health Cop, 2016)
- No high quality evidence evaluating mental health training within the police context exists.

![BMC Psychiatry](image-url)
Co-Production of Policing Evidence, Research and Training: Focus Mental Health

Develop mechanisms to change the practice and culture surrounding recording and working with people with mental health problems

“I want policing and crime reduction to have the same relentless focus on evidence as in our medical and legal professions.”
The Connect project

Department of Politics
- Mapping current policies and procedures and practices to identify areas for improvement
- ‘Research Cafes’ to identify challenges, opportunities and potential solutions

Institute for Effective Education/Health Sciences
- Training for police including a tailored part-time Master’s programme

The York Management School
- Providing innovative / alternative ways to achieve goals / improve performance

The York Trials Unit
- Systematic reviews
- A randomised controlled trial

Department Social Policy and Social Work
- Training intervention and qualitative evaluation
Co-production of evidence

- North Yorkshire Police:
  - Richard Anderson, Superintendent, Partnership Hub,
  - Bill Scott, Mental Health Partnership Development Inspector
  - Julia Mulligan, Police and Crime Commissioner North Yorkshire
  - Rebecca Payne, Data analyst
  - Helen Reid, Senior data analyst

Police officers members of trial team
Wider engagement

External partners

– North Yorkshire County Council (NYCC)
– Public Health in North Yorkshire (part of NYCC)
– City of York Council
– North Yorkshire Fire and Rescue Services
– North Yorkshire and York Forum
– Selby District Council
– (Leeds and York Partnership NHS Foundation Trust)/Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust
– Yorkshire Ambulance Service NHS Trust

Collaborations

– N8 Policing Research Partnership aware of project as it will offer knowledge exchange opportunities to other Police Forces in the North of England and the Northern eight research intensive Universities
– College of Policing
– Other Police Knowledge Fund (PKF) recipients
A pragmatic RCT

To assess the effectiveness of a face-to-face mental health training intervention delivered by mental health practitioners to frontline officers compared with routine training
Design

- Pragmatic cluster RCT
- Clusters minimised contamination between police officers and stations
  - Officers work in pairs
  - Minimal interaction between officers at different stations

Protocol registry: ISRCTN11685602
The Intervention:
a bespoke mental health training package

- **Content:** informed by ‘best available evidence’ and College of Policing learning objectives.
- **Delivery:** Mental health professionals used a range of methods to deliver training.
- **Aims:** Based on North Yorkshire Police priority areas for mental health
  - *Identify, Record, Respond, Refer, Review*
Control: routine training

• January-March 2016: all NYP officers received training on mental health
  – Adapted from Thames Valley Police and Oxfordshire Mind

• All NYP officers receive 2-3 hour online mental health training as part of their basic training at the start of their career.
A pragmatic RCT

Eligible Police Stations n=12

Randomisation of police stations (n=12)

Intervention n=6
- Routinely collected trial data
- Online Survey
- Specialised mental health training package

Control n=6
- Routinely collected trial data
- Online Survey
- Routine Training

Baseline measures

Intervention

Post-intervention measures

Eligibility:
- Two stations within each Safer Command Area with the largest number of frontline officers
  - Not feasible to train 50% of NYP stations
  - Greater movement of officers within smaller stations
  - Smaller stations have fewer staff and irregular opening hours

Randomisation:
- Statistician at YTU
- Minimisation to ensure balance
- Factors considered included: street triage, geographical area and cluster size
Trial Outcomes

• **Primary outcome:** number of incidents reported to the NYP control room which resulted in a police response

• **Secondary outcomes:**
  • Number of incidents with section 136 applied
  • Number of incidents with a mental health tag applied
  • Number of individuals with a mental health flag involved in any incident
  • A random sample of 100 incidents were reviewed by an independent mental health professional to assess whether or not a mental health tag should have been applied to the incident
Results

• The specialised mental health training programme did not reduce the number of incidents reported to the police control room up to six months after its delivery ((IRR) 0.92, 95% CI 0.61 to 1.38, p = 0.69)

• At follow-up there was no difference in the number of Section 136 applied (adjusted OR 2.39, 95% CI 0.62 – 9.21, p= 0.21)
Results

• At follow-up, marginally more individuals with a mental health flag were involved in incidents assigned to the intervention group than the control group (adjusted IRR 0.98, 95% CI 0.97 to 1.00, p=0.02)

• At follow-up more incidents that were assigned to the intervention group had a mental health tag applied (adjusted OR 1.41, 95% CI 1.16 to 1.71, p=0.001)
Results

- Of the 100 randomly sampled and independently assessed incidents:
  - 10 had a mental health tag applied
  - The independent reviewer felt that a tag should be applied to 16 of the incidents
  - (Overall kappa coefficient was 0.65 – moderate agreement)
  - Where a mental health tag was applied the reviewer thought a tag should be applied in all but one case
  - The reviewer felt that an additional 7 cases should have a mental health tag applied
Discussion

• The specialised mental health training package did not reduce the number of incidents reported to the police control room up to six months after its delivery

• But, there was an indication that training may be affecting how incidents involving mental health are being recorded
Strengths and limitations

• Feasible to conduct an RCT in the police setting.
• Police force routinely collect vast amounts of rich data.
• Co-production of evidence
• Trial outcomes challenging; affected by what data was available and timescales for project.
• A longer term follow up would be useful
• Contamination: inappropriate training of officers
Questions?

http://connectebp.org/

@ConnectEBP
@ArabellaLClarke