

OPINION:

Responding to mental health incidents: Is policing about to abandon its social responsibility?



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The announcement by the Metropolitan Police that it plans to withdraw from attending mental health incidents unless they involve a threat to life has reignited the debate around policing's role in responding to those in mental health crisis; Dr David Lydon, a former officer and now Senior Lecturer in Professional Policing, believes dropping what is a critical aspect of everyday policing is a mistake, and a betrayal of the service's social responsibility.

Recently, Commissioner Sir Mark Rowley unilaterally announced that the Metropolitan Police Service (MPS) plans to withdraw from attending mental health incidents, unless they involve a threat to life.

While understandable from a resourcing perspective, it impacts on the social responsibility of policing, potentially damaging public trust and confidence at a time when British policing can least afford it. It may be time to pause for thought before this approach is ubiquitously applied.

The MPS alone reportedly spend around 10,000 hours per month responding to and dealing with mental health incidents. [Nationally](#), calls and incidents have increased over the past five years to levels that many police forces report as taking between 20-40% of frontline officers [time](#) - a situation which the Commissioner and others have described as '[untenable](#).'

The rationale for this move is based largely upon the success claimed for a scheme developed and [implemented by Humberside Police](#) (in consultation with care providers and other services), and supporting work and [guidance](#) from the College of Policing.

While motivated by concerns to reduce demand on police resources and return frontline staff to the primary role of 'crime fighting,' it misses the point about the [social responsibility](#) of policing and its broader role in society, at a time when public trust and confidence is in a parlous state.

Protecting the vulnerable

Fighting crime is but one dimension of policing, and a [marginally successful](#) one at that. Like it or not, policing has a social responsibility to the communities it serves, encompassing several key aspects including promoting community cohesion and wellbeing, upholding human rights, [safeguarding](#) vulnerability, and actively working to secure trust and co-operation with the public.

[Consensual](#) policing is framed by the principles of upholding human rights and ensuring fair and respectful treatment of citizens; the expectation is that they will be active in protecting the vulnerable, taking appropriate steps as 24/7 gatekeepers to many other services.

Senior leaders may not consider it a primary function, but it is a vital one nonetheless, and the truth is that the majority of police work is not and has never been about crime-busting – let's leave that to TV drama, films and recruitment adverts.

Policing consistently emphasises its connectedness to the communities it serves and leaders regularly appeal to the [principles](#) associated with Peel.

Essential parts of this connectedness turn on understanding concerns, listening and responding, working to build trust, collaborating with and involving citizens in establishing priorities, decision making and problem solving. It doesn't involve taking a unilateral, 'we know best' attitude about matters of critical public concern.

Is it really worth it?

A precious dimension of British policing is its [accountability](#) and governance. Police forces and staff are subject to independent oversight, and mechanisms are in place to address complaints and misconduct.

The public has the right to know how the police operate and that the decisions made are in the interest of public safety. The police are accountable and liable, organisationally and individually for actions.

While it might seem plausible to state that the police will continue to respond to life-threatening incidents, the devil is in the detail. For example, how will incidents be assessed and priority established?

Practitioners will know that people suffering mental ill-health can be highly unpredictable, often needing face-to-face contact for timely and appropriate assessments to be made. The police may find themselves in a precarious position, where they have failed to assess and respond to a call correctly.

Are patrolling officers expected to ignore spontaneous incidents they come across or those reported to them, which might fall short of a threat to life? Do they drive by and abrogate responsibility where a person is in obvious distress or need? What are the consequences when such an incident then escalates?

Even where they have no organisational mandate to respond, in the interests of damaging public perceptions – is it really worth it? These problems are compounded where the [Independent Office for Police Conduct](#), coroner, civil and criminal courts become involved.

With these points in mind, the potential exists for calls to be phrased in ways that imply a threat to life, call takers may err on the side of caution and classify incidents accordingly, and officers may resort to the same practice as ‘justification’ for responding.

These will undermine the entire enterprise of reducing police involvement in mental health incidents and do little to deliver the benefits its advocates desire.

If it is successful as planned, in freeing up officers’ time to concentrate on crime, then public focus will rightly shift to improved response times, timely investigations and better detection rates. Is the police service suggesting that it can and will deliver these expectations? It is a tall order, with consequences for failures in this area.

A betrayal of principled policing

The message is this. No one ever said that frontline policing, managing demand, resource allocation and incident management was easy.

This is why the police have highly trained and qualified staff, complex command and control and information management systems, drawing so much from the public purse.

The level of mental health incidents may well be high and increasing, and the service may not feel adequately able to respond, but this is no reason to withdraw. Those in senior positions can rightly be expected to plan for and respond to public needs.

However challenging, jettisoning such a critical aspect of everyday policing as responding to mental health calls is a mistake, and a betrayal of social responsibility and principled policing.

It might yield short-term gain in a narrow area of the police remit to do so, but eventually it risks damaging the reputation of the service, failing people at their most vulnerable, creating liabilities and dilemmas for officers and staff, and further eroding public trust and confidence, all at a time when the police service can least afford it. Time to think again.

About the Author

Dr David Lydon is a Senior Lecturer in Policing in the School of Law, Policing and Social Sciences at Canterbury Christ Church University. A former police officer, David has a PhD in Criminal Justice and was previously a lecturer at the universities of Greenwich and East London in criminology and policing-related subjects. He currently teaches modules on the BSc Professional Policing programme, and contributes teaching and supervision on post-graduate programmes. His research interests include police legitimacy and ethics, philosophy of science as it relates to policing research, policing futures, and protest and public order.

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