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Prevent Mental Health Hubs

Final Evaluation report

[redacted]

December 2017

This report provides a summary of the learning from the three mental health hubs aligned to Counter Terrorism and Prevent pathways across the South, Midlands and North regions. These hubs were each developed with the aim of piloting the effectiveness of mental health professionals working alongside counter terrorism police officers in relation to the management of individuals referred to the police with known or suspected mental health difficulties and disorders. Each of the three hubs has conducted its own evaluation and these are available in Appendices A, B and C. This paper is not a repeat of those reports but rather provides a summary of the findings presented in support of a collection of recommendations for future service planning. Overall this paper concludes that the findings from all three mental health hubs do provide evidence of a range of benefits and value of the mental health hubs, and this is consistent with evidence provided in relation to the original aims and objectives outlined in the first interim evaluation report (Appendix D). Regular meetings convened by National Counter Terrorism Policing HQ have enabled all three hubs to be involved in the development of the final evaluation report, and the recommendations presented relate directly to the hubs' own local evaluation, data analyses and summaries.

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This report has been prepared by [redacted], Birmingham and Solihull Mental Health Foundation Trust, BSMHFT) in collaboration National Counter Terrorism Policing Headquarters (NCTPHQ), and with Police and NHS colleagues from each of the three mental health hubs.

1. Introduction

This paper presents an overview of the learning from the three Prevent Mental Health hubs, drawing on activity and outcomes relating to their operation between April 2016 and October 2017. A summary is presented of findings outlined in more detail by each hub in their own evaluation reports (Appendices A, B and C) in addition to drawing on material presented in two previous interim evaluation reports (Appendices D and E).

1.1 Overview of the Prevent Mental Health Hubs

Three Prevent Mental Health hubs were established between February and September 2016, each with the aim of designing processes for joint working and evaluating their effectiveness. Each hub was located within a regional CTU, and staffed jointly by Police and Mental Health practitioners.

1.2 Objectives for the three pilot mental health hubs

Some of the objectives originally identified in discussions with NCTPHQ for the pilot mental health hubs are listed below. However local context also influenced the establishment of the hubs, and whilst these objectives formed the basis for the initial evaluation plan, that was based primarily on the earliest hub in the West Midlands.

1. To support CT Police in liaising effectively with health services to seek and share information. To develop and refine effective procedures for managing liaison and information sharing within current legislation.

2. To provide advice to referrers within Prevent and other regional CT teams, as well as other relevant stakeholders, regarding individual cases and mental health services, to support the early detection and engagement of individuals with mental health difficulties.

3. To provide a specialist, multidisciplinary clinical team able to undertake a range of activities to provide a professional viewpoint to referrers or other stakeholders as appropriate.

4. To ensure that cases with mental health vulnerabilities appropriate for mainstream services are identified and referred at the earliest possible opportunity, in order to effectively manage risk, improve clinical outcomes and thereby potentially reducing costs.

5. To develop working links with NHS Prevent leads, both local and national.

An early proposal to evaluate the hubs also identified the importance of learning from the hubs to inform the development of appropriate data, information and governance systems and for the hubs to share learning that supports the identification and development of best practice, and which maximises outcomes and added value, and provides a sustainable and evidenced model for future provision.

These objectives guided the development of the original evaluation plan which was developed initially in relation to the West Midlands hub, but was subsequently shared across all three hubs at the request of NCTPHQ. Early findings in relation to these objectives are discussed further in the first interim report (PMHH1, Appendix D). However, difficulties in measuring change and progress was felt to be limited beyond the first stage of service evaluation although it can be noted here that all can be said to have been achieved to varying degrees in each of the three hubs.

1.3. Introducing the three Prevent mental health hubs

The three mental health hubs are referred to as:-

- London Prevent Liaison and Diversion (PLAD)
- Northern Mental Health Team (NMHT)
- West Midlands Prevent in Place (WM-PiP)

Each hub consists of a team of dedicated police officers and mental health practitioners co-located within the SO15, West Midlands and Greater Manchester Counter-Terrorism Units. A detailed description of each of these hubs, including operating procedures and staffing is contained within their individual evaluation reports and will not be repeated here.

The term “hubs” will be used in this paper to refer to the three services collectively and individually, in addition to the terms “Prevent Mental Health Hubs” and “Mental Health Hubs”.

2. The Evaluation

It is appropriate here to summarise the process by which this evaluation was commissioned, and to highlight some of the resulting challenges and limitations.

The first hub to be established was the West Midlands PiP service in February 2016, and the evaluation was originally agreed and designed specifically to assess the local and regional benefits of that provision. Funding for this local WM-PiP evaluation was agreed for the financial year 2016-17 and a researcher identified within the mental health provider organisation, Birmingham and Solihull Mental Health Foundation Trust (BSMHFT).

In Spring 2016 it was requested that this evaluation plan be shared with the emerging hubs in London and Manchester. At that time it was requested by NCTPHQ and Home office colleagues that the WM-PiP evaluation be extended to include all three hubs to enable summative findings to be reviewed and to inform future service development and delivery. The value of this was recognised and this was agreed despite there being no opportunity to re-negotiate the original funding and based on a reporting timeline that would include two interim reports and a final report in April 2017. This timeline has subsequently required further adjustment in order to maximise the learning available from all three hubs, and thus all work done since April 2017 has been resourced by BSMHFT.

The three hubs have been working to different specifications and operating procedures based on how each service has been established in terms of its core purpose, and developed in relation to what was in place previously within that local area / region. In view of this it has not been possible to collate data for comparative purposes with a view to formally comparing one hub with another. Instead each hub has produced a thorough analysis of their own service data and these can be found within each of their separate reports (Appendices A, B and C). Each hub has presented quantitative and qualitative data relating to service activity, feedback from Police CT officers, and individual case studies and narrative. Each of the hubs have taken opportunities to present their data, conclusions and recommendations to a variety of local, regional and national forums, and it is recommended that each hub continue to expand upon their local evaluations over the coming months.

In line with the agreed cross hubs evaluation two interim reports (PMHH1, Appendix D; and PMHH2, Appendix E) have identified measures of success focusing on the added value of mental health professionals and police officers working together within CT and Prevent pathways, with a specific focus on risk, outcomes, efficiency and costs.

In view of the above it was felt that this paper could most usefully be based around a set of recommendations that capture learning from each of the three hubs, supported by findings presented within the individual hub reports. This is consistent with conclusions presented in the second interim report (PMHH2, Appendix E) produced in April 2017 which described the difficulties of trying to identify a "one size fits all" service model , and the importance of drawing on key learning from all of the hubs to outline core components of a service model.

The recommendations presented here have been further informed by discussions with NCTPHQ colleagues who have also been reviewing each of the mental health hubs from an operational perspective and facilitating discussions within and between the three hubs regarding the potential indicators of best practice.

3. Recommendations

Based on the process outlined above, there are twelve recommendations presented here that may be used to guide future service planning and development.

In summary these are as follows:-

1. For the Prevent mental health hubs to receive continued and recurrent funding to support their on-going delivery and to enable their provision to incorporate the recommendations outlined below.

2. For a full scale costings review to be undertaken to ensure funding appropriate to each hub's service needs, geographical coverage, and stakeholder expectations, utilising the knowledge regarding the needs and numbers of vulnerable people accessing the mental health hubs during the pilot period and with reference to these recommendations.

3. Each hub to be provided with a clear service scope and specification including relevant stakeholder expectations relating to service functions, required activity, priorities, and performance and reporting requirements.

4. In order to maximise safeguarding of vulnerable individuals and management / mitigation of CT risk the core elements of a Prevent Mental Health service model should include the following functions:- triage and screening, case management and consultation, liaison and diversion functions, comprehensive assessment and formulation based case management

5. Services to consider the benefits of providing appropriately skilled and informed mental health screening and triage to all CT Prevent referrals

6. Mental health practitioners require appropriate skills, knowledge and experience to safely and effectively deliver the service

7. Mental health practitioners to be co-located within CTU environments

8. Administration support is essential to maximise value from clinician and police officer resource

9. Clinical and case governance structures to be consistent with pilot, with overall case responsibility remaining with CTU officers as determined by current Case Management arrangements

10. Information governance structures need to be agreed and standardised, with information sharing agreements developed.

11. Data / Information management system to be developed to ensure consistent and relevant capture of data across each hub for future evaluation purposes and that any further cross-hub evaluation should continue to be directed, coordinated and overseen by NCTPHQ supported by a fully independent and specifically designed evaluation process

12. Prevent Mental Health hubs need to be appropriately aligned with other national, regional and local structures relating to the identification and support of individuals within Prevent pathways, and with mainstream and specialist mental health services and pathways

Each recommendation is now presented in more detail with links to supporting evidence and technical detail where appropriate.

1. For the Prevent mental health hubs to receive continued and recurrent funding to support their on-going delivery

- All three hubs have evidenced the benefits of mental health practitioners being embedded into CTU environments with both qualitative and quantitative evidence to demonstrate the added value to both safeguarding and CT risk management functions. Confirmation of recurrent funding will reduce delays in recruitment and enhance continuity of hub personnel.

- Each hub presents data demonstrating activity demand and flow, providing a helpful overview of the demographics of those individuals deemed to present both CT and mental health vulnerabilities.
- Police Officer feedback in each area illustrates the benefits of the mental health hubs in terms of speedier access to relevant health information, facilitated referral into mainstream and specialist mental health services, and benefits of mental health formulation in case management.
- All three hubs have provided evidence to support the impact of the mental health teams in enabling more efficient and effective case progression through the prevent pathway, successful safeguarding interventions and disruptions, and more efficient use of a range of other interventions, in addition to increasing the likelihood of positive outcomes for vulnerable individuals.
- In terms of resource, all three hubs have raised concerns regarding the capacity to deliver robust, effective and safe provision to extended geographical areas within current resource. Whilst each individual hub have demonstrated the value of the services provided to date against three operating models, it needs to be recognised that any extension to current provision will require additional funding.
- For example, without additional money West Midlands CTU MH hub will have to reduce experienced staff and Mental Health hubs will not be able to have a footprint in every CT region to initiate fast time MH assessments and Police / health joint triage will not be able to take place.
- Additionally hubs within London and Manchester would be unable to extend their current provision to widen the screening and triage functions beyond current provision without additional funding.
- All three MH hubs have submitted funding bids for what they consider is required to provide the best possible national service mitigating CT risk.

2. For a full scale costings analysis to be undertaken to ensure funding appropriate to each hub's service needs, geographical coverage, and stakeholder expectations, utilising the knowledge regarding the needs and numbers of vulnerable people accessing the mental health hubs during the pilot period and with reference to recommendation 1 above.

- Activity data is available for each hub and the details can be accessed within each hub report in Appendices A, B and C. Collectively the data demonstrates a significant level of demand within the areas covered. In total over 800 vulnerable people are reported to have been in receipt of some type of hub response or intervention during the pilot period, with basic demographics of age and gender indicating that the majority of those seen were male (over 90%) with ages ranging from 6 years to over 60. In PLAD and the NMHT, most referrals seen by the mental health teams were aged between 19 and 29, with WM-PiP showing a slightly greater presentation for people aged between 14 and 17 years. The majority of those referred to the mental health teams where ideology could be recorded presented with Islamist extremism, with extreme right wing being the next most commonly identified. For a significant number of referrals ideology could

not be specified and is recorded as either unknown or chaotic, where the individual seemed to change ideological stance rather than be fixed on one.

- In terms of mental health needs and diagnosis, each of the hubs has presented data on this. It needs to be recognised that each hub has functioned differently and therefore the nature of analysis of mental health needs and diagnostic data varies. However together the hubs have provided a rich source of information regarding how mental health vulnerability presents through CT and prevent pathways that can usefully inform future service planning and research both locally and nationally.
- In WM-PiP where every Prevent Case Management (PCM) referral was reviewed by a mental health practitioner, the most commonly identified presenting mental health problem was for behavioural and emotional difficulties. These would not necessarily be recognised by a psychiatric diagnostic process and are less likely to have been identified by police colleagues as requiring of mental health screening. The most commonly identified mental health conditions across NMHT and PLAD, and featuring next within WM-PiP, were diagnoses of psychotic disorders, followed by personality disorder, mood disorders and neuro-developmental / learning difficulties (e.g. Autistic Spectrum disorders)
- The WM-PiP approach of reviewing every referral into PCM for mental health needs identified a total of 68% with some form of mental health vulnerability. This cannot be compared with the other two hubs due to variance in the systems of operating and referral pathways. However it does suggest a benefit to screening all referrals into the Prevent pathways that may be appropriate for all three hubs in the future, and thus the importance of funding allocated to enable this. .
- Part way through the pilot period, all three sites were required to extend their geographical coverage without additional resource. Each hub has in their individual reports raised concerns regarding this in terms of only being able to provide a limited service to these extended areas. Future funding decisions will need to consider the appropriate resource required to support service delivery in accordance with these recommendations across the regions in order to maximise the benefits and impact on the management of CT risk.

3. Each hub to be provided with a clear service scope and specification including relevant stakeholder expectations relating to service functions, required activity, priorities, and performance and reporting requirements

- Across the three hubs a range of presentations and needs have been identified and it is recommended that service scope and specification in each hub be reviewed to consider the added value of assessing and managing this range of needs in relation to CT risk. Reviewing cases described across all three hubs suggests the following groupings of individuals have been seen:

  - **Individuals for whom mental health was the primary vulnerability** – these individuals present with a diagnosable mental illness, and formulation has indicated that mental

health was directly or indirectly linked to CT risk. For these cases treatment of the mental health condition was deemed likely to impact upon CT risk, and thus the main intervention required was rapid detection and assessment, along with liaison with and referral into mainstream mental health services as appropriate.

- **Individuals presenting with multiple and complex needs** – for these individuals mental health was part of a complex range of individual and contextual factors that were felt to interact to create and impact on risk and vulnerability. Whilst some of these individuals met the criteria for and engaged with mainstream or specialist mental health services, many did not. Even for those that did engage with mainstream services, often this was insufficient to significantly alter their presenting risk due to the complexity of their circumstances. It was concluded that this group were most likely to require a formulation* based approach and multi-agency interventions.

  * Formulation in this context uses risk assessment and psychological theories to explain why this person is at risk and how / when this may increase, and proposes hypotheses about how to facilitate change. This was mostly available within the West Midlands PiP service where a direct comprehensive clinical assessment was available for some referrals, the findings from a review of 302 cases which can usefully inform the range of needs identified for such provision

- All three hubs have between them provided evidence to support the objective of mitigating CT risk through the safeguarding of vulnerable individuals. This has been achieved at least in part through the early identification of individuals with mental health vulnerabilities, the facilitation of access to appropriate interventions, provision of consultation to support risk and case management, in addition to supporting other CT policing functions such as FIMU, investigations and in the provision of training and supervision.

4. In order to maximise safeguarding of vulnerable individuals and management of CT risk the core elements of a Prevent Mental Health service model should consider the following functions:- triage and screening, case management and consultation, liaison and diversion functions, comprehensive assessment and formulation based case management

- The three hubs have all demonstrated the range and complexity of cases being worked with, and it is recommended that the above service components are all considered in terms of their contribution to most effectively safeguarding individuals and mitigating CT risk. These core elements of a service model could collectively:-
  - Reduce the risks of cases with mental health needs or complexities being missed with potential consequences for risk management, inefficiencies in relation to case management and interventions, and missed opportunities for successful liaison and diversion into mental health or similar specialist services

- Enable the provision of a formulation based approach to support collaborative assessment and understanding of risk and vulnerability;
- Consider the impact of a range of mental health vulnerabilities, plus multiple and complex needs and other psychosocial factors, on CT risk;
- Inform risk assessment and the need for multi-agency support, interventions and management plans to mitigate risk and where possible support the mental health needs of the individual.

- All three hubs have been able to demonstrate the benefits of collaborative case consultation and review to support CTU responses. The benefits of also being able to provide direct comprehensive assessment in support of complex case formulation and management has also been demonstrated especially within the West Midlands hub. It is proposed that the risks of not providing an option for direct and comprehensive case assessment need to be considered, whereby highly complex cases may not only absorb considerable police time, but also may fail to fully consider CT risk and which interventions may mitigate this.
- It is also clear from the three hubs that considerable local variance exists in relation to how to achieve best value and maximum impact from the mental health hubs and it is recommended that these core elements of a service model are considered with local context and characteristics in mind.

5. Services to consider the benefits of providing appropriately skilled and informed mental health screening and triage to all CT Prevent referrals within highest risk areas especially and dependent upon available resource

- In the WM-PiP all referrals to Prevent were triaged during the 12 month evaluation period and 68% were identified as having some form of mental health difficulty requiring of further review. This is consistent with research mentioned in the introduction to the WM-PiP evaluation report (Fowler and Gatherer, 2016 unpublished) that suggested a higher prevalence of mental health difficulties in the Prevent / Channel pathways than had been previously thought.
- In order to maximise identification of individuals with complex mental health presentations and needs it is proposed here that consideration is given to the resource implications for this, and whether it is feasible for the hubs to operate a model that screens all CT referrals, especially to Prevent.
- The risk of false negatives needs to be considered in assessing the economic implications of this, and this is further discussed in the WM-PiP report (Appendix B). Additionally the NMHT acknowledges the importance of providing some level of screening to all CT referrals in proposals for future development. PLAD has been functioning to a Liaison and Diversion model and have focused on demonstrating the benefits of that approach, whilst also recognising the risks of false negatives.

- Each hub has delivered screening and triage in different ways, and the procedures, skills and competencies required for this will need to be agreed if it is felt important that this service function is delivered consistently across all three hubs.
- More economic approaches to triage and screening, such as training Police Officers and developing the use of assessment tools, have also been considered for further evaluation However these have not been evidenced within this pilot, and the complexity of presenting cases suggests this may not represent the most effective or efficient approach.

6. Mental health practitioners require appropriate skills, knowledge and experience to safely and effectively deliver the service

- All three hubs have utilised a range of mental health practitioners to support service delivery, working alongside Police Officers as part of a dedicated Prevent mental health team. From health, a combination of Psychiatry, Clinical Psychology, and Psychiatric Nursing seems to have enabled each hub to effectively deliver a range of triage, screening, liaison and diversion and complex case formulation functions. In order to effectively support the management of individuals with highly complex needs, practitioners with forensic mental health experience may be useful.
- The essential skills and knowledge that are recommended for the health practitioners within the hubs include knowledge and experience of a broad range of mental health, psychological, neurodevelopmental and cognitive difficulties, experience of working across the age span to enable consideration of developmental stage on risk and vulnerability, and an awareness of local structures and pathways along with relevant policy and practice guidelines.
- All practitioners across all three hubs have required SC vetting and STRAP accreditation and this is considered here to be essential to any future service provision

7. Mental health practitioners to be co-located within CTU environments

- Teams should be co-located within core CTU environments and work in partnership with frontline CT and Prevent Officers, with strategic and operational oversight provided by a senior CT Officer. This will ensure that cultural change and learning is achieved across the system to improve clinical and risk outcomes. Case responsibility should be retained by the host CTU and mental health teams should act in a consultancy capacity.
- Feedback from police and mental health colleagues across all three hubs have emphasised the importance of co-location. For the service to function safely and to maximise CT risk management in particular, the co-location of mental health practitioners and police has been found in all three hubs to represent one of the most important attributes of these services. The attendance at Prevent Case Management meetings to support triage, case discussion, supervision of police and health staff, and training opportunities have enabled working relationships to build over time, and joint

review of complex cases has enabled shared decision making focusing on the mitigation of risk.

8. Administration support is essential to maximise value from clinician and police Officer resources

- Clinicians across all three hubs have spent considerable time providing basic administration to the functioning of the service and to data collection and analysis. Therefore it would be considerably more cost effective to employ suitably trained and security cleared administrative staff to support these functions.

9. Clinical and case governance structures to be consistent with pilot, with overall case responsibility remaining with CTU officers as determined by current Case Management arrangements

- All three hubs have utilised a consistent approach to case governance consistent with co-location and the sensitive and confidential nature of the work. These need to be clearly detailed in future contracts, with clarification on the provision of supervision and consultancy roles for health staff, and accountability / responsibility for police based actions linked to identifiable individuals or roles. Routine and systematic review meetings will enable more complex and concerning cases to be discussed with clearly recorded agreed outcomes where appropriate.

10. Information governance structures need to be agreed and standardised, with information sharing agreements developed.

- Learning from the hubs suggests that current legislation relating to the sharing of sensitive and personal information between agencies are likely to be sufficient to enable the Prevent mental health hubs to function adequately. However there have been found to be some difficulties in the sharing of information from NHS sources, and time may be usefully invested in ensuring NHS partners are clear about the nature of the contract and the remit and expertise of the Prevent mental health hubs.

11. Data / Information management system to be developed to ensure consistent and relevant capture of data across each hub for future evaluation purposes and that any further cross-hub evaluation should continue to be directed, coordinated and overseen by NCTPHQ supported by a fully independent and specifically designed evaluation process

- All three hubs have been required to develop bespoke data collection systems to support the hub delivery and evaluation. This has been time consuming and has limited the comparative opportunity within the evaluation. It is therefore recommended that an appropriate information and data system is developed
- NCTPHQ should consider commissioning a fully independent second stage evaluation to enable a bespoke methodology to be designed, for appropriate resourcing to be

allocated across an agreed timeline, and to maximise credibility of findings and future recommendations.

12. Prevent Mental Health hubs need to be appropriately aligned with other national, regional and local structures relating to the identification and support of individuals within Prevent pathways, and with mainstream and specialist mental health services and pathways

- This should include the valuable role demonstrated by the hubs in contributing to local authority led functions such as Channel, and working closely with network of health and social care providers in supporting their delivery of Prevent legislative functions.
- It should be noted that recent NHS England guidance clarifies the role of mental health trusts in their delivery of Prevent legislation, and each hub should work with local NHS providers to ensure that they are supportive of these roles and not replacing them. The need for mental health trusts to be appropriately represented at Channel Panels is one area where such clarification is required.
- Gaps in health service provision have emerged and are referenced within the hub reports. This includes support for adults with high-moderate functioning Autistic spectrum disorders, especially at the point of transition from adolescent to adult services. It is recommended that these gaps are raised with local health providers and health commissioners in order that clinical service planning can take this into account

4. Conclusions

In conclusion, this paper has provided supportive evidence in favour of the mental health provision in adding value to the Police CT and Prevent pathway. The benefits demonstrated include safeguarding vulnerable individuals via liaison and diversion with mainstream mental health services, identification of vulnerable individuals in a pre-criminal context, and supporting other CTU functions as required including risk assessment and management, consultation, assessment and formulation, training and supervision for complex cases.

A set of recommendations relating to the continued and extended funding of these hubs has identified the potential components of a service model whilst acknowledging the importance of localisation. One key recommendation relates to the need for appropriate resourcing of the hubs in the future to ensure maximum CT risk mitigation through delivery of the core components of the service model across the required extended geographical areas. Furthermore the development and implementation of a suitable Information system would require additional financial support.

The need for ongoing evaluation and development of the Prevent Mental Health hubs in aligning with future Counter-Terrorism, Prevent, and NHS structures is also emphasised.