

Institution: University of Central Lancashire		
Unit of Assessment: UoA3 Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: <i>The Public Psychiatric Emergency Assessment Tool (PPEAT): transforming police responses to people displaying mental distress or disorder</i>		
Period when the underpinning research was undertaken:		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr Karen Wright Dr Ivan McGlen	Professor of Nursing Principal Lecturer	June 2006 to date May 2004 to July 2020
Period when the claimed impact occurred: 2012-2020		
Is this case study continued from a case study submitted in 2014? Y/N N		
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>The Public Psychiatric Emergency Assessment Tool (PPEAT), developed by Wright and McGlen, is the only tool of its kind in the world that enables frontline police officers to rapidly and accurately identify people with mental disorders. This has a substantial impact on Police Officers interactions with members of the public experiencing mental disorders in crisis situations and the subsequent pathways these individuals follow. More accurate identification at point of contact has led to greater numbers of people being referred to social services and enabled appropriate intervention without criminalisation. This protects these vulnerable people, the public and saves money. The PPEAT has been adopted by the College of Policing as the national professional guideline for the assessment of mental vulnerability and illness under the label of the Vulnerability Assessment Framework (VAF). The VAF is available to all 123,000 police officers in England and Wales as well as other safeguarding agencies in the UK.</p>		
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>Police officers are often required to provide an immediate, emergency or unplanned response to situations involving a mentally disordered person in crisis. Consequently, they are required to make rapid judgements and decisions regarding public safety and what appears to be in the individual's or society's best interest. Our primary motivation for researching this work was to support police officers by developing an easy-to-use tool to assist in their assessment and response to people with a potential mental disorder. It was our hope that this instrument would improve police officers' responses, and ultimately, the care outcomes for these vulnerable people. The adoption of the PPEAT, under the label of the Vulnerability Assessment Framework (VAF), meant that police officers' decisions were guided by a non-judgemental, person centred process. As a result, 24,000 people with mental health problems were diverted from custody into mental health services in 2014-2015 where expert assessment, care and treatment could be provided [3]</p> <p>In 2008, Karen Wright and Ivan McGlen were discussing their experiences of working within Emergency Departments. Karen Wright was an Mental Health Crisis Liaison Nurse and Ivan McGlen was an Emergency Department Nurse. Both were aware of the problems police officers often experienced when they decided to bring a mentally disordered person to the emergency department. Daily, they encountered people experiencing some form of mental distress, necessitating intervention and care. Often, they were brought in by police officers in a police vehicle to the emergency department having detained them under Section 136 (S136) of the Mental Health Act (MHA) (1983a, amended 2007, p.104). Frequently, they considered the person to have a perceived mental disorder and to pose a risk to themselves, or to others. Such a decision has a human cost to the individual involved, but there is also a financial cost to the police which, in 2018, was estimated at approximately GBP2000 per person. When encountering</p>		

such a person police officers often expressed frustration. They felt that they were expected to make critical health care decisions, without basic mental health awareness training. As a result, in many instances, they were not able to recognise it at all, and a person later identified as having a contributory mental disorder, was arrested.

On this basis, Wright and McGlen decided to research with police officers from Lancashire Constabulary by exploring what influenced police decision-making when they applied section 136 of the Mental Health Act. Careful research rapidly established that the solution was something that could enable police officers to make decisions and assist them in relaying their observations to healthcare staff. The key part of this, however, was that this should be done in a structured way allowing them to communicate in terms familiar to healthcare staff who could then quickly provide appropriate treatment.

With this approach Wright and McGlen developed the Public Psychiatric Emergency Assessment Tool (PPEAT) to support police officers in applying Section 136 of the Mental Health Act [1, 2] The tool was a cognitive aid, which converged and aligned an observer's less precise impressions thereby bringing into focus a 'mental model' that could identify specific groups of sufferers of mental disorder. The mental model greatly improved their ability to perceive and comprehend features of mental disorder, thus helping them to communicate the symptoms of a particular condition [5] In particular, a great asset was the tool's ability to provide structure and order during note-taking. The PPEAT therefore allowed officers to provide structured information which, though it may have little meaning to them, it could nevertheless be interpreted as significant by health care staff.

The research took its lead from the advanced trauma life support 'ABCDE Framework' to create a simple to follow and memorize process that officers could incorporate into their decision-making process: 1. Appearance; 2. Behaviour; 3. Communication; 4. Danger; 5. Environment. [1, 2, 4, 5]

After this initial work, Wright and McGlen redesigned and revised the Tool to support police officers, not only when making Section 136 decisions, but also within their broader response, when encountering and identifying a mentally disordered person. A unique approach was undertaken with this study where the police officer's own behaviours were viewed through a three-level 'Situation Awareness' framework. This study identified that a failure to effectively identify or seek contextually relevant cues or information (Level 1), establishes flawed perceptions of features suggestive of mental disorder. Then, when the police officer seeks to 'make sense' of this 'flawed' information (Level 2), the potential for an inaccurate view of the behavioural patterns indicative of mental disorder may occur. This creates a miscomprehension of the situation and is likely to translate into an inappropriate and inconsistent (Level 3) response. This could be in the form of arresting them, rather than seeking health care support.

This study established a newly constructed view of the specific methods, rules, actions and behaviours used by police officers. It re-established the domains (appearance; behaviour; communication; danger; environment) as newly constructed concepts, capturing in detail the broad areas of focus police officers consider when they encounter a potentially mentally disordered person. A significant and unique finding was that a police officer's ability to perceive, comprehend and respond to such people was not only determined by the presenting situation. It was determined to a large extent by their prior experience and personal views about mental illness.

3. References to the research (indicative maximum of six references)

All references are peer reviewed

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- [5]. Wright, K., & McGlen, I., & Dykes, S. (2012). Mental health emergencies: using a structured assessment framework. *Emergency Nurse* 19(10) 28-36. DOI: <https://doi.org/10.7748/en2012.03.19.10.28.c8993>

4. Details of the impact (indicative maximum 750 words)

Within England, the House of Commons Home Affairs Committee estimated that between 20% and 40% of all police encounters are associated with a person experiencing some form of mental disorder or crisis. A 2019 BBC Radio 5 Live investigation found evidence that Police Forces are dealing with an increasing number of mental health incidents. Until the introduction of the PPEAT, and its successor, the PPEAT-R, the police had no evidenced based mechanism to help them identify people with mental health problems or crises, or to appropriately respond to them. This tool is currently the only one of its kind in use in the world. It is credit card sized and front and back are illustrated below:



- A Appearance and atmosphere:** what you see first including physical problems such as bleeding.
- B Behaviour:** what individuals in distress are doing, and if this is in keeping with the situation.
- C Communication:** what individuals in distress say and how they say it.
- D Danger:** whether individuals in distress are in danger and whether their actions put other people in danger.
- E Environment:** where they are situated, and whether anyone else is there

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At a local level, in 2009 the PPEAT was first introduced within Lancashire Constabulary, and used by street-level police officers. It was also adopted by the Lancashire Independent Custody Visitors service, for the purpose of assessing the mental wellbeing of detainees. As a consequence of this work, the PPEAT received a Lancashire Police & Crime Commissioners award [A].

At an emergency tri-service event in September 2012, the PPEAT was introduced to the Metropolitan Police Service (MPS), London Ambulance Service and London Fire Brigade. The Metropolitan Police Service subsequently adopted the PPEAT when it became integrated into the Vulnerability Assessment Framework (VAF). Then, in 2014 the Home Office issued 'Supporting vulnerable people who encounter the police: A strategic guide for police forces and their partners in which they listed the 'Vulnerability Assessment Framework,' using Wright and McGlen's terms, as an 'ABCDE tool'. [D] They noted that it was '**used by the Metropolitan Police Service**', and that there were also '**similar approaches in Hertfordshire, Northamptonshire and South Wales.**' The Met began training all of Greater London's 31,000 police officers in its use [B, D]. In December 2013, the PPEAT was presented to the office of the Rt. Honourable Theresa May (Home Secretary) [D]. Frankie Westoby, now Chief Inspector of Hertfordshire Constabulary, but then Detective inspector with the Met, said: '**My professional opinion of the PPEAT is it is a very clear and simple tool that can be used by all. Whilst I was working on the PPEAT in the Metropolitan Police, it was developed further with UCLAN's permission, through Karen Wright and Ivan McGlen who were pivotal in the research and supporting the MPS [Metropolitan Police Service] in the further development, to assist in the overall identification of vulnerability. This was particularly aimed at vulnerable adults but used for all and became part of the Metropolitan Police Vulnerability Assessment Framework**' [A].

Street triage schemes were launched in 2013 by the Department of Health due to the increased involvement of police forces with individuals suffering from poor mental health. Street Triage involves a team of people attending public events where a person appears to be suffering for a mental disorder in a public place; its introduction has been transformative, but costly, since both experienced police officers and mental health practitioners attend the scene. However, instead of enabling street-level police officers to comprehend the features of mental disorder, it added professionals to the team in order to do it. From a safeguarding perspective, it enabled the triage team to better identify such people, and, even where there has been a criminal act, refer them on to the most appropriate health or social care service to meet their mental health needs [B, C]. This shift was from a paradigm defined by an assumption of criminality, to one defined by the interpersonal; one in which police officers recognised and responded to a person's mental health and well-being.

On 3 October 2014, the PPEAT became the assessment framework within the Safety in Mind initiative [F]. Produced in partnership with South London and Maudsley NHS Foundation Trust (SLaM), the Metropolitan Police, London Ambulance Service and UCLan, the PPEAT demonstrated the value of a common tool to improve the quality of the mentally disordered person's assessment, care and transition through the emergency and healthcare services. In February 2014, the PPEAT was cited as a case study within the Department of Health and Concordat signatories (2014) document, Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis [G]. The PPEAT therefore had a significant impact on national policy in respect of mental health identification. Furthermore, this document noted that all front line MPS police officers were trained in the use of the PPEAT by April 2014. In July 2014, the London Strategic Clinical Networks (2014) reported the following in relation to the success of the PPEAT within Greater London: **'Since this [Vulnerability Assessment Framework] system went live over 55,000 reports have been completed, enabling the police and partners to identify individuals that are becoming vulnerable far earlier and enabling early intervention'** [H, p.30].

In 2015, the PPEAT was adopted by the College of Policing under the name 'Vulnerability Assessment Framework' as the national professional guideline for the assessment of mental vulnerability and illness [I, J]. The Vulnerability Assessment Framework now forms part of the training available to all 123,000 police officers in England and Wales. It is now implicit within the National College of Policing National Vulnerability Action Plan [J, K]. The revised PPEAT-R was introduced in 2018. The use of this tool produced a number of benefits, including an increase in mental health literacy amongst police officers [A]. The PPEAT-R was a very useful adjunct to the police officers' operational practice, achieving not only individual, but team situation awareness. Police officers used different combinations of the concepts, at different stages of their interaction, to gather information necessary to identify features of mental disorder. Chief Inspector Frankie Westoby comments: **"As part of the Vulnerability Assessment Framework development, adults coming to police notice are now recorded on a police system called Merlin, these reports follow the PPEAT structure and are known as Adult Coming to Notice reports in 18/19 117,754 adult coming to notice reports were submitted across London. These are shared appropriately with partner agencies to enable early intervention where appropriate and/or to identify patterns. ... The simplicity of the tool, makes it easy for officers to remember and therefore it is used. Often the risk assessments that are required are so complex, the actual vulnerability is missed and the PPEAT prevents this"** [A].

To date, the PPEAT(-R) has been used by a wide range of other agencies. Mind, and the Association of Chief Police Officers advocate the use of the PPEAT [L]. The Open University has utilised it within their 'Collaborative problem solving for community safety' course [M]. Humberside Police have incorporated it into their guide to vulnerability [C]. Pathway, in partnership with Lambeth Council, South London and Maudsley NHS Trust, ThamesReach, the Greater London Authority and EASL have utilised the PPEAT into their guidance for the mental health assessment of rough sleepers [N]. In 2019, the PPEAT-R was cited within the Lifesavers category of the MadeatUni initiative [O].

5. Sources to corroborate the impact (indicative maximum of 10 references)

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