**MENTAL HEALTH EMERGENCIES**

**Police not attending mental health call-outs ‘puts lives at risk’**

Plans to cut police attendances to mental health call-outs are unrealistic and put patients’ lives at risk, a mental health nurse has warned.

Police forces across England and Wales have been told they will no longer need to attend health and social care incidents unless there is a ‘significant safety risk’ or a crime being committed, in a bid to save one million hours of police time.

The Metropolitan Police in London said that from September they will only attend mental health incidents where there is a threat to life.

The plans, announced on 26 July, also mean police officers will have a one-hour handover window when detaining people under the Mental Health Act before they must pass patients onto local health providers. But a mental health nurse who is worried about the impact this change will have on community teams and patient safety told Nursing Standard: ‘It’s not realistic at all. How can they denote what is a mental health call and what is a public safety call? What about the general public?

‘I understand that the police get frustrated with mental health patients but they are still members of the public that the police have a duty of care for.’

**Community roles**

The nurse, who recently moved from working in the north west of England to Scotland, added: ‘I feel for colleagues in England – this will affect the nursing teams in community and liaison roles as they will have more work to do if the police are not responding to incidents, but with no extra resources. Ultimately more people will die if they do not get the correct care they need.’

He said a service that combines police, mental health nurses, and ambulance staff would be a better solution. A similar model is currently being trialled in Fife in Scotland, which he said has worked well.

Unison head of health Sara Gorton echoed concerns that the plans would intensify pressure on staff and leave vulnerable patients at risk.

**STAFF WELFARE**

**Mental health staff morale hit by explosion in demand**

Staff shortages and low morale are forcing many mental health nurses out of the profession and holding back care improvements, an influential group of MPs said.

Members of the cross-party Commons public accounts committee reported that 17,000 staff including nurses left the NHS mental health workforce in 2021-22, with 1.4% citing work-life balance reasons.

Although the whole mental health workforce grew by 22% between 2017 and 2022 – the figure for nursing was 9% – this was far outpaced by referrals to mental health services, which rose by 44%.

The committee warned that burnout and workload are a risk for remaining staff and a factor in high staff turnover.

Its chair, Labour MP Dame Meg Hillier, said: ‘Staff deserve not just our heartfelt gratitude for the job they do, but concrete support and training to work as part of well-staffed workplaces.

‘Our report warns of a vicious cycle in which staff shortages and morale both worsen in self-reinforcing parallel.’

The MPs have given NHS England and the Department of Health and Social Care (DHSC) six months to outline interventions to recruit mental health nurses, doctors, therapists and other clinical and non-clinical staff.

RCN professional lead for mental health nursing Stephen Jones said the MPs’ report highlights the unacceptable pressures staff face, forcing many to leave the profession.

‘This lack of workforce investment has led to overwhelming pressures on staff and services and put patient care at risk,’ he said.

‘The lack of appropriately skilled staff means far too often mental health roles are being carried out by those without the necessary qualifications or training. Vulnerable patients are at risk.’

He said implementation of the NHS workforce plan in England must include a commitment to bolster mental health nurse numbers and their professional development.

A DHSC spokesperson said: ‘We remain fully committed to recruiting as well as retaining and re-skilling the mental health workforce to ensure we meet current and future needs.’