Section 136
Evidence & Standards

18th Annual Conference of NAPICU
Thursday 12th September 2013

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Learning Objectives

• S136 and the importance of standardizing the procedure

• Standards
  – Royal College of Psychiatrists
  – Bather’s Review 2006
  – NHS London Pan-London Best Practice Procedure

• Quantitative & Qualitative Data – Use of S136

• Common Problem Areas
Complexities

• It is a police power!
• Significant increase in detention numbers.
• No statutory forms.
• Multiple options for places of safety - Who decides?
• Multiple factors influencing decision-making.
• Multiple stake-holders - Police, Ambulance, LSSA, MHTs, Custody staff, FMEs, A&E staff, Service Users, CQC.
• Difficulty obtaining reliable data for monitoring overall use, and for local and national comparison.

• A person might be taken to a Police Station or A&E and discharged without seeing a mental health practitioner.

• Legalities of detention and discharge
RCPsych Standards

Royal College of Psychiatrists, (CR159), Jul 2011, ‘Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales)’
1. Place of Safety (PoS)

- Sufficient PoS in psychiatric facilities
- Police stations – In exceptional circumstances only
- A&E - If needing urgent physical health care
- Local policy – To specify the range of places of safety
- Alternative facility – D/W Staff at PoS or AMHP
- PoS in psychiatric facilities – Comply with defined standards for the physical environment
2. Staffing Issues

- Dedicated staff & clearly identified person in charge of PoS
- Staff receive the patient and ensure police leave promptly after a handover period.
- Police should not be expected to remain until the assessment is completed.
- AMHP & Section 12(2) Doctors for joint assessments.
- Assessments to begin within 3 hours.
- Clear description of staff roles.
- Multi-professional training.
3. Conveyance of Patients

- Ambulance is preferred form of transport.
- Prioritised by the ambulance service.
- Police officer should accompany the patient in the vehicle.
- Ambulance response time of up to 30 minutes, unless there are life-threatening problems.
- Joint local policies and procedures to address the issue of transport across the boundaries.
4. Local Policy & Monitoring

• Local commissioners responsible for establishing multi-agency group to develop jointly agreed policies and procedures.

• Local policies to ensure effective dissemination and implementation incl. training.

• A standard recording form - Monitoring, Reliability & Comparison of Local & National data

• CQC to report annually on the standards of care.
5. Other Recommendations

• Local policy on access to funds for transport to return home after discharge from the place of safety.

• Leaflets by DoH should be accessible electronically at all the hospital places of safety.

• Research should be commissioned by DoH into the use of Section 136.
RCPsych Guidance to Commissioners

Royal College of Psychiatrists, (PS2), Apr 2013, ‘Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983’
• Police custody suites – For exceptional circumstances only.
• Ambulances – For conveyance unless person too disturbed.
• 1st Doctor - Should be Section 12(2) Approved.
• AMHP & Section 12(2) Doctor - Should attend within 3 hrs.
• Locally agreed monitoring form - Should be completed.
• Multi-agency group to:
  – Develop, implement and quality assure the agreed policy
  – Review the monitoring data
  – Consider ways to reduce use of Section 136
Rates of Detention Under Section 136

Psychiatric Hospital-based Place of Safety
Fig 1 The annual number of place of safety orders (Sections 136 and 135) to English hospitals between 1984/1985 and 2010/2011. Detentions under Sections 2 or 3 subsequent to Section 136 are also shown.
Figure 1: The number of people taken to hospital-based place of safety in England, and the number that resulted in a formal admission

Data source: Health and Social Care Information Centre

Joint Review by HMIC, HMIP, CQC, HIW - ‘Criminal Use of Police Cells’, Apr 2013
Use of hospital-based places of safety under section 136, 2006/07 to 2010/11

Data source: KP90

CQC - ‘Monitoring the Mental Health Act in 2010/11’, Dec 2011
Figure 2: The number of people taken to a hospital-based place of safety in Wales, and the number that resulted in a formal admission

- **2008/09**: 723 Taken to Hospital, 88 Formally admitted following assessment
- **2009/10**: 826 Taken to Hospital, 130 Formally admitted following assessment
- **2010/11**: 922 Taken to Hospital, 139 Formally admitted following assessment
- **2011/12**: 1133 Taken to Hospital, 132 Formally admitted following assessment

Data source: Welsh Government*

Joint Review by HMIC, HMIP, CQC, HIW - ‘Criminal Use of Police Cells’, Apr 2013
Rates of Detention Under Section 136

Police Custody Suites
• 2005-06 - IPCC Data – 11,500 detained in custody suites (~ 2/3rd of total detentions).
• 2011-12 - ACPO Data – 9,378 detained in custody suites (> 1/3rd of total detentions).
• Absence of centralized annual data collection across police forces.
• However, use of custody suites is more than just ‘on an exceptional basis’
Rates of Detention Under Section 136

A&E Departments

No Data Available
Bather’s Review

Problems Identified (Interviews at 16/27 PoS):

- Lack of clarity on location of designated place of safety.
- Lack of guidance on choosing appropriate PoS.
- Lack of understanding of roles, responsibilities and constraints of other agencies.
- Role of A&E departments.
- Lack of prior communication with PoS and sharing of information.
- Use of appropriate transport.
- Inconsistent handovers.
• Inappropriate use of voluntary admissions.
• Use of health service instead of the criminal justice system.
• Inconsistent physical standards of assessment suites.
• Confusion around ‘dual diagnosis’.
• Confusion around the term ‘Acute Behavioural Disorder’.
• No debriefs / feedback to police.
• Inconsistent monitoring.
• Lack of regular meetings between all involved agencies.
Appendix 1 - Revised flowchart and guidance notes

1. Officer decides to detain under Section 136

2. Police officer calls ambulance via 999 and provides a full briefing to ambulance crew on their arrival

3. Ambulance crew decides if medical treatment is required

4. If no medical intervention is necessary go to the locally agreed place of safety

5. If the person is too violent for an ambulance consider use of police van with ambulance crew escort and ambulance following

6. Person detained and police officer travel in ambulance

7. Decide on whether the person can be safely transported in ambulance

8. Place of safety to be contacted

9. Place of safety reached

10. A fully comprehensive handover to include documented (police form 434) reasons for detention, use of restraint, has the person been searched and are there any other indications of risk staff should be aware of? Ambulance crew provides medical handover

11. Assessment undertaken at place of safety
What’s Changed?
The operation of Section 136 in London

An Action Plan to improve

Mental Health Partnership Board for London
London Experience

• Survey of every A & E, Place of Safety, Metropolitan Police service and AMHP network – 400 responses.

• Audit of every place of safety

• Two multi-professional focus groups
1. Not accepted by Places of Safety:

- Required A & E (intoxication or injury).
- Place of safety was in use.
- Disputes between staff about boundary issues.

Recommendation:

- S136 coordinator at every place of safety.
- Implement pan-London Best Practice Procedure.
2. Police Responses

- Lack of consistency & lack of information

Recommendation:

- Police MHLO for each borough
- Detaining officer to contact S136 coordinator
- Handover period - Max 1 hour
- Training - Section 136 & MCA 2005 [R (Sessay) vs SLaM & MPS, 2011]
3. Rapid Escalation Procedure

• Dispute between professionals causing delays

Recommendation:

• Establish liaison between senior on-call manager & Chief Inspector
4. Availability of AMHPs

• Frequent delays in excess of 4 hrs.

Recommendation:

• LSSAs will review arrangements

• Possibility of using sessional AMHPs
5. Availability of Section 12(2) Doctors

• Difficulty securing the attendance of a second Section 12(2) doctor out of hours.

Recommendation:

• AMHPs to access National Section 12(2) Database
6. Rapid Tranquilization

- Around 50% of places of safety do not have facilities on hand for administering rapid tranquilization

Recommendation:

- All places of safety to have ready access to these facilities
- Staff training
7. Conveyance of patients

• 1/3 – 1/2 of patients not transported by ambulance.

Recommendation:

• Police – Contact LAS immediately after detention.

• LAS – Triage calls as per 999 protocol – 8, 30, 60mins.

• MHT – Verify commissioning of transportation arrangements.
8. Training & Awareness Raising

- Deficiencies in training and education

Recommendation:

- Every MHT, MPS, & BTP to adopt the flowchart algorithm & display in S136 suites.
- Multi-professional training incl. Junior Doctor Induction.
9. Monitoring Arrangements

• No agreed definition between London MHTs of what should be monitored.

Recommendation:

• Standardized check list for monitoring purposes
NHS London Pan-London Section 136 Best Practice Procedure
Pan-London Audit of S136 Suites (2012):

- Twenty six hospital-based places of safety.
- Concerns reported on:
  - Safety of the suites.
  - Lack of induction and training for trainees.
  - Challenges in interagency working processes.
- Concerns escalated to:
  - pan-London Mental Health Legislation Interagency Oversight and Scrutiny Committee.
  - Care Quality Commission.
Results of Pan-London Audit

• High degree of variation amongst the sites.
• Many sites unaware of guidelines for physical standards.
• Less than 33% of suites had more than one assessment room available.
• Only 68% of suites had a working panic alarm system.
• None of the en-suite toilets had disabled facilities.
• Long wait for AMHPs.
• Issues with staffing levels.
• Illegal detentions by police.
Mental Health Legislation Interagency Oversight and Scrutiny Committee asked higher trainees to:

– Benchmark the best practice standards
– Develop a bottom up safety improvement initiative
– Aim to introduce more consistent procedures and a streamlined practice across London.
• Preparation of algorithm.
• Dissemination to London MHTs
  – Junior Doctor Induction Training
  – Incorporation into Trust Policies
  – Interagency Training
• British Transport Police version
• Efforts to get endorsements – RCPsych, CEM
• Training DVDs – Multi-professional Training
POLICE STATION - PLACE OF SAFETY

- Police station should be used on "an exceptional basis" when the patient's behaviour cannot be contained in S136 suite.
- FME to see and arrange either transfer to designated mental health place of safety as soon as safe and appropriate or consider S136 assessment in police station via local AMHP service if custody likely to be protracted.

HIGHLY VIOLENT?

URGENT MEDICAL PROBLEMS?
ILLNESS/INJURY/INTOXICATION

A&E - PLACE OF SAFETY

- Remain in A&E if it is the borough's designated place of safety or transfer back to the S136 suite when medically cleared or consider conducting S136 assessment in A&E if medical treatment likely to be protracted.

INTOXICATED AND INCAPABLE (SUDDEN SUDDEN SUDDENLY) UNABLE TO WALK UNAWARE

URGENT MEDICAL PROBLEM?
ILLNESS/INJURY/INTOXICATION

IF PATIENT'S BEHAVIOUR CANNOT BE CONTAINED

INTOXICATED AND BEHAVIOURALLY DISORDERED

MILDLY INTOXICATED (COOPERATIVE/ABLE TO WALK UNAWARE) AND SYMPTOMS OF MENTAL DISORDER

PATIENTS UNDER INFLUENCE OF ALCOHOL OR DRUGS ACCEPTED FOR ASSESSMENT MAY NEED TO BE ALLOWED TO SOBER UP BEFORE ASSESSMENT.

UNDER INFLUENCE OF ALCOHOL OR DRUGS?

DUTY SENIOR NURSE TO NEGOTIATE WITH POLICE TO REMAIN FOR DURATION OF ASSESSMENT.
NURSE/DUTY SHO TO CONSIDER:
- ORGANIC CAUSES: A&E [EXCITED DELIRIUM / SUBSTANCE MISUSE]
- DE-ESCALATION TECHNIQUES
- RAPID TRANQUILISATION

HIGHLY VIOLENT?

SECTION 136 DETAINEES SHOULD NOT BE TURNED AWAY FROM THE PLACE OF SAFETY SOLELY FOR THESE REASONS:

*Conduct assessment on site unless there is no overriding clinical reason why the patient should be assessed close to where they reside.

PATIENT DETAINED ON SECTION 136

ROLE OF POLICE:
- Call ambulance - manage any urgent medical problems
- Contact place of safety to agree transfer and indemnify risks
- Decide on most appropriate place of safety in consultation with duty senior nurse and ambulance crew
- Transfer patient, preferably by ambulance, to most appropriate place of safety
- Inform patient that they are detained on S136 MHA and carry out patient search
- Complete form 434.

TRANSFER TO MENTAL HEALTH TRUSTS' DESIGNATED S136 PLACE OF SAFETY

ALL MENTAL HEALTH TRUSTS HAVE DESIGNATED S136 PLACES OF SAFETY FOR EACH BOROUGH. TYPICALLY THESE ARE S136 SUITES WITHIN A PSYCHIATRIC UNIT OR, LESS COMMONLY, SPECIFIC AREAS WITHIN A&E. TRUSTS AND POLICE SHOULD HAVE A MINIMUM AGREED PERIOD OF HANDOVER FROM POLICE TO HOSPITAL.

TRIAGE RISK AND PSYCHIATRIC ASSESSMENT

ROLE OF DUTY SENIOR NURSE:
- Ensure adequate staffing levels in place of safety
- Inform duty doctor & AMP of S136 detention as soon as possible
- Assess risks and address matters arising
- Arrange transfer to A&E (urgent medical assessment or treatment) or police station (uncontained violence)
- Negotiate prolonged stay of police [beyond agreed handover period] if appropriate to manage risks of violence
- Record accurate time of arrival and ensure form 434 / any Trust monitoring forms completed fully
- Inform patient of their rights verbally and in writing [complete form 132]

ROLE OF DOCTOR:
- Identify urgent medical problems [duty shut] - address matters arising - transfer to A&E if appropriate
- Initial Psychiatric Triage Assessment? [S12 senior doctor or duty shut]
  *Wherever possible, the doctor assessing the patient should be S12 approved & the assessment should be joint with the AMP, where the duty shut carries out the initial psychiatric assessment, the doctor must discuss the assessment with the S12 senior doctor before deciding on the outcome.
- Arrange assessment with AMP if appropriate [S12 senior doctor]

ROLE OF POLICE:
- Provide nurse and doctor detailed information on patient's behaviour at scene and on route
- Provide completed Metropolitan Police form 434 to hospital
- Remain in attendance for locally agreed handover period and be open to negotiate longer attendance in cases of high violence until appropriate safe local security arrangements can be made - police constable to consult with police duty officer to resolve disputes.
POLICE STATION
- PLACE OF SAFETY

POLICE STATION SHOULD BE USED
AS A PLACE OF SAFETY ON
‘AN EXCEPTIONAL BASIS’ WHEN THE PATIENT’S
BEHAVIOUR CANNOT BE CONTAINED IN S136 SUITE

FME TO SEE AND ARRANGE EITHER:
TRANSFER TO DESIGNATED MENTAL HEALTH
PLACE OF SAFETY AS SOON AS
SAFE AND APPROPRIATE

OR

CONSIDER S136 ASSESSMENT IN POLICE
STATION VIA LOCAL AMHP SERVICE
IF CUSTODY LIKELY TO BE PROTRACTED
URGENT MEDICAL PROBLEMS
Accidental or Non-accidental Injury / Attempted Self Harm
Intoxication / Physical Illness / Possible Excited Delirium*

A&E

A&E becomes the Place of Safety and protocols for transferring between places of safety must be followed.

Once medically cleared, the S136 patient can be transfer back to S136 suite to complete the S136 assessment

or

If medical treatment is likely to be protracted, consideration should be given to conducting the S136 assessment in A&E if possible.

*Possible Excited Delirium [22 signs from]:
Serious physical resistance; Abnormal strength; High body temperature; Removal of clothing;
Profuse sweating or hot skin; Bizarre behaviour; Incoherence.
UNDER INFLUENCE OF ALCOHOL OR DRUGS*

INTOXICATED + INCAPABLE
- Slurred speech and/or unable to walk unaided

INTOXICATED + BEHAVIOURALLY DISORDERED
- Threatening, abusive or violent behaviour which cannot be contained in the S136 suite.

MILDLY INTOXICATED + SYMPTOMS OF A MENTAL DISORDER
- Coherent and/or able to walk unaided

A&E

POLICE STATION

S136 SUITE
- Patients under influence of alcohol or drugs accepted for assessment may need to be allowed to sober up before assessment.

*Urine Drug Screens and Alcohol breathalyser levels may be used to assess whether substances have been used but not to determine suitability for S136 assessment; the assessing doctor must use their clinical judgement.
VIOLENT PATIENTS

Duty senior nurse to negotiate with police to remain for the duration for the assessment.

Duty Nurse / Doctor to consider:

- Organic Causes → A&E
  [excited delirium / substance misuse]

- De-escalation techniques

- Rapid tranquillisation

IF PATIENT'S BEHAVIOUR CANNOT BE CONTAINED

POLICE STATION
PATIENTS ALREADY SUBJECT TO SECTIONS OF THE MHA 1983

SECTION 17 / MISSING DETAINED MHA [AWOL] / COMMUNITY TREATMENT ORDER [CTO]


S17: If it appears to the RC that it is necessary in the interest of the patient's health or safety or for the protection of other persons, he may revoke the leave of absence and recall the patient to the hospital by giving notice in writing to the patient or to the person for the time being in charge of the patient.

AWOL: return the patient to the hospital from which they are missing or to which they have been recalled subject to the provisions of Section 18.

CTO: A CTO-recall permits detention in hospital for a maximum of 72 hours during which it must be decided whether to revoke the CTO or release the patient back onto the CTO. The CTO can be revoked if (a) the RC believes the S3 admission criteria are met, and (b) an AMHP agrees with that opinion and thinks revocation is appropriate.
Outcome

• Three mental health trusts incorporated the algorithm into their Section 136 policies.

• Four mental health trusts nominated higher trainees to lead implementation.

• Two mental health trusts took no action despite repeated requests.
Outcome

- BTP version incorporated.
- Liaison with RCPsych & CEM.
- Metropolitan Police planning an alternative user-friendly flowchart for their staff.
- Training DVD
In Summary:

• First contact with mental health services for many.

• Standardization is key to:
  – Improving service user experience
  – Ensuring safe & effective practices

• Complex and challenging task requiring top-down approach.