

Poster Abstract

Title: 'Impact of new police liaison service implementation on S136 of the Mental Health Act levels and rates of conversion'

Investigators

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Background

Use of Section 136 of the Mental Health Act has been steadily rising in England and Wales since 1984/5. Significant variations in rates in use of this power exist between police forces and there is also a notable rural/urban difference (Borschmann, 2010). Certain population groups are also at greater risk of being detained with young, black males being overrepresented (Borschmann, 2010). While Section 136 can be an important care pathway to receiving appropriate support it can also be a very distressing experience for those detained and some report feeling like a criminal and that they are being punished for having a mental illness (Riley, 2011). Concerns over excessive and potentially inappropriate use of this power have led to a national drive for closer interagency working between police and mental health services to better regulate its use (Crisis Care Concordat, 2014).

Aims and Methods

To analyse the impact of a street triage scheme in a semi-rural area (Ipswich) on the rate and outcomes of S136 detentions. The scheme consists of a mental health nurse, working alongside frontline police officers at peak hours (14:00 – midnight), attending incidents that are likely to need specialist input in the form of direct assessment and management advice.

Using a local, demographically matched area (Norwich) within the same NHS Trust as a control, all S136 detentions over 6 month periods pre- and post-intervention were analysed. Data analysed included overall S136 rates, outcomes following a mental health act assessment and relevant diagnostic and demographic factors.

Results

The experimental site showed a statistically significant reduction in total Section 136 assessments (38.5%) post-intervention, while there was a slight increase (6.9%) in the control. Post-intervention there was moderate evidence ($P=0.088$) that S136 detentions were more likely to lead to admission in the experimental site than control. Furthermore, post-intervention in Ipswich, those individuals not admitted were more likely to be offered follow up from secondary mental health services ($P=0.04$), and more likely to engage with first contact ($P=0.001$) than in Norwich. Demographic profiles between sites and pre- and post-intervention showed no statistically significant differences in age, ethnicity or sex.

Conclusion

This study supports the hypothesis that the use of a mental health triage nurse alongside the police can have a positive effect on reducing the number of Section 136 detentions; and better identify those people that have an acute mental health disturbance needing hospitalisation or ongoing community mental health support. It also provides further evidence for closer interagency working between local agencies to improve the experience of those in a mental health crisis as emphasised in the Crisis Care Concordat (2014).

References

- Borschmann RD, Gillard S, Turner K, Chambers M, O'Brien A. *Section 136 of the Mental Health Act: a new literature review*. Med Sci Law 2010 50: 34
- Riley G, Freeman E, Laidlaw J, Pugh D. 'A frightening experience': detainees' and carers' experiences of being detained under Section 136 of the Mental Health Act. Med Sci Law 2011 07;51(3):164-169.
- UK. Department of Health and Concordat signatories. *Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis*. February, 2014.