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Background

Section 136 (S136) is an emergency power under the 1983 Mental Health Act (MHA) that allows the police to remove a person who appears to be suffering from a mental disorder and is in immediate need of care or control, from a public place to a place of safety, in order to protect their interests or for the protection of others. Once in the place of safety, the individual should receive a mental health assessment, with arrangements made for their ongoing care within 24 hours.

This research explores S136 use in two neighbouring areas that serve a similarly sized population; census data from 2018 records that approximately one third of the 1.1 million population in Black Country (four boroughs) is aged below 24 years (Dudley (population 319,401) 0-15 years 19.3%, 16-24 years 9.8%; Sandwell (population 326,722) 0-15 years 22.6%, 16-24 years 10.6%; Walsall (population 281,888) 0-15 years 21.6%, 16-24 years 10.6%; Wolverhampton (population 260,596) 0-15 years 21.2%, 16-24 years 10.7%). Data from the same year for the Birmingham region describes a population of 1,141,400, with 22.7% of these being aged 0-15 years (population 258,771).

Previous research on this subject includes a study by Eswarvel et al in 2018, which outlines the characteristics of patients aged <18 years admitted to a S136 suite in south-west London. The typical profile included white females presenting with attempted suicide or deliberate self-harm, with a background of mental or behavioural difficulties, abuse and a looked after status. Research suggests that in some areas police may underuse S136, with one study reporting that 40.2% of police constables did not realise it was a police power.

Aim

We aim to compare the use of S136 of the Mental Health Act between the Birmingham and Black Country regions in patients aged <18 years between April 2018 and December 2020.

Methodology

A retrospective cohort study collecting data between 04/2018-12/2020. Data for Birmingham and the boroughs of Walsall/Dudley was obtained from the respective MHA administrators for each region. Data for Sandwell/Wolverhampton was obtained from the CAMHS Crisis Team. Full lists of all S136 detentions for both areas were reviewed separately by two authors (VL and VP) to identify all patients aged <18 years. For each patient, data was collected on age, gender and final outcome following detention under S136 and subsequent assessment. Data was collated and analysed using Microsoft Excel 2016.

Results

In the **Birmingham region** (see Figures 1 and 2), 103 patients were detained under S136. In 2018, 22 patients were detained (8 males, 14 females, mean age 15.36 years); in 2019, 49 patients were detained (20 males, 29 females, mean age 15.51 years); and in 2020, 32 patients were detained (14 males, 18 females, mean age 15.93 years). Of these, 66 were discharged home, 14 were discharged into a social care provision, 1 was admitted to hospital informally and 22 admitted under Section 2 of the MHA.

In the **Black Country region** (see Figures 3 and 4), 25 patients were detained under S136. In 2018, 7 were detained (4 males, 3 females, mean age 16.43 years); in 2019, 8 patients were detained (4 females, 3 males, 1 unrecorded, mean age 16.86 years); and in 2020, 10 patients were detained (4 males, 6 females, mean age 16.11 years). Of these, 2 were admitted informally and 1 under Section 2 of the MHA. The rest were discharged to community services.

Figure 1 – S136 detentions in Birmingham, split by gender (blue = male, orange = female)

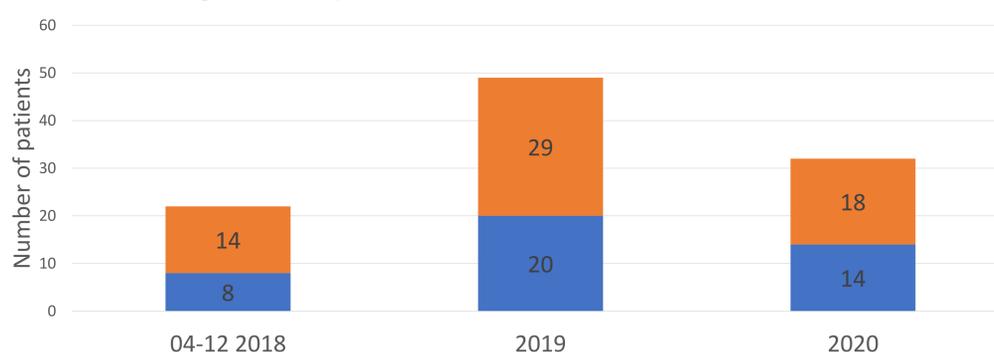


Figure 2 – outcomes for Birmingham S136 detentions

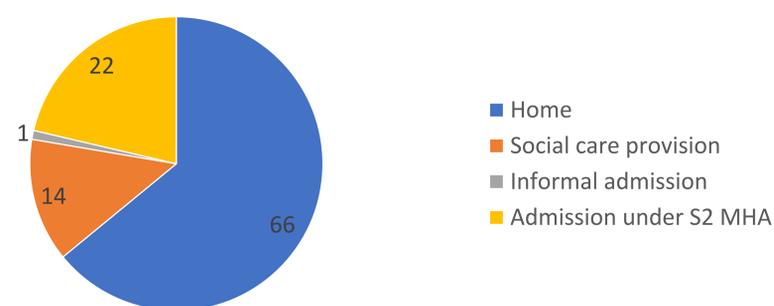


Figure 3 – S136 detentions in Birmingham, split by gender (blue = male, orange = female, grey = unknown)

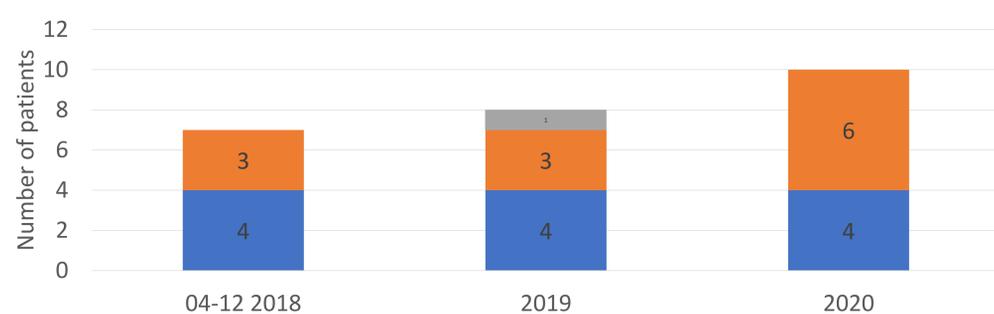
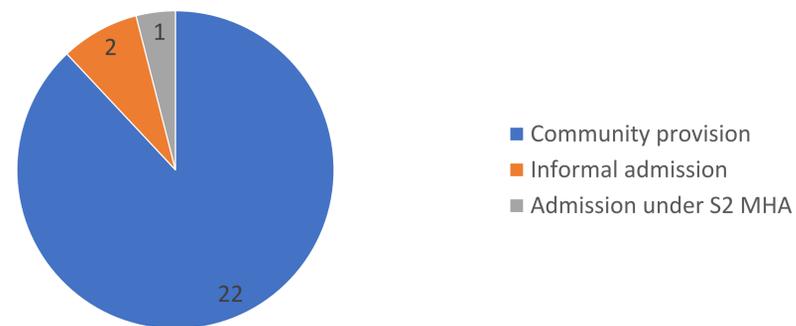


Figure 4 – outcomes for Black Country S136 detentions



Discussion and Conclusion

Although, since April 2020, the four boroughs of the Black Country region are managed by one mental health trust, there are different S136 provisions available in each area. In Sandwell and Wolverhampton, there is a designated S136 suite (Penn Hospital) and a CAMHS Consultant on call, whereas in Dudley and Walsall there is no designated S136 suite and adult Consultant Psychiatrists conduct these assessments. In the Birmingham region there are two S136 suites (one at Parkview clinic and one at Perry Barr police station), with a CAMHS registrar and Consultant on call at all times. The difference in the use of S136 between the two regions, may in part be explained by the influence of these provisions on the polices' perception and use of S136.

The outcome data suggests that a significant proportion of patients <18 years detained under S136 are discharged to a community provision. This raises the question of whether the patients detained under this section of the MHA are appropriately selected, or whether an alternative route for gaining access to assessment and treatment of mental health crises should have been sought. A better understanding of the polices' perception of S136 would be valuable in understanding this – for example, is it perceived to be a rapid route to CAMHS assessment or is its use a symptom of a deficiency in other regional services, for example social care.

This research provides a preliminary observation that S136 use in people <18 years is four times higher in the Birmingham region, compared to the Black Country region, despite both areas serving a similarly sized population. This finding warrants further investigation, and in future research we plan to explore and compare the characteristics of each of the patients' detained under S136 between 2018-2020 in these two regions to inform a deeper discussion of possible reasons for this discrepancy.