Section 136 of the Mental Health Act
Evaluation, Challenges and Future Developments

A retrospective cohort study describing the characteristics of one Mental Health Trust’s admissions under 136

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Section 136 of the Mental Health Act 1983 empowers police to remove a person, whom they believe to be suffering from a mental disorder, from a place to which the public have access, if they deem them to be a risk to themselves or others.
A Unique Section

- Entirely and solely police implemented
- No statutory forms
- Multiple places of safety
- Multiple stakeholders
- Unreliable data
- Discharge process unclear
Place of safety

• Locally designated, not defined
• Local memorandum of understanding
  – Psychiatric hospital
  – Accident and emergency
  – Police station
Current Context in UK

- Section 136 in headlines
- Police cells holding more than 9,000 mentally ill people a year
- 7000 136s in 2009......15000 in 2012
- NO increase in numbers admitted or detained

- http://www.bbc.co.uk/news/uk-22979198
Mentally ill people held by police too often - watchdogs

Too many mentally ill people are being held in police cells, say four watchdog bodies in England and Wales.

A report from the four bodies covering police, prisons and care called for a rethink of how powers are used to detain people in a "place of safety".

Some of those who were detained were as young as 14.

Current guidance says police should take the mentally ill to a hospital or similar location in all but exceptional circumstances.

But the report, from Her Majesty's Inspectorates of Constabulary and Prisons, the Care Quality Commission and the Healthcare Inspectorate Wales, said detention in police cells was far from exceptional.

Claire Greaves "It is a place for criminals, not people who are feeling ill"
Evaluation

• Springfield 136 suite
• One 136 suite for 5 boroughs
• Serving 1 million people
Section 136 procedure

• 6 hour target for assessment
• Seen by junior doctor
• Then assessment AMP and 2 Sec 12 doctors
• Nurse from PICU taken off ward to be with “patient”
Original study

- Electronic note review
- Demographics
- Reason for 136
- Alcohol/ drugs
- Outcome
- ?repeat admission
Results

• 245 people, 276 assessments
• 57% men
• 71% white
• Age 37.2 (15-83)
• 45% threats self harm
• 44% intoxicated
• 61% previous admission or 136
# Reasons for section 136

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat of self-harm</td>
<td>100</td>
<td>40.8</td>
</tr>
<tr>
<td>Bizarre behaviour</td>
<td>50</td>
<td>20.4</td>
</tr>
<tr>
<td>Combination</td>
<td>32</td>
<td>13.1</td>
</tr>
<tr>
<td>Actual self-harm</td>
<td>29</td>
<td>11.8</td>
</tr>
<tr>
<td>Violence towards others</td>
<td>28</td>
<td>11.4</td>
</tr>
<tr>
<td>Violence towards property</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.8</td>
</tr>
</tbody>
</table>
## Alcohol

<table>
<thead>
<tr>
<th>Evidence of Intoxication</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>81</td>
<td>33.1</td>
</tr>
<tr>
<td>Drugs</td>
<td>14</td>
<td>5.7</td>
</tr>
<tr>
<td>Combination</td>
<td>13</td>
<td>5.3</td>
</tr>
<tr>
<td>No</td>
<td>137</td>
<td>55.9</td>
</tr>
</tbody>
</table>

Men more likely to be intoxicated
Patients more likely to be sent home if intoxicated ($\times 1.59$ $p = <0.05$)

22 repeat presentations (2-5 over 6 months)
78% of these intoxicated

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Case 1

- 38-year-old gentleman from Afghanistan
- agitated and aggressive at a police station.
- threatening towards police officers.
- responding to external stimuli, talking to himself.
- No alcohol/ drugs
- Assessed as acute psychosis
- Admitted section 2
Case 2

• 44 year old unemployed Caucasian woman, 2 children
• Police called to her house after assault on husband.
• Calm on assessment
• Husband reported she had history of anxiety and depression, abusive towards him
• Not detained or admitted; social services was contacted
Case 3

- 28 year old unemployed male
- Called ambulance said he was suicidal
- Intoxicated with alcohol
- Previously been admitted under S136 of the Mental Health Act
- Known to liaison psychiatry teams after self-reporting to various A&E departments.
- History of depression, alcohol, Liver disease
- Assessment was delayed as the patient intoxicated
- On sobering up not suicidal and said had not meant to call emergency services.
- Discharged home
A comparison of reasons for detainment - intoxicated versus non-intoxicated patients

percentage of patients (%)

Threat to self harm
Actual self harm
Bizarre behaviour
Violence towards others
Violence towards property
Other
Combination

intoxicated
not intoxicated

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# Outcome of assessment

<table>
<thead>
<tr>
<th>Outcome of assessment</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>135</td>
<td>55.1</td>
</tr>
<tr>
<td>Informal Admission</td>
<td>38</td>
<td>15.5</td>
</tr>
<tr>
<td>Section 2</td>
<td>65</td>
<td>26.5</td>
</tr>
<tr>
<td>Section 3</td>
<td>5</td>
<td>2.04</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.82</td>
</tr>
</tbody>
</table>
Summary Results

• Threats to self-harm was the most common reason for 136 (n=100, 44.8 percent)
• 108 (44.1 percent) were found to be intoxicated
• Intoxicated patients had longer assessment times and a decreased likelihood of admission to hospital (p<0.005).
The challenges

- Since this rates have risen further- by 37%
- Levels above capacity, reflected across country
- Local difficulties with police
- Guidelines
  - HM inspector constabulary/ prisons/ CQC
  - Royal college psychiatrists
  - ACPO
  - D o H

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Guidelines/ Framework

ACPO

CQC

RCPsych

A and E

D of H

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CQC MHA 2013

- Only 17% of 136 detained
- Critical of exclusion of intoxicated patients

“In this way, local targets for the completion of assessments, while useful in themselves, may lead to greater exclusion of more difficult presentations. This leads to the use of police cells”
Further challenges

• Voluntary presentations
• Alcohol and drugs
• Criminal offences
• Illegal detentions
  – “step outside please sir”
  – Public place??
  – Use of MCA
Mental Health Partnership Board

- Action plan
- Flow chart
- Suggests intoxicated are seen in A and E
- Assessment by section 12 approved doctors
Future directions

• Police training...
• Brief alcohol interventions
• £10 000 secured for trial of BAI
• Street triage ? With local home treatment teams
• “Drunk” tanks/ buses
• Self presentations

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Nurses to join police on mental crisis call-outs in Street Triage Scheme

Health Minister Norman Lamb today reveals how he hopes the initiative will help end the stigma that mentally ill people often face.
...commissioning
Thank you
Questions