



# **WHAT IS A MENTAL HEALTH CRISIS?**

## **Insights from Section 136 in Sussex**

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# Section 136 of Mental Health Act (1983)

Removal of a person, by the police, from a public place to a **place of safety** when that person is deemed to present an **immediate need of care or control** owing to **mental disorder**

A person can be detained under Section 136 for up to 72 hours so that they can be assessed by an approved mental health professional (AMHP) and psychiatrist

Detention is to a recognised Place of Safety- preferably S136 suite in hospital but can also be designated police custody suites

# S136 detentions in UK

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/202/20204.htm>

## People detained under s136 and taken to a place of safety

Year	Total	Police cell	Health
2011-12	25,000	9,000	16,000
2012-13	22,834	7,761	15,073
2013-14	24,489	6,028	18,461

## Most people detained under s. 136 in a police cell

Police force	2013-14	2012-13
Sussex	855	941
Devon & Cornwall	765	790
Avon and Somerset	420	646
West Yorkshire	380	673
Hampshire	340	593

# What is a mental health crisis?

means that a person is in a mental or emotional state where they need urgent help.

Mental health crises may take many forms from extreme panic attacks, psychotic episodes (including hallucinations, hearing voices), other behaviour that seems out of control or irrational and that **is likely to endanger the self or others.**

(Mind, 2011)

# Research methods

**1. Access to jointly collected S136 detention statistics and secondary analysis of anonymised detentions from Jan – Dec 2012**

**2. Qualitative data collection:**

- In depth interviews with adults detained in 2012

- Over 200 hours of observations, interviews & focus groups with:

**79** Police officers - Chief Constable, custody sergeants, response officers

**160** NHS and allied health professionals – managers, nurses, psychiatrists, AMHPs, A&E staff, paramedics

local authority and voluntary sector: Councillors and PH officials

coastguards, Samaritans, BH chaplains, Grassroots, MIND, ReThink, YMCA

The project was incorporated into the National Institute for Health Research portfolio and was approved by City Road & Hampstead NHS Ethics Committee (Ref 12 LO 2031)

# Sussex S136 'Place of Safety' Provision



● - Police Custody Suites      ● - NHS Section 136 Suites

# What is a mental health crisis?: differing values

‘Sussex Police use 136 because its easier than arresting drunks’ (NHS psychiatrist)

‘All too often mental health professionals don’t recognise vulnerability- being suicidal is not a mental health problem apparently’ (Sussex Police response officer)

‘If you found me on the street with a broken leg, would you put me in prison?’ (Sonia, interviewee aged 23)

# S136 detentions in Sussex 2012: the headlines

**WHO?** 1,421 adult detentions but 1142 people

**WHERE?** 65% detained in police custody 34% in NHS PoS

**WHEN?** 81% detained 'out of hours'

**WHY?** 82% recorded as 'suicidal'

# Characteristics of people in 2012 dataset and Interview Participants

## Characteristics of all detained in 2012

### Gender:

Male	683 (60%)
Female	458 (40%)

### Age:

Range	18 – 86
Average age	38

### Area of Residence:

Brighton	210 (18%)
East Sussex	214 (19%)
West Sussex	380 (33%)
Out of Area	172 (15%)
No Fixed Address	24 (2%)
Unknown / Not stated	142 (12%)

## Characteristics of Interviewees

### 14 Females (*Average age 35*)

3 Brighton & Hove  
 5 East Sussex  
 2 West Sussex  
 4 Out of Area

### 12 Males (*Average age 47*)

2 Brighton & Hove  
 4 East Sussex  
 3 West Sussex  
 3 Out of Area

### 5 Females from alternative pathways (*Average age 49*)

3 East Sussex  
 1 West Sussex  
 1 Out of Area

# What is a mental health crisis?: s136 as 'epiphany'

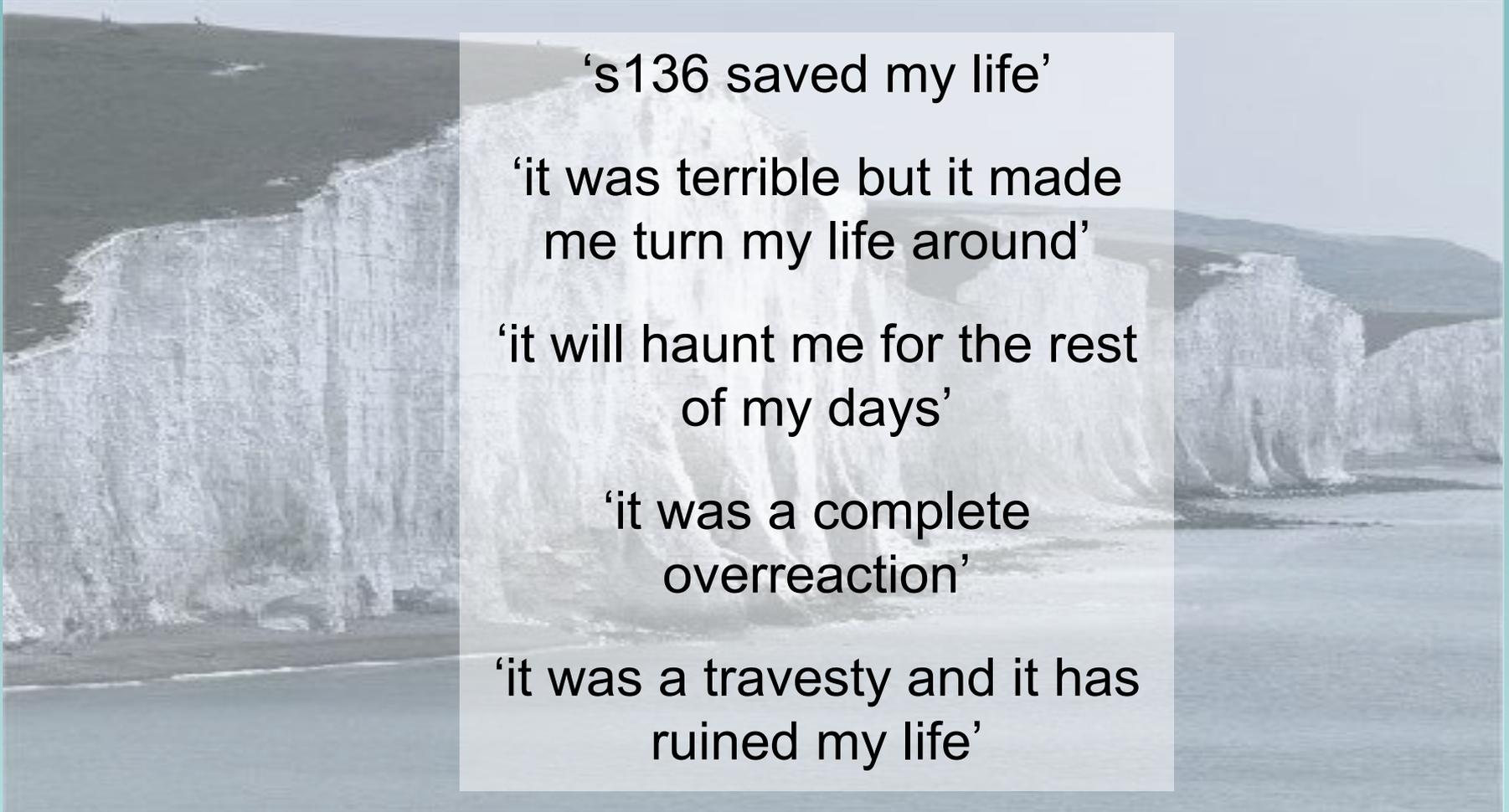
's136 saved my life'

'it was terrible but it made  
me turn my life around'

'it will haunt me for the rest  
of my days'

'it was a complete  
overreaction'

'it was a travesty and it has  
ruined my life'

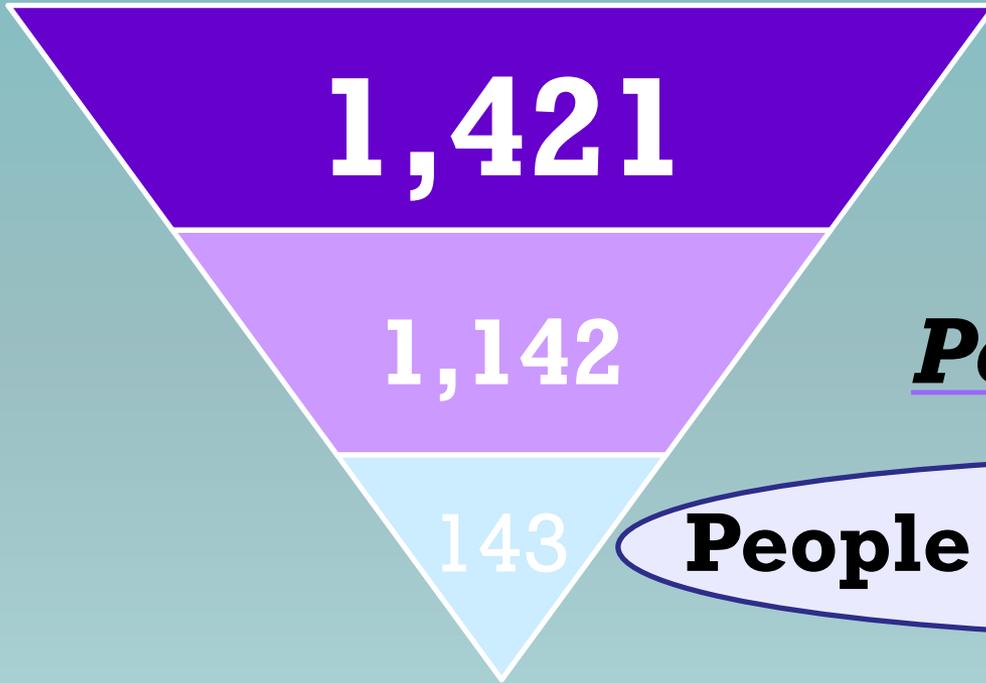


# Dual diagnosis

## **Common characteristics:**

- Serious suicide attempt
- Alcohol used to alleviate symptoms
- Sought help for anxiety before s136
- Felt that refusal of help escalated impulsivity and desperation
- Diagnosed as bipolar after suicide attempt

# 12 Months in Sussex



**Detentions**

**People detained**

**People repeatedly detained**

# Repeated 136 detentions

## Common characteristics

Female

History of sexual abuse or violence

Diagnosis of PD (borderline anti-social)

Dissociative episodes/'out of body'

Disenfranchisement from MHS

Prefer 'being handled' by police

Highly stigmatised and socially isolated

(Over 30's)

Downward mobility

Comorbidity/ physical health problems

# Complex needs and pathways

## **What is a MH crisis?**

- a person is in a mental or emotional state where they need urgent help

## **s136 as suicide prevention?**

- alternatives preferable for most BUT s136 may be only strategy for some

## **as a barrier to help seeking?**

- 24/7 MH & SMS liaison expertise in A&E / 999 and 111

## **PD/ PTSD/vulnerability/ complex needs**

- repeated detentions

## **Joint agency working/ shared responsibilities/ peer support**

# Sussex Street Triage Pilot

Sarah Gates & Alun Stere-Jones

Total avoidance of 1206  
s136 detentions across  
East and West Sussex  
since the Sussex pilot  
began in 2014

Preventative work around  
incidents involving  
homelessness, SMS and  
LD are also undertaken  
and recorded.



# Pre & Post Street Triage (case example)

Detained by police on section 136

Placed in a cell in police custody

Taken to 136 suite at hospital



MHA assessment in PoS

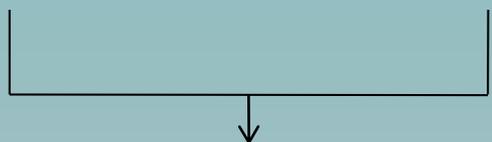
Discharged from 136 with referral to CRHT for Home Treatment

Assessed by CRHT

Home treatment provided by CRHT

MH assessed by the ST team

Immediate treatment arranged with CRHT



# Experiences of Street Triage

“An officer and a mental health team member visited me at home... they were helpful and friendly. They made me feel at ease.”

*Service User*

“It’s definitely the way forward.”

*Street Triage Nurse*

“I don’t think any police officer joining the police would realise how much time is spent dealing with mental health...”

*Response Officer*

“Nobody has a bad word to say about it. I was sceptical at first but it’s unbelievable the amount of time it’s saved. We have to keep it. ”

*Response Officer, Street Triage*

“100% they need to keep it and they need to roll it out amongst other forces.”

*Street Triage Response Officer*

# Changes in detention patterns since 2012

	Year		Percentage change
	2012	2015	
Number of detentions to <b>Police custody</b>	984	188	<b>-80%</b> ↓
Number of detentions to <b>Health-based suites</b>	437	775	<b>+77%</b> ↑
<b>Total Detentions</b>	<b>1421</b>	<b>963</b>	<b>-32%</b> ↓

# What works? Input from lived experience

- Street Triage Pilots in E&W Sussex
- Expansion of BURS to MMHRS (24/7 rapid response mental health referral service in A&E in B&H)
- Alternatives to Section 136 PoS for those at lower risk of immediate harm such as the Place of Calm (Eastbourne) and Sanctuary (Hastings) & Alternative Place of Safety (APoS) in partnership with Richmond Fellowship
- PD interventions Lighthouse (Hove) & Bluebell
- Recovery Colleges and SMS support through Pavilions BHT and Sussex Oakleaf
- Policy changes re use of custody – Sussex Police initiated complete ban on use for YP now national

# #Stay Alive

## A suicide prevention pocket resource for the UK

Stay Alive offers help and support both to people with thoughts of suicide, and to people concerned about someone else.

### Features include:

- Quick access to national crisis support helplines
- Strategies for staying safe from suicide
- How to help a person thinking about suicide
- A mini-safety plan
- A LifeBox to keep images reminding the user of their reasons to stay alive
- Suicide myth-busting

### #StayAlive suicide prevention app

To download the app visit your phone's app marketplace.

6 JULY 2015, BIRMINGHAM

**PATIENT  
SAFETY**  
AWARDS



**WINNER**



**GRASSROOTS**  
SUICIDE PREVENTION



# Impact: Input into National Agenda

**Health Crisis Care Concordat Team SE Strategic Clinical Network**  
Input into development of SCN document (single point of access for emergency MH care)

[https://www.secn.nhs.uk/files/4114/4172/5247/SE\\_MHD\\_strategic\\_commissioning\\_guidance\\_1617\\_FINAL.pdf](https://www.secn.nhs.uk/files/4114/4172/5247/SE_MHD_strategic_commissioning_guidance_1617_FINAL.pdf)

Participation in **Department of Health and Home Office Academic Roundtable for the review of the operation of Sections 135 and 136 of the Mental Health Act 1983.**

<https://www.gov.uk/government/consultations/review-of-the-operation-of-sections-135-and-136-of-the-mental-health-act>

**Achieving Better Access to Mental Health Crisis Care**

National Collaborating Centre for Mental Health consultation feeding into Government policy and NICE guidelines for emergency mental health care (Part 1 Blue Light and Part 3 Community) from Jan 2016

<https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>

## Personality Emergency Mental Health Care and Complex Needs: Our Vision

The Personality, Emergency Mental Health Care and Complex Needs theme has as its vision to develop programs of research that enhance the quality of life of individuals with life long psychological struggles, individuals in crisis and individuals with needs that are complex (either due to issues of comorbidity, because of the context in which they occur, or because at present psychological treatment outcomes are poor such as those with anorexia nervosa).

Co- Leaders Helen Startup Gillian Bendelow

# Thank You

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