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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Police cell</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>25,000</td>
<td>9,000</td>
<td>16,000</td>
</tr>
<tr>
<td>2012-13</td>
<td>22,834</td>
<td>7,761</td>
<td>15,073</td>
</tr>
<tr>
<td>2013-14</td>
<td>24,489</td>
<td>6,028</td>
<td>18,461</td>
</tr>
</tbody>
</table>

Most people detained under s. 136 in a police cell

<table>
<thead>
<tr>
<th>Police force</th>
<th>2013-14</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sussex</td>
<td>855</td>
<td>941</td>
</tr>
<tr>
<td>Devon &amp; Cornwall</td>
<td>765</td>
<td>790</td>
</tr>
<tr>
<td>Avon and Somerset</td>
<td>420</td>
<td>646</td>
</tr>
<tr>
<td>West Yorkshire</td>
<td>380</td>
<td>673</td>
</tr>
<tr>
<td>Hampshire</td>
<td>340</td>
<td>593</td>
</tr>
</tbody>
</table>
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


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
‘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)
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO?</td>
<td>1,421 adult detentions but 1142 people</td>
</tr>
<tr>
<td>WHERE?</td>
<td>65% detained in police custody 34% in NHS PoS</td>
</tr>
<tr>
<td>WHEN?</td>
<td>81% detained ‘out of hours’</td>
</tr>
<tr>
<td>WHY?</td>
<td>82% recorded as ‘suicidal’</td>
</tr>
</tbody>
</table>
### Characteristics of people in 2012 dataset and Interview Participants

#### Characteristics of all detained in 2012

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>683 (60%)</td>
</tr>
<tr>
<td>Female</td>
<td>458 (40%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td>18 – 86</td>
</tr>
<tr>
<td>Average age</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area of Residence:</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton</td>
<td>210 (18%)</td>
</tr>
<tr>
<td>East Sussex</td>
<td>214 (19%)</td>
</tr>
<tr>
<td>West Sussex</td>
<td>380 (33%)</td>
</tr>
<tr>
<td>Out of Area</td>
<td>172 (15%)</td>
</tr>
<tr>
<td>No Fixed Address</td>
<td>24 (2%)</td>
</tr>
<tr>
<td>Unknown / Not stated</td>
<td>142 (12%)</td>
</tr>
</tbody>
</table>

#### 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
Detentions

1,421

1,142

143

People detained

People repeatedly detained

12 Months in Sussex
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.
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

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
<td>2015</td>
</tr>
<tr>
<td><strong>Number of detentions to Police custody</strong></td>
<td>984</td>
<td>188</td>
</tr>
<tr>
<td><strong>Number of detentions to Health-based suites</strong></td>
<td>437</td>
<td>775</td>
</tr>
<tr>
<td><strong>Total Detentions</strong></td>
<td>1421</td>
<td>963</td>
</tr>
</tbody>
</table>
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.
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)

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.

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
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 lifelong 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

• To the British Academy/ Leverhulme for funding the Fellowship
• To Sussex Partnership Trust
• To the Mental Health Research Network, the Lived Experience Advisory Forum & SPFT R&D
• To all the dedicated and hard working front line emergency services
• To all the brave people who told us about their experiences of S136

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