

POLICING THE AFTERMATH OF ACES: PUBLIC HEALTH APPROACHES TO REDUCE HIGH FREQUENCY REPEATED DETENTION UNDER SECTION 136 OF THE MENTAL HEALTH ACT (ENGLAND)

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Tuesday 22 October 2019

Trauma and Adverse Childhood Experiences I



**Economic
and Social
Research Council**



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Acknowledgements

Each participant who generously shared their time and experiences

The lived experience consultants who guided my analysis

Sussex Police & Sussex Partnership NHS Foundation Trust

Professor Gillian Bendelow, Professor Phil Haynes, Dr Julia Stroud

The Wellcome Trust
& Economic & Social Research Council



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Police mental health detentions

- **Section 136 (Mental Health Act England & Wales)**
Police power to detain a person deemed to present an immediate risk of harm to self or others owing to their apparent mental health
- **General increase in detentions**
2011/12 – 25,000 ⁽¹⁾
2017/18 – 29,662 ⁽²⁾
- **Recognised link to suicide prevention**
Around 80% of detentions^(1,3)



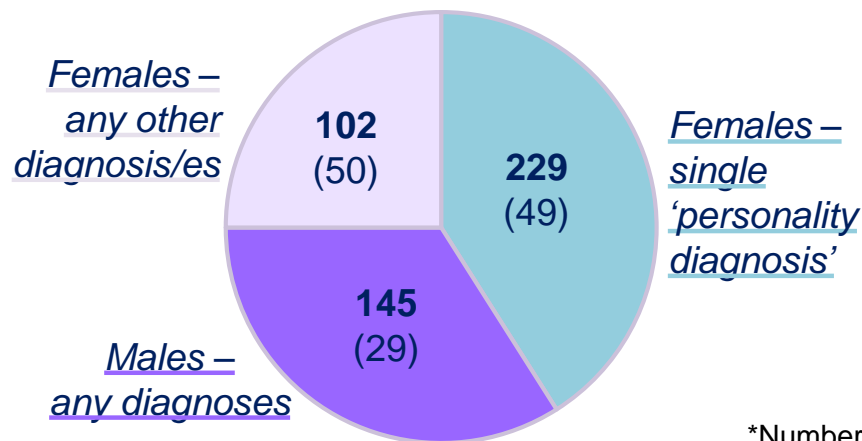
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Repeated detention findings

Nationally – recognised; **Regionally** - $\frac{1}{3}$ of detentions;
Locally - confirmed links to suicide (92%);
Females (77%); & ‘diagnosis’ of personality disorder (61%)



*Numbers indicate:
Detentions
(Individuals)



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Lived experience of recurrent detention

“Everything was falling apart” (Emma)

Heather: *“Apparently I have ‘the wrong sort of trauma’...*

*The police are the only people who **have** to do something. They can’t leave you. So I have really mixed feelings on 136...*

Everything that happens is merely a sticking plaster until the next 136. They know it. I know it; [so] half of me wants some help, the other half wants to be dead.”



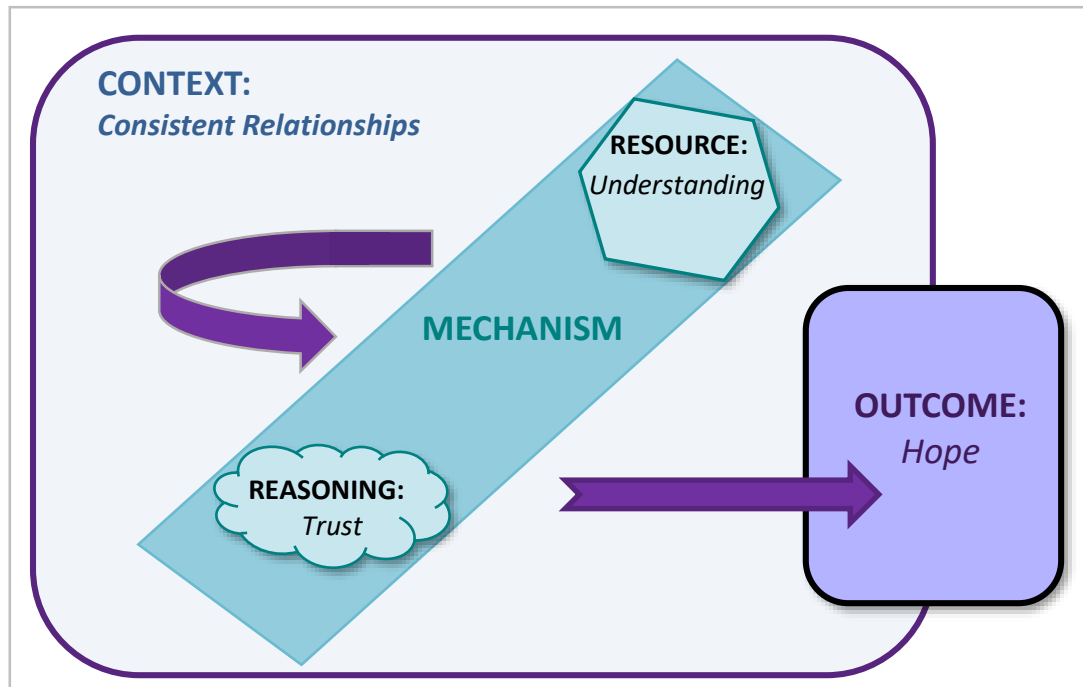
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Repairing the impact of ACEs

Proposed Model - Reducing Repeated Detention⁴



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Conclusion & next steps

- **Always Available Community**

“they work as a team. Know you as a team. And that makes me feel a lot safer. That makes me feel listened to. I feel supported.” (Anna)

- **Public health (whole system) approach**

Consistent care employing multiagency work that puts the person in need at the centre

ESRC fellowship: *“Pathways from repeated detention”*

Testing & refining the model of repeat detention

Evidencing best practice interventions



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Thank you



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