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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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)
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)
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.”
Repairing the impact of ACEs

Proposed Model - Reducing Repeated Detention

CONTEXT: Consistent Relationships

MECHANISM

RESOURCES:
- Understanding

REASONING:
- Trust

OUTCOME:
- Hope

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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
References


Thank you