

Police and Health Operational Staff Perspectives on managing detainees held under Section 136 of the Mental Health Act: A Qualitative Study in London

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In the News...

Police 'picking up pieces of mental health system', says watchdog

More than half of patients who need to be taken to hospital are picked up by a police car

Vikram Dodd Police and crime correspondent

Tue 27 Nov 2016 00:01 GMT



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▲ 'All too often, the system is failing people when they must need help,' said the report's author Zoë Billingham. Photograph: Alamy

Overstretched police forces are having to "pick up the pieces of a broken mental health system" on top of tackling crime, the emergency services watchdog has found.

More than half of all mental health patients who need help in a place of safety are taken there in a police car rather than an ambulance, according to Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services.

The Metropolitan police (MPS), the UK's largest force, **deals with a mental health call** once every four minutes, and sends an officer just to deal with mental health issues once every 12 minutes.

Some health professionals are telling patients in need to call the police in order to beat long NHS waiting lists, the report said.

The watchdog said police were being dragged away from their actual job because officers were **making up for gaps left by medical experts** as a

Police

Police say they are becoming emergency mental health services

Chiefs blame cuts in psychiatric care for 50% rise in detentions under Mental Health Act



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3,789

Vikram Dodd Police and crime correspondent

Sunday 9 October 2016 21:00 BST



Police will get a minimum of two days of training on mental health issues, with some officers getting more. Photograph: Steve Phillips/Alamy

What is Section 136?

- Requirement under 1983 Mental Health Act amended by the Policing and Crime Act, 2017
- Person “suffering from a mental disorder” detained “in the interests of that person or for the protection of other persons”
- Within a “public place” only
- Person taken to a “place of safety” – Mental Health hospital or Emergency Department for assessment (no longer police stations)

Controversies

- Lack of police awareness of mental health; issues with operational practice
- Police custody and Emergency Departments inappropriate
- People turned away and waiting too long
- Quality of mental health treatment (CQC inspections)

Mental health

Detention of mentally ill people in police cells needs to end, say MPs

'These people are not criminals,' says home affairs committee chairman Keith Vaz of the more than 6,000 detained last year



 This article is 2 years old

 
322 43

Alan Travis, home affairs editor

Friday 6 February 2015 00.01 GMT



Study Aims/Method

- Probe interface between police and health/social services to derive emergent themes
- 196 in-depth interviews with police and health/social services involved in the detention, conveyance, assessment and treatment of detainees
- Interviews analysed using 'Framework' method (Ritchie & Lewis, 2003) to identify themes
- Findings tested and refined by Delphi group of professionals (police, mental health)

Background to the Study: London

- **National Crisis Care Concordat (2014) aimed to create 'whole system' integrated approach**
- **BUT...in London it takes 2 hours to convey a person to an NHS place of safety**
- **Multiple points in the S136 process with up to 10 separate organisations involved**

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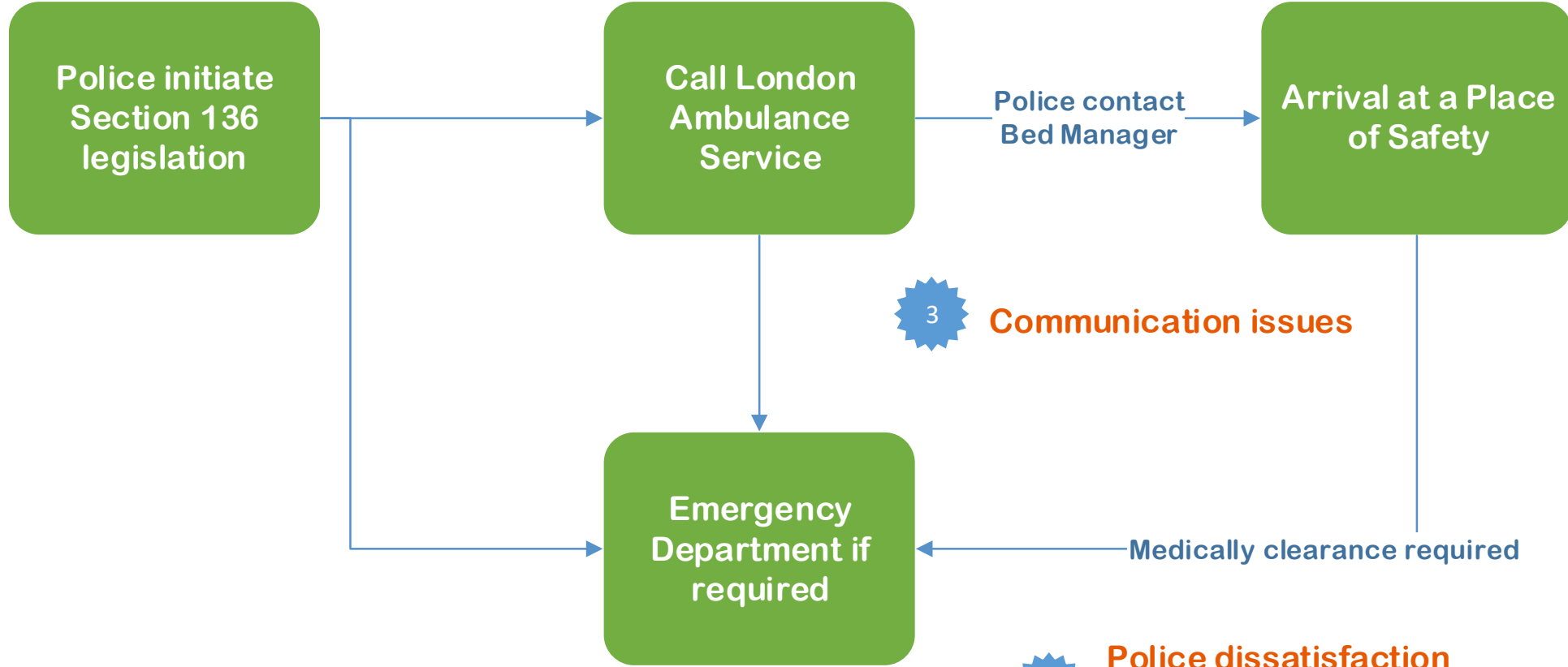
Stigma of mental health

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Length of Wait

4

Making arrangement if bed is full can be variable



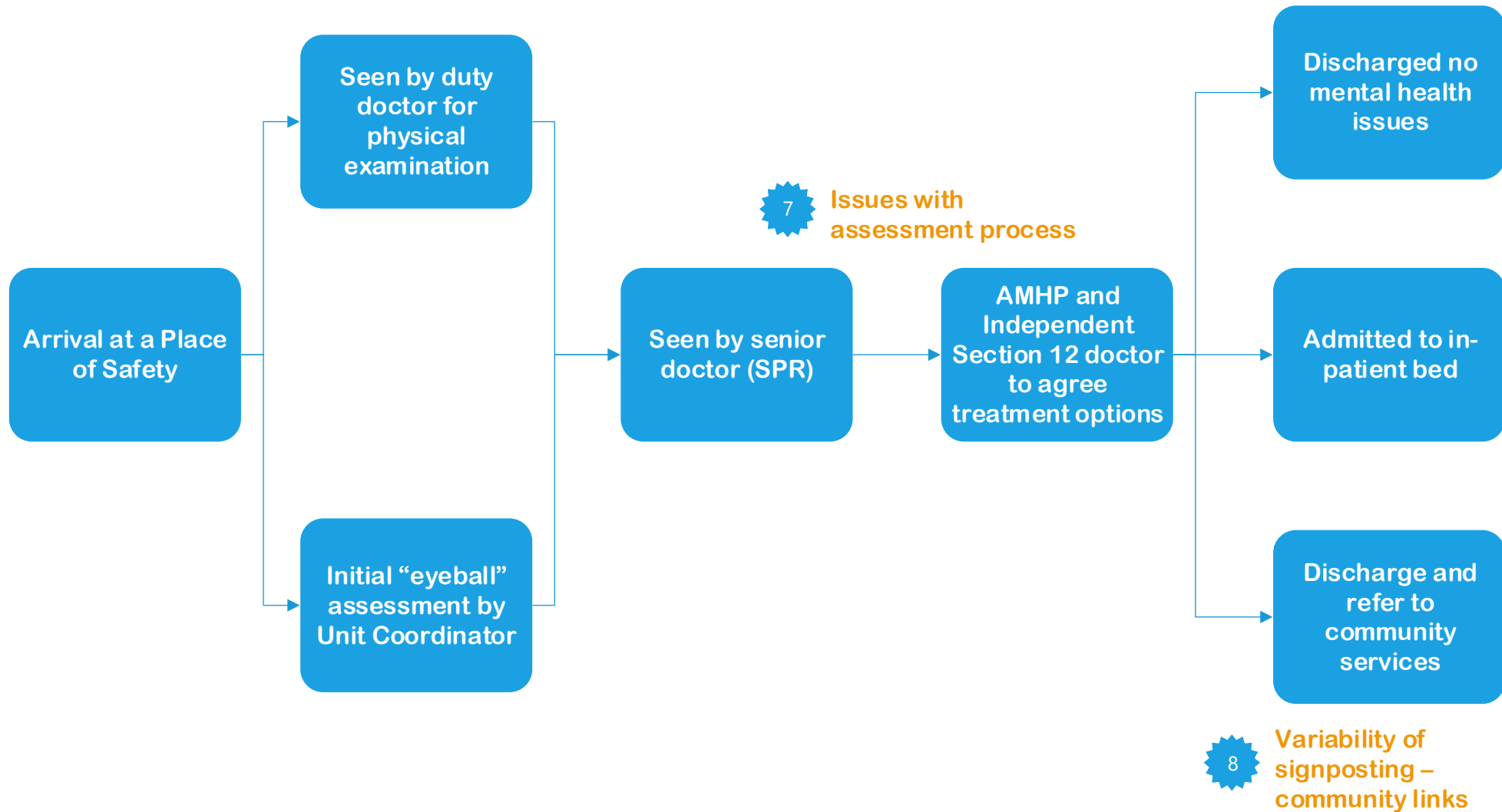
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Communication issues

5

Police dissatisfaction with low threshold of "medically cleared"

6 Importance of initial engagement



Detainee Perspectives

- The detention process 'frames' the detainee response to treatment
- Detention process is one episode, but have fragmentary recall
- Detainees confused/angry over time to access services
- Multiple assessment points that are 'cold' and 'clinical'
- Importance of therapeutic interactions by ALL actors during the detention process (Sondhi et al, 2018)

‘Defensive’ Risk (Reuveni et al, 2017; Studdert et al, 2005)

‘Assurance behaviours’ & ‘Positive defensive medicine’

- Risk to detainee (self-harm/suicide)
- NHS staff (violence)
- Public (violence)
- Organisational risk (reputational)

Risk Factors

Risk Factor	Issue	Issue	Response for Police
Clinical misdiagnosis	“Medically cleared”	Some symptoms similar to physical conditions e.g. head trauma/ Parkinson’s	<ul style="list-style-type: none"> • Refused entry • Police take detainee to acute services • ‘Dead time’
Drugs and alcohol	<ul style="list-style-type: none"> • Criteria for admission • “Medically cleared” • Withdrawal • Overdose threat 	<ul style="list-style-type: none"> • Cannot be admitted if intoxicated • Masks other conditions • Acute withdrawal require specialists • Interactions with medications • Uncertainty new drugs trends (‘spice’, ‘party drugs’) 	<ul style="list-style-type: none"> • Refused entry • Police take detainee to acute services • ‘Dead time’

Risk Factors

Risk Factor	Issue	Issue	Response for Police
Staff Safety	Aggressive, violent, uncooperative behaviours	Violence to staff	<ul style="list-style-type: none"> • Refused entry • Police 'manage' detainee
NHS culture 'procedures'	Follow 'rules driven' approaches	<ul style="list-style-type: none"> • Staff safety • Misdiagnosis • Risk to career if process not followed 	Tension between police and health perceptions of detainee need and what is an appropriate response
NHS Staffing	<ul style="list-style-type: none"> • Reliance on agency staff • Ward staff transferred to S136 suite • Attitudes to some detainees (e.g. drug users) 	<ul style="list-style-type: none"> • Uncertain how to manage detainees • Default to rules and procedures • Detainees more likely to disengage • Detainees stigmatised 	<ul style="list-style-type: none"> • Police manage 'difficult' patients • Manage AWOL

'Defensive' Risk: Health

Drugs and Alcohol

"We' ve done a breathalyser and they' re actually two and half times over the legal limit. We then say good, actually we' re not going to come out, give us a call back in two hours. What' s the point of going out to undertake an assessment for somebody who' s completely bladdered."

(Approved Mental Health Professional)

'Defensive' Risk: Health

“Fear”: Assurance Behaviours

“ I’ ve had situations where they’ re saying they [detainee] don’ t have a mental disorder, they’ ve got anxiety and depression and the [detainee] wants to leave and think they should go. The SHO wanted to call the SPR (specialist registrar) or Section 12 (doctor). They’ re just a bit intimidated or frightened and want someone a bit more senior, so when I got there the person clearly did not have a mental disorder, but they still felt the person should be in hospital”

(Approved Mental Health Professional)

'Defensive' Risk: Health

Fear of certain groups: 'Positive Defensive'

"There are some very good mental health services and there are a lot of people in the old mindset of 'if it's drugs and alcohol, it's not mental health. No, we don't want it"

"The heroin addicts are the worst. They are just horrible, nasty people really manipulative always trying to get something over you. It can be hard to [treat] them but you just have to swallow your pride. If I had my way, I wouldn't work with them."

(Mental Health Staff)

'Defensive' Risk: Police

Police take the 'rap' for detainee suicide or self-harm

"We're responsible for that individual, really we're the only ones who are under the pressure and the scrutiny to make sure that they get to where they need to get to. Nobody else is going to be criticised for the length of time it takes or if something goes wrong or if they're injured while they're in our care, it's on us. Nobody else really has the same amount of concern that the individual officer has."

[Metropolitan Police Officer]

'Defensive' Risk: Police

The real backstop

"There's literally no one left to do it. What else can we do? Everyone can finish their shift and go home, job done. We have to make sure no one does anything stupid because they [other NHS services] all know we are there 24-7 to pick up the pieces."

[Metropolitan Police Officer]

Final Thoughts

- **The detention process pivotal as it frames detainee experience**
- **Detention process driven by fear of error/attitudes to detainees**
- **We argue that the Section 136 detention process is an ineffective model for managing detainees with mental health need**
- **NHS and Police need to balance concepts of ‘risk’ with a greater emphasis on therapeutic engagement**