

Institution: University of Brighton		
Unit of Assessment: C20 Social Work and Social Policy		
Title of case study: Reducing police detentions of vulnerable persons under Section 136 of the Mental Health Act		
Period when the underpinning research was undertaken: 2012 – 2016		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Gillian Bendelow	Professor of Sociology of Health and Medicine	2014 – 2019
Claire Warrington	Research Fellow	2019 – to date
Period when the claimed impact occurred: 2013 – 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>University of Brighton (UoB) research into the controversial use of police powers to detain people under Section 136 of the Mental Health Act 1983 (England and Wales) contributed to national guidelines and new legislation (Policing and Crime Act, 2017) that changed the operation of Section 136. A collaborative research programme involving Sussex Partnership NHS Foundation Trust (SPFT) and Sussex Police saw detentions reduce by one third across Sussex, benefitting emergency service personnel and those experiencing mental health crises. The county-wide roll-out of the ‘Street Triage’ scheme introduced on-the-spot emergency mental health care, often avoiding the need for detention and reducing service costs. By 2018 Street Triage had extended to 42 of England and Wales’ 43 police forces.</p>		
2. Underpinning research		
2.1 National context and development of the core research		
<p>National suicide rates increased steadily throughout the austerity era and the burgeoning crisis in emergency mental health care prompted major national concern. Annual rates of detention under Section 136 (s136) of the Mental Health Act, the highly controversial police power of detention, escalated from less than 18,000 in 2005/6 to more than 25,000 in 2011/12, prompting growing scrutiny. Ethical questions surrounding the potential stigma and negative psychological effects of police involvement in mental health emergencies were coupled with growing calls for alternatives to counter the unrealistic expectations placed on already strained police services. Sussex became a primary concern with the highest national rates of s136 use. This led to a Sussex-focused programme of work, resulting in evidence-based recommendations of relevance to both local and national agendas [reference 3.1].</p> <p>Earlier research piloted by Professor Gillian Bendelow suggested that outside London and other large urban conurbations, s136 had long been the default response for police to manage highly distressed members of the public when no other services were available. The research considered the effects of police detentions under s136, and the relative merits of an emergent Street Triage scheme, piloted with the support of a GBP2,000,000 Department of Health investment [3.1, 3.2]. The research involved a wide range of stakeholders at all stages of the work and investigated current practice to challenge the simplistic assumptions around the high rates of s136 detentions across Sussex. The research was funded initially by a British Academy Senior Research Fellowship awarded to Bendelow in 2013 prior to moving to UoB at the start of 2014, where the greater part of the project was completed with funding awarded by the National Institute for Health Research (NIHR) Mental Health Network [3.4]. The research combined analysis of secondary data with in-depth qualitative interviews, focus groups and observations that gave prominence to the lived experience of those who had previously been detained.</p>		
2.2 Key findings and research outcomes		
<p>Interviews with almost 300 people (police, service users, healthcare professionals as well as people who had been detained) and more than 200 observation hours of live incidents</p>		

generated a rich dataset. Analysis of the secondary data revealed 80% of all the s136 detentions (n=1,421) across Sussex in one year took place 'out of hours' and appeared to be a compassionate means of suicide prevention in the face of no available alternative. Reinforcing this finding, 81% of those detained were deemed by police to pose an immediate risk to self through suicide or severe self-harm and many interviewed in the study had sought help from other sources before the incident [3.1, 3.2]. A key finding was that 30% of all s136 incidents were individuals being detained repeatedly, considerably inflating the total number of detentions. Individuals detained with high frequencies described being disenfranchised from mental health services, often having a diagnosis of personality disorder and many disclosing histories of trauma, such as sexual abuse. Some individuals felt that the police were the only people who saw them as 'human beings' and who responded to their distress, praising officers' compassion as opposed to being treated as a diagnosis or 'nuisance' by mental and physical health professionals. The research also highlighted the use of alcohol being one of the biggest barriers to receiving help before escalating to crisis. This appeared to be a significant reason for detentions to police custody rather than NHS Place of Safety Suites, as some custodians of these suites refused to admit anyone who had used alcohol at all. Whether or not previously known to Substance Misuse Services (SMS), many in this position had been referred back to SMS even when in crisis, despite some of those specialist services having waiting lists at the time of over three months [3.1, 3.2].

Analysis of the lived experience data revealed that s136 was almost exclusively experienced as an appropriate 'life-saving', if highly traumatic, intervention. However, being detained in police custody added considerably to the stigma and humiliation of the experience. This was vividly expressed in the interview of a young woman who had been detained under s136 on several occasions: *'If you found me in agony on the street with a broken leg would you put me in a police cell?'* [3.1]. In addition to the extreme distress described by the participants, the research highlighted how s136 incidents devoured a huge amount of resources and were extremely costly. A health economics study to which the core research had input (Heslin et al 2016) calculated the average cost of each detention to be GBP1,745.50. This figure did not include any additional services such as coastguard, paramedics or additional police resources (for example hostage negotiators) the use of which were not uncommon [3.1]. Mental health professionals' definition of a mental health crisis differed greatly from that of the lay public or the police. The research repeatedly highlighted that these differing conceptions of a 'mental health emergency' have become a fundamental dilemma for consideration by a wide range of stakeholders at both the local and national levels. Despite the historically effective joint working between police and mental health professionals in Sussex, the research demonstrated some entrenched positions expressed by both sides of the front line with statements like: *'Police use 136 because it's 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'* (Police Response Officer) [3.2].

Warrington continued to develop the evidence through research [3.3, 3.5] specifically examining the complexity relating to individuals experiencing ongoing suicidal crises resulting in multiple police detentions under s136. The repeated use of detentions is a nationally recognised but under-researched area of concern. In Sussex and the surrounding counties, this work revealed that repeat detentions account for a third of all detentions, with higher frequencies amongst females. This mixed methods study incorporated in-depth interviews alongside police and health records and a national police survey. The lived experience accounts revealed complex histories of unresolved trauma and showed how unsupported individuals come to rely on police intervention in repeated suicidal crises. Confirming indications from the earlier research, this helped define a model that offers a way to conceptualise the phenomenon of repeated detention, highlighting that long-term solutions are imperative to sustain change, as reactive-only responses can perpetuate crisis cycles. This body of research is providing the grounding for improved multi-service responses to address these challenges [3.3].

3. References to the research

[3.1] Bendelow, G., Warrington, C. Jones, A. M., (2016). *Section 136 in Sussex: Final Report* Sussex Partnership NHS Foundation Trust/Sussex Police. [Quality validation: report produced from peer-reviewed funded project].

[3.2] Bendelow, G., Warrington, C., Jones, A. M., Markham, S., (2019). Police detentions of 'mentally disordered persons': A multi-method investigation of section 136 use in Sussex *Medicine Science and Law* 59(2), 95-103. <https://doi.org/10.1177/0025802419830882> [Quality validation: research output that has been through a rigorous peer review process].

[3.3] Warrington, C., (2019). Repeated police mental health act detentions in England and Wales: Trauma and recurrent suicidality. *International Journal of Environmental Research and Public Health* 16(23) 4786. <https://doi.org/10.3390/ijerph16234786> [Quality validation: research output that has been through a rigorous peer review process].

Key research grants

[3.4] Gillian Bendelow [PI], 2014 – 2015. NIHR/Sussex Partnership Trust, Dangerousness and vulnerability: use of section 136 across Sussex. UoB allocation GBP7,500.

[3.5] Claire Warrington [PI], 2019 – 2020. ESRC. Post-Doctoral Fellowship. Pathways from repeated detentions. Total funding: GBP84,482.

4. Details of the impact

The extensive data collection and the in-depth involvement of those who had been detained under s136 of the Mental Health Act enabled the reporting of 'lived experience' to relevant stakeholders across multiple agencies, systems and services. The research shed light on the complexities at the core of the detention rates, and the interventions being put in place to improve experiences. Through targeted public engagement and dissemination strategies, the research has been influential in developing policy and practice initiatives both locally and at the national level and by providing a voice for those in crisis at the heart of the system.

4.1 Local changes in practice

The research programme highlighted successful joint working initiatives and emergent interventions with the data key to the process of embedding alternatives into current practice. One such alternative was the Street Triage scheme, where a highly experienced mental health professional accompanies police response officers on mental health emergencies to provide on-the-spot support and access to resources. East Sussex was the first Department of Health-funded Street Triage pilot in 2014, enabling the trial to be incorporated into the core research. In conjunction with other suicide prevention initiatives developed through partnership working between local statutory and voluntary agencies, a dramatic reduction in s136 detention rates of 32% from 1,421 to 963 detentions followed in 2015, with a further decrease to 894 in the next year. Furthermore, following a local agreement between Sussex Police and SPFT in 2015, s136 detentions to police custody were stopped in all but truly exceptional cases ahead of the change in law in 2017. Resource costs were greatly reduced (saving of GBP1,099 where detention was averted and GBP496 on average where contact still led to detention) [Source 5.1].

Between 2013 – 2015, Bendelow and Warrington hosted a series of stakeholder workshops with attendees including regional health, social care and third sector senior managers and commissioners from Public Health and the Home Office. The research and workshops were instrumental in shaping the delivery of a more integrated emergency mental health service in Sussex and '*enabled great strides in the provision of emergency mental health care*' [5.2]. Complex qualitative detail from the research was used by stakeholders to influence commissioners to fund the continuance and Sussex-wide roll out of the Street Triage scheme post-pilot [5.2. 5.3]. Triage has continued to be a major factor in decreasing rates of use of s136 in Sussex. Detention to police custody as a Place of Safety in Sussex during the research was reduced by 80% from 984 in 2012 to 188 in 2015 and there was a 77% increase in the use of health-based suites from 437 to 775, meaning vulnerable people were being placed in appropriate settings to support them during their crises [5.1].

The use of police custody as a place of safety for minors under detention was completely eradicated across Sussex more than a year before this was nationally mandated in the

Policing and Crime Act (2017) [5.4]. The improved practices increased the wellbeing of both the public and service personnel. In addition to the psychological benefits of avoiding the stigma of compulsory Mental Health Act detentions and improving the experience of highly distressed and suicidal individuals [5.1], this produced cost benefits through financial savings to both the criminal justice system and the NHS [5.2]. Additionally, the success of the strategic workshops with stakeholders, and the outcomes of the research with strong 'lived experience' data was recognised through NHS practice and leadership awards; the *Section 136 Study and Progressing Parity of Esteem Event* won Gold for Research and Teaching in the SPFT Positive Practice Awards (2015) and Bendelow won the Outstanding Collaborative Leader of the Year between Health and Local Government at the South East Regional NHS Practice Awards (2015). As the joint statement from the SPFT and Sussex Police confirms: '*Within the Police and NHS services this work was key in providing improved practices for safeguarding purposes that required complex discussions and multi-agency responses, as well as input from the point of view of members of the public. The research data was crucial in embedding this learning into associated practice* [5.3].'

4.2 Improving regional research policy and delivery

Those who consented to share their experiences of detention in the qualitative research said their motive was to improve experiences for others and to highlight the inadequacies of the provision of emergency mental health care, especially out of hours. This focus on the lived experience had a critical role in delivering change across services: '*The lived experience data were successfully communicated across multiple agencies, bringing them together in a shared agenda to improve the experience of individuals in acute need* [5.5].' The core research contributed to a significant rise in the standing of Sussex Partnership NHS Foundation Trust as one of the leading research-active Trusts in the country [5.5]. The research was instrumental in the formation of a new SPFT research theme: Personality, Emergency and Complex Care, with its own dedicated Lived Experience Advisory Panel (LEAP) comprising people with lived experience of complex mental health diagnoses and mental health crises and partly founded by participants from this work. The theme is jointly led between SPFT and UoB (Bendelow to her retirement in 2019 and subsequently Warrington). The work of this group, with the s136 research as a central element, continues to inform the delivery of practice across local services. This contributed to the growth of the Trust's involvement team and recruitment of more lived experience co-ordinators [5.5]. The LEAP group provides an opportunity to empower a patient group who have often felt disenfranchised from services to use their experience to influence research that can shape care. As well as supporting research, the theme holds public engagement events and provides a forum for practitioners, service users and carers to develop understanding and best practice. This has opened up opportunities to improve engagement and to continue to acknowledge the lived experience of those on all sides of the service [5.5].

4.3 Impact upon national policy and practice

The success of the improved joint working practices across Sussex has added weight to the national response and helped to progress the national 'parity of esteem' agenda in relation to the broader challenge of improving services for mental health crises. The research and stakeholder events have helped to '*shape future plans about how to join up mental health care*' [5.2]. In November 2014, Bendelow and Warrington presented at the Home Office National Mental Health Triage Conference in London. Their presentation based on the core research and the Sussex Triage pilot was commended for the inclusion of 'service user' voices by Commander Christine Jones, at the time the Lead for Protecting Vulnerable People within the Metropolitan Police Service and the National Police Chief's Council Lead for Mental Health. An evaluation of the nine Street Triage pilots showed that the Sussex scheme produced the largest reduction overall with 80.6 fewer s136 detentions per 100,000 head of the population [5.7]. As a result of the success of the nine regional programmes and the value of lived experience, the Street Triage approaches were later rolled out at the national level, extending to 42 out of 43 forces by 2018 [5.6, 5.7]. The term 'Street Triage' now covers a range of activity that helps frontline and community policing meet the needs of people in crisis [5.6]. The nine pilots together provided combined learning associated with better outcomes and longer-term sustainability [5.7]. This led to a recommendation in

national policy in 2019 that all forces should evaluate their mental health triage services to embed the valued outcomes and patient feedback further and to deliver sustainable future services. The College of Policing are now devising good practice guidelines to help benchmark triage activity and embed these outcomes further [5.6].

The recommendation that police custody should not be used as a standard Place of Safety has now become enshrined in the Policing and Crime Act (PCA, 2017) which altered the operation of s136 [5.6]. The use of police custody as a Place of Safety had been continually highlighted as a major area of concern by the government, the Care Quality Commission and the media, and was addressed within the joint review by the Home Office and Department of Health on the operation of Section 135 and 136. Bendelow and Warrington made a direct input to this review having been invited to take part in the Academic Roundtable hosted by the Home Office in April 2014 [5.8]. At this consultation, the findings from the core research represented the only qualitative lived experience data to be included. This joint review resulted in the changes to s136 implemented within the PCA. Since 2016, Bendelow has contributed as a member of *Achieving Better Access to Mental Health Services by 2020* Expert Reference Group, formed by the National Centre for Collaboration in Mental Health programme- a partnership between NHS England, the Royal College of Psychiatrists and NICE to inform Government policy. The final guidelines for emergency mental health care produced from this work reference the research report [5.9].

5. Sources to corroborate the impact

[5.1] Bendelow, G., Warrington, C. Jones, A. M., (2016). *Section 136 in Sussex: Final Report* Sussex Partnership NHS Foundation Trust/Sussex Police. All data on the reduction in detentions are included in this report.

[5.2] Sussex Partnership NHS Trust, Research Magazine, Issue 6, 2016. Available as a PDF. Page 11 describes the outcomes of the project including the discontinuation of child detentions under S136, the roll-out of street triage and the reduction in overall detentions.

[5.3] Joint statement from the Head of Specialist Health & Social Care Service, Sussex Partnership NHS Foundation Trust and the Mental Health Liaison Officer at Sussex Police. This confirms the core contribution of the research to the delivery of more effective multi-agency responses, the reduction in detention rates and the roll-out of street triage.

[5.4] Policing and Crime Act 2017 (Part 4, Chapter 4 on the altered operation of s136): <https://www.legislation.gov.uk/ukpga/2017/3/section/81/enacted> [Accessed 18th January 2021].

[5.5] Testimonial from Consultant Clinical Psychologist and joint head of Psychology and Psychological therapies for Sussex Partnership NHS Trust. This confirms the impact on the Trust's research groups which have witnessed a rise in standing as a result of the research. With the work of this group continuing to inform practice across services in Sussex.

[5.6] Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services 'Policing and mental health: Picking up the pieces' November 2018 <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/policing-and-mental-health-picking-up-the-pieces.pdf> [Accessed 18th January 2021].

[5.7] Reveruzzi, B., and Pilling, S., (2016). Street Triage. Report on the evaluation of nine pilot schemes in England. <https://s16878.pcdn.co/wp-content/uploads/2016/09/Street-Triage-Evaluation-Final-Report.pdf> [Accessed on 18th January 2021]. This details the outcomes of the Sussex pilot and how the 9 pilot areas contribute to national improvements.

[5.8] 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> [Accessed 18th January 2021]. Session outline identifying Bendelow and Warrington

[5.9] *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> [Accessed 18th January 2021].