Police Detentions of the Mentally ill in Public Places: a Multi-Method Approach to Reveal the Complexity of Factors in Section 136 use of the Mental Health Act in Sussex

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Abstract

Background: The research addresses the controversially high rates of Section 136 (s136) detentions across Sussex in collaboration with Sussex Police and the mental health trust (Sussex Partnership Trust), in order to understand the consistent patterning of a ratio of 2:1 detentions to police custody, rather than the 5 specialist NHS S136 suites.

Methods: Multi method study i) secondary analysis of existing s136 statistics collected by Sussex police and Sussex Partnership Trust ii) in depth interviews and deliberative workshop with 37 members of the public who had been detained under s136 iii) interviews, focus groups, and observations with 79 police officers 160 NHS and allied staff and voluntary workers.

Main outcome measures: social patterning and reasons for use of s136; differences in type of Place of Safety used and experience of users; impact of good practice and joint working strategies

Results: S136 is mainly used by police in Sussex as the only means of supporting suicidal and highly vulnerable people who are reported to be in extreme distress in public places when there is no other service available as the majority of incidents happen 'out of hours'. Innovative inter agency policy and practice working, in particular the national 'Street Triage' pilot which was rolled out across Sussex during the life of the study, has produced successful interventions to reduce the use of s136, but complex factors such as repeated detentions of vulnerable and socially marginalised reveal some of the underlying complexity.

Conclusions: This study challenges some of the simplistic assumptions around the high rates of S136 detention, which can be reduced through effective joint agency interventions, but may always be needed as a life-saving 'default mechanism' in complex situations. Alongside the need for adequate resources to support sustain and increase effective alternatives to the use of s136, the study recommends that the voices of those with 'lived experience' must be included in developing effective interventions.

Keywords: Mental health emergencies; emergency services; help seeking, joint working, suicide and suicide prevention, user experience, Street Triage

Summary:

This research was conducted in response to governmental and public concern regarding the escalating use of s136 nationally, and of the excessive use of police custody as a Place of Safety in Sussex in particular. Police in Sussex appeared to be using s136 largely as a means of suicide prevention of highly distressed people in public places when no other services or help were available. During the period of study (2012-2016), the research was able to demonstrate that effective joint working strategies, in particular, the Street Triage pilot, were able not only to reduce the overall rates of s136 detentions, but also to dramatically reduce the use of police custody as a Place of Safety. Although the research acknowledges idiosyncratic local factors which contributed to the high rates of s136 detentions across Sussex, the results have wider implications for national policy and practice.

Background

During the period of this research study, 'out of hours' general emergency health care has been a public issue of great concern. Long waiting times at A&E and ambulances stacked up due to lack of triage beds have been widely reported through media coverage across the UK. In conjunction, there has been a widespread reduction of mental health hospital beds and increasing pressures on mental health trusts to treat people in community settings. This has resulted in acute and unprecedented demands on emergency mental health care services which crisis resolution home teams have largely been unable to contain outside of 'normal' working hours. Within that context, 'blue light' emergencies may be routed via the police and if a person is deemed by police officer to be a danger to themselves or others, Section 136 of the 1983 Mental Health Act (S136) can be used to detain that person to a designated Place of Safety.

Concerns about policing and mental health have been sharpened since the Adebowale Report in 2013 and the limited research literature with a focus on S136 was mainly focused on the coercive nature of the use of S136 from the 1980s in relation to the excess of Black and Minority Ethnic (BAME) detentions, especially those of young black men in London.[1,2,3] In contrast, more recent research by the lead author with police response officers in North Wales, Sussex and the South West of England suggests that S136 has become a 'default response' for police to manage highly distressed individuals in public places when no other services are available.[4] In other words, police appear to be using S136 largely as a suicide prevention strategy outside of London and other large urban conurbations.[5]

The dominance of the biomedical approach to mental health tends to focus on individual pathology and whereas it is the case that 'completed suicides' are more likely to be recorded for people who have had previous contact with mental health services, more recent research has recognised the role of social context and social marginalisation in vulnerability.[6,7] Factors such as economic hardship, relationship breakdown and lack of social support in an increasingly divided society can be perceived as major 'triggers' to severe emotional distress and suicidal behaviour. The Parity of Esteem agenda recognises the inherent inequalities between physical and mental health; especially seeking help and the burgeoning crisis in emergency mental health care has been a major focus of national concern with the establishment of the Crisis Care Concordat issuing the following edict:

'No one experiencing a mental health crisis should ever be turned away from services' [8]

Hence S136 has become subject to increasing scrutiny since the widespread development of NHS Place of Safety suites from 2007, as a response to the rising numbers of police detentions across the UK since the millennium.[4,9,10] In particular, the continued use of police custody as a place of safety has been continually highlighted as a major area of concern by the government, the Care Quality Commission (CQC) and the media during the life of this study.[11,12] The Mental Health Act 1983 Code of Practice on the use of S136 states that police cells should be used as a place of safety only on an exceptional basis, and that a *'police station should not be assumed to be the automatic second choice if the first choice place of safety is not immediately available'.*

Context of researching the use of S136 in Sussex: setting up the feasibility study

Initial collaboration in 2012 with the Chief Constable of Sussex Police and the CEO of Sussex Partnership NHS Trust (SPFT) confirmed that there was an ever-increasing problem for both the police and the mental health services. Whereas there was a long history of effective joint working between police and mental health professionals in Sussex strategic and managerial levels to address the responsibilities of emergency mental health there were some entrenched positions expressed by both sides of the 'front line':

'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).

Additionally, the high detention rates in Sussex were under the spotlight of the Home Office during the life of the project, and this focus intensified when the Crisis Care Concordat was launched with the assertion that 'police custody should not be used' and issuing the instruction that the use of cells as places of safety was to be reduced to less than half of the 2011/12 number within the year.[8]

Data on S136 detentions have been systematically collected by SPFT and Sussex Police for over 10 years, in contrast to many other UK regions. Monthly meetings are held in Brighton and Hove, East and West Sussex with representatives from SPT, Sussex Police and Local Authority Approved Mental Health Professionals (AMPHs). These meetings monitor the use of S136 and are used to develop joint working policy and practice. There are also quarterly Mental Health Act monitoring meetings attended by the relevant agencies across the whole of Sussex. At the time of the study, there were eleven designated Places of Safety across Sussex (five single bed suites adjacent to acute wards at SPFT hospital sites and six police custody suites. In common with other coastal regions, a considerable proportion of S136 detentions involve highly distressed people from outside Sussex (i.e. other regions of the UK, the rest of Europe and occasionally beyond). Stakeholders estimated that each detention in Sussex costs on average £1700. Detentions in the Crawley area are notoriously high, with the proximity of Gatwick Airport, as are those in the suicide 'hotspots' notably the steep cliffs of the Sussex coast, the multi-storey car parks and the rail networks serving the coastal towns, including the much-visited city of Brighton and Hove, with its elevated rates of substance misuse and 'non-stop party' reputation. Awareness is particularly heightened at Beachy Head, a notorious suicide site which draws highly distressed people as well as tourists to its picturesque cliffs, from all over the world as well as elsewhere in the UK and which has a 24 hour 'suicide patrol' staffed by volunteers the Beachy Head Chaplaincy Trust

Whilst the consistently high rates of S136 detentions across Sussex (around 1500 per annum between 2007-14) may to some extent reflect the idiosyncratic local phenomena alluded to above, the research also sought to address the controversy highlighted by the Home Office with regard to ratio of detentions in police custody to health places of safety in Sussex which had consistently remained at two thirds to one third, in contrast to most other areas of the UK, which have seen this trend reversed in the wake of the Crisis Care Concordat.

Research Design and Methods

This research was designed as a mixed methods study incorporating secondary analysis of all S136 detentions in Sussex during 2012 and qualitative data collected between2012-2015. Ethical approval to conduct the empirical fieldwork was granted in January 2013, and the subsequent response from all groups of stakeholders who were invited to take part in the research was overwhelmingly enthusiastic, resulting in a much larger data collection than originally envisaged.

Ethics

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). All interviewees have provided written consent for their anonymised data to be used for publication.

Data collection

Data was gathered through three main routes:

- **Creation of quantitative dataset by SPT care team:** Ethical approval was granted to analyse the anonymised records of all adult (18 and over) S136 detentions between January and December 2012.
- **Data collection with people who had been detained, assessed by Street Triage or stayed at the Alternative Place of Safety:** The most significant aspect of the study design was the recording of 'lived experience' though narrative interviews with detainees, to provide a crucial perspective to feed into the policy agenda. Alongside compiling the quantitative dataset, letters of invitation to participate in the qualitative research were sent out by the care team co-ordinator to all those with viable addresses (1142) recorded at the time of detention in 2012 and 67 people responded via SPFT R&D to the invitation letter expressing willingness to participate in the study. Informed consents subsequently received to interview 58 people. As part of the process of keeping the voice of the person with lived experience central to the work on the study, a consultative workshop was attended by study participants who had lived experience of accessing emergency mental health care, most of whom had also been interviewed as part of the study and whose deliberations have been incorporated into the findings presented herein.

- **Data collection with services, professionals and voluntary agencies:** Qualitative data was collected through 250 hours of observations of practice, meetings and training sessions, as well as conducting focus groups and individual interviews. This phase involved a total of 79 police officers including the Deputy Chief Constable, custody sergeants and response officers and 160 NHS and allied health professionals (managers, nurses, AMHPs, psychiatrists, A&E staff and paramedics), local authority/ public health officials and voluntary sector workers coastguards, Samaritans, Beachy Head chaplains, MIND, YMCA and Grassroots Suicide Prevention). Two stakeholder workshops were held in 2015 and 2016 to disseminate emerging findings and obtain feedback from study participants , commissioners and DoH/ Home Office representatives

Data analysis and dissemination to stakeholders

Three types of data analysis were used to produce both quantitative and qualitative findings

- Using SPSS, a descriptive summary and exploratory analysis was carried out on the anonymous dataset. Participants who consented to sharing their personal data were identified within the anonymised datasheet by the care team.
- Thematic analysis was used to analyse the qualitative data collected from service professionals and other workers (transcripts, fieldnotes and minutes of meetings), illuminating a range of key issues for the operation of S136 in Sussex and for joint agency working practice.[13]
- Transcripts from the semi-structured narrative interviews were analysed using thematic analysis to interpret participants' lived expereiences[14].
- Emerging themes and user experiences were fed back to the collaborations through deliberative workshops and stakeholder engagement events.

Findings

Social Patterning of S136 detentions in 2012

Analysis of the detention data revealed that there were 1421 detentions, with more males being detained than females. This analysis was conducted on the individuals within the data (i.e. each person detained more than one time in 2012 was included in the analysis only once).The age range was 18-89 years with a mean of 38 for both men and women (5% of people were aged between 18 - 20, and 6% were over 60).

Much of the extant research on S136 has focussed on single urban areas, for example specific boroughs of London or cities elsewhere in the UK. Many of these studies have reported a BME bias in those detentions. Ethnicity data was not available for 10% of detentions (not stated 29 detentions, missing data 94 detentions). The ethnicity categories recorded were White British (1158); White Other (76); Black -including Black British, Black Caribbean, Black African and Black Other (24); Asian -including Asian, Asian Pakistani, Asian Other (20); Mixed ethnicity (16); Other (4).

Another element of particular relevance to S136 in Sussex is the number of people detained in the area who do not live in Sussex. In the target year 172 people (15% of those detained) were from outside Sussex, the highest number of people detained having West Sussex addresses (33%). Home area information was not given or missing from the records for 12% of people.

Alongside the descriptive characteristics detailed above, four notable and important findings emerged from the secondary analysis which are presented here in turn and will be elaborated upon in more detail using the qualitative data:

Table 1 : Key Themes from quantitative data

1. Most (81%) S136 detentions in 2012 took place 'out of hours'.
2. There were 1421 detentions but 1142 individuals detained; a third of detentions were attributable to 142 people who were detained more than once that year.
3. Most detentions (80%) were because of the perceived risk of suicide but only 29% were deemed to be intoxicated.
4. Over two thirds of detentions were initially to police custody, rather than to a health based Place of Safety.

'Out of Hours' access to emergency mental healthcare

As outlined in the introduction, the rise in demand for emergency mental health services and the lack of availability of these, especially outside weekday working hours, has resulted in a national crisis. Although more S136 detentions took place on Fridays and Sundays, there was not a wide variation in detentions by day of the week. However, our data clearly shows that time of day was extremely important with regard to 'normal' working hours with 81% of S136 detentions in Sussex in 2012 happening 'out of hours'.

Although there is variation in the operating times of crisis teams and other mental health services across Sussex, four times as many detentions (81%) took place 'out of hours' (i.e. after 5pm on weekdays and at weekends), which would support the claims from the pilot research that police use S136 as an emergency mental health intervention when no other service is available.

In common with many other mental health trusts, SPFT tries to offer a 24-hour crisis response service, but ever increasing demands and ever diminishing resources mean that out of hours (and sometimes even within 'normal' working hours) support is often focussed towards people already within the services. Hence for many mental health staff, it is impossible to meet the Crisis Care Concordat Parity of Esteem goal that no-one should be denied help in a mental health crisis. This is further exacerbated by the broad definition of what constitutes a mental health crisis, namely 'extreme panic attacks, psychotic episodes (including hallucinations and hearing voices), other behaviour that seems out of control or irrational and that is likely to endanger the self or others' (Mind 2011).

Nevertheless, people in extreme emotional distress expect to receive help immediately, whether or not they are known to services. Even if they had supportive family members or friends, there were several cases where interviewees felt they were unable to ask for this 'informal support' the middle of the night, and when seeking help from other sources out of hours, they were often advised to present at A&E or call 999. Rejection by A&E staff, or inadequate responses to help-seeking, appears often to have then escalated desperate behaviour in many of these accounts and culminated in situations that resulted in S136 detention.

The use of Section 136 as 'Appropriate'

Our secondary analysis shows that 80% of the detentions in 2012 appear to have been actioned by the police responding to people who were presenting as suicidal. In line with previous research

outside of London and other large urban areas this confirms that S136 is widely used as a suicide prevention measure.[4] Rapidly assessing the risk an individual may pose to themselves or others, especially with little or no prior knowledge of that person, is a highly complex task, for mental health professionals, as well as the police. Recognising their inability to make 'expert' diagnoses, officers generally felt that experience enabled them to tell intuitively when something was wrong with someone's mental state. In these instances, the criteria of serious risk of harm to self or others were paramount, and was generally seen as the only way to contain potentially life-threatening situations.

Out of the 37 courageous men and women from Sussex and further afield who consented to take part in the in-depth interviews about their experiences, only three felt that the use of S136 in their circumstances had been inappropriate, described as 'an overreaction'. Although over half of the interviewees had long histories of contact with mental health services, 13 of the participants had not previously experienced mental illness. They often described a series of events or triggers, often involving relationship breakdown and misuse of alcohol, which culminated in a 'perfect storm' reaching a point where life felt completely unbearable. This group of seven males and six females vary in age between20 to 65; in their social circumstances, from being on benefits to highly paid professionals and in the level of social connectedness they described. Six of these men and women were from outside Sussex and had travelled purposefully to Beachy Head at the time of detention**.**

Although a small number of interviewees expressed a preference for being detained in police custody as it gave them a feeling of safety most of the participants who were not taken to the hospital suite felt very strongly that ending up in a police cell when they had committed no crime was extremely stigmatising and distressing.

People Detained Repeatedly

Analysis by the anonymous case number assigned to each person in the dataset revealed that the 1421 adult detentions in 2012 corresponded to 1142 individuals. Although the greatest majority of people (87%) were detained only once, 142 people accounted for 422 of the S136 episodes (30% of the total number of detentions). The number of times each person was detained in the year ranged from 2 – 24. Over half of the interviewees in the study had been detained on multiple occasions, five of whom were detained only once in 2012.

Women constituted nearly a third of the qualitative sample (ages ranged between 19 to 65). The in-depth interviews pursued with this group revealed many common themes:

- Complex history of often multiple diagnoses including personality disorder (Borderline or Emotionally Unstable Personality Disorder); Dissociative Identity Disorder; Bipolar Disorder and Complex Post Traumatic Stress Disorder;
- History of traumatic childhood experiences, in many cases sexual abuse, often by a family member, domestic violence, disrupted schooling and poor adult attachments;
- Disenfranchisement from mental health services with a sense of abandonment and social marginalisation, further exacerbated by frustration at not being able to access appropriate

therapy; recognition that, for some, restraint was often needed as they may 'scream, kick, bite or lash out' (Alice, aged 24) in these situations;

- The sense that being sectioned by the police was frequently the only recourse, that police were more likely than mental health professionals to take their distress seriously, to treat them with kindness and compassion and, crucially, not to accept false assurances made about their own safety; whereas (most) mental health professionals regarded them as 'a nuisance' or worse, seeing them as a diagnosis or behavioural category rather than a person.

The women in this group who were over 30 also described the experience of living with personality disorder in terms of their downward mobility and poor general health and comorbidity. Younger women were very critical of support from Child and Adolescent Mental Health Services (CAMHS) especially with regard to sexual abuse, and nearly all the women with this history felt that statutory adult mental health services were unable to offer the help they needed to manage their dissociative episodes or address the traumas underpinning their mental health problems. 'CMHT are under-resourced and, in my most recent meeting with them I was told that if I'm in crisis, the only option is to call the police!' Nina, 18).

There was also a feeling among several interviewees that both mental health assessments and services in general, frequently failed to adequately consider the longer-term issues triggering a metal health crisis. In contrast, the women who had been able to access specialist services, for example through Trust led centres (the Lighthouse in Hove and Bluebell House in Burgess Hill), which offer a comprehensive range of psychological therapy, key work and social support for patients diagnosed with borderline or emotionally unstable personality disorder) had found this incredibly helpful. Unfortunately, all but one of those who had been referred to specific therapists outside Sussex had seen this support withdrawn for various, predominantly funding related, reasons.

'*So many doctors have said I need to be in a residential place … to have [longer term] therapy to get through my traumas but… it's all about money' (*Sally, aged 41).

Other sources of out of hours and often peer led support such as Crisis cafes, overnight respite facilities such the Place of Calm in Eastbourne, and online resources developed by suicide prevention organisations such as Grassroots were found to be especially helpful to this group.

Alcohol use a as a barrier to receiving appropriate help

Sussex both the quantitative and qualitative data analyses indicated that detention to police custody was much more likely when use of alcohol was involved. Within the 2012 dataset only 28% of detainees were recorded as 'Intoxicated, but 98% of those who were classified this way were first detained in police custody rather than a health based S136 suite.

A recurrent theme emerging from the qualitative data also highlighted the use of alcohol as a barrier to receiving adequate help, a finding that was similarly highlighted in the CQC report on places of safety.[11]This was not only for those who had a known addiction and were referred back to Substance Misuse Services (in some cases with a three month wait for an appointment) when they were in crisis, but also for those who were not previously known to services who were self-medicating with alcohol to cope with their distress. In some cases, long waits for mental health assessments or substance misuse referrals had escalated the impending crisis:

Greta, aged 34, a mother of three young children, had waited four months for an 'emergency' assessment, using increasing amounts of alcohol to cope with her anxiety and despair. On being advised *to 'go home and eat chocolate'*, she drank two bottles of wine and slashed her wrists in front of her children, she was subsequently diagnosed with bipolar disorder and has been able to access successful treatment. She was extremely grateful for the care she has since received and proud to be in recovery, although worries about the effect of the events on her children.

Three of the younger men who consented to take part in the study (two by sending email accounts rather than by interviews) were paraplegic or wheelchair bound due to injuries they had sustained whilst being intoxicated and suicidal.

Since the research study began, extensive training for police officers and nurses in the health based suites has had a dramatic impact in changing the culture locally. The shared learning around restraint in cases of violent and aggressive behaviour, and more tolerance towards the use of alcohol by those in extreme distress have resulted in improvements to practice and more appropriate access to the health based suites with detentions to police custody only in cases of extreme incapacity and threatened violence. This shift has been further enhanced by the joint working practices of the Street Triage teams, where co-working has been observed to have facilitated better communication, understanding of roles and trust and respect between frontline workers.

Joint working initiatives to reduce S136 and avoidance of police custody as a Place of Safety

In 2012 984 detentions (69%) were first to police custody, with only 31% (437) to the health based S136 Suite. There were 110 detentions in which people were transferred between places of safety: 98 from custody to a health based suite, 10 from health based suites to custody and two from custody to a health based suite and back to custody. Of the eleven places of safety operating in the year, the highest number of detentions were to Brighton Custody followed by Eastbourne, Crawley and Worthing. Many interviewees vividly expressed the feeling of being degraded and the sense of shame at being taken into custody still haunts several of the participants.

During the life of the study a range of policy and practice initiatives were developed to address the high rates of S136 through multi agency teams led by SPFT and Sussex Police. Joint working between SPT and Sussex Police, has a well-established history and embraces effective partnership working across Sussex, alongside the other 'blue light services' (South East Coast Ambulance, Sussex Fire Service and Coastguards) as well the three Local Authorities, including Councillors and Public Health officials as well as the voluntary sector (Beachy Head chaplains, Samaritans MIND, YMCA and Grassroots Suicide Prevention organisation).

Probably the highest profile, and visibly most successful initiative during the study period has been the Eastbourne Street Triage pilot, which was subsequently rolled out to all regions of East and West Sussex, with a more recent pilot in Brighton and Hove.

Sussex Street Triage

The East Sussex model used a dedicated street triage car with trained police officers and a specialist mental health nurse to respond to mental health crisis out of hour's incidents, on call between 5-11pm from Wednesday to Friday and from 8-11pm at weekends. As one of the original NHS pilots,

Street Triage in Sussex began in the Eastbourne area in September 2013 and by April 2016 had taken 1540 referrals, with an estimated avoidance of 383 detentions under S136. As well as the obvious ethical benefits of avoiding the stigma s136 detentions and improving the experience of highly distressed and suicidal individuals, there are enormous cost benefits for the demands on emergency services as each detention is estimated to cost an average of £1700 (Heslin et al 2016). Building on this success, funding was obtained for further pilot teams in Hastings from September 2014 (712 referrals, 98 S136 avoided) and January 2015 in West Sussex (404 referrals, 111 S136 avoided). Hence the introduction of the Street Triage pilot has resulted in an estimated avoidance of 1206 S136 detentions since the Sussex pilot began. An independent evaluation has concluded that the model is beneficial to services and people in need and that costs were offset by reductions in the use of S136, particularly reducing the use of custody.[15] Focus group work with both officers and nurses at the initial training day was followed by a focus group with response officers six months into the pilot. This gave an insight into the experiences of developing this novel way of joint working. Whereas initially the statements of some officers indicated reluctance to be involved and concerns over the scheme, at the second session, the responses (including from those quoted originally) were overwhelmingly positive about the benefits of Street Triage, both in terms of resources and in providing effective help and support. Given the wide variation in the experience of being detained under S136, those who were interviewed having had contact with the Street Triage team in Eastbourne were also markedly positive.

In sum, the introduction of Street Triage alongside a range of effective joint working interventions and suicide prevention measures have not only contributed to an overall reduction in the total number of detentions by almost one third [(16)], but have also enabled the number of people detained to police custody to be drastically cut overall (see Table 2).

Table 2: Places of Safety Use in Sussex by Region 2012 and 2015

Detentions to Places of Safety	**2012**	**2015**	**Percentage change**
Number of detentions to Police Custody	984	188	-80%
Number of detentions to Health -based Suites	437	775	+77%
Total Detentions	**1421**	**963**	**-32%**

The continued participation of the researchers in the shaping of the policy agenda during and since the research was conducted has been acknowledged by SPT and Sussex Police to help to achieve this dramatic reduction in s136 detentions since 2012. Perhaps even more importantly, detention to police custody as a Place of Safety has dropped by 80% from 984 in 2012 to 188 in 2015 and there has been a 77% increase in detentions to health-based suites from 437 to 775. To date, these detentions continue to decrease, and the forthcoming changes in the Mental Health Act 1983 are an

endorsement to the national thrust towards reducing the use the use of police custody as a Place of Safety for suicidal individuals.

Discussion

Our research has challenged some of the simplistic assumptions around the high rate of S136 detentions in Sussex and revealed some of the underlying complexity, such as the need to take into consideration idiosyncratic geographical and social factors, namely the high number of out of area detentions, especially in well-known 'hotspots', as well as the need to identify the number of individual people involved, rather than just the number of detentions. Whilst acknowledging the self -selected nature of those who participated in the research , the qualitative data clearly shows that S136 is almost exclusively experienced by those who have been detained as a 'life-saving', albeit too often also highly traumatic, intervention. We would suggest that whilst S136 rates in Sussex have been some of the highest across the UK, police decision making appears to be an appropriate, risk averse and even compassionate response to extreme emotional distress that has been used mainly for 'out of hours' suicide prevention when no other service is available.

There was a consensus across all the stakeholders that access to help or support for suicidal and vulnerable people needs to be 24/7, which is reinforced by the Crisis Care Concordat, as well as numerous other policy recommendations. However this support does not necessarily have to be supplied by highly trained medical professionals, and the involvement of voluntary and third sector agencies is essential in this process to ease the burden on statutory services as well as to provide different (and at times more effective) kinds of expertise, including peer support. Feedback from our deliberative workshop participants supported 'out of hours' options being provided by a range of partners who were not perceived to be mental health professionals, including respite 'safe' houses, drop-in cafes, internet and peer support groups.

One of the most important aspects of our research was the identification of significant numbers of 'repeat detainees' who accounted for 17% of the detentions in a year. These individuals seemed to be trapped in a cycle of despair with several having 50 or more S136 detentions over their life history. Most of the interviewees in this group (exclusively women except one male war veteran) had been diagnosed with a personality disorder (typically emotionally unstable or borderline), which some expressed as being a barrier to receiving adequate help or support. Notably, most had also briefly alluded to a history of sexual abuse and/or domestic violence, as well as having other diagnoses such as Post Traumatic Stress Disorder and many experienced recurrent dissociative episodes. These were vividly described in terms of extreme emotional pain and desperation, often triggered by anniversaries or flashbacks of traumatic events and culminating in dramatic rescues, involving police, ambulances, coastguards and fire services, frequently alerted by concerned relatives/friends or other members of the public.

During the life of this project, frontline services have been under unprecedented pressure, and the dangers of under-resourcing the teams who work exhausting, long and antisocial hours in highly stressful emotional and physical circumstances cannot be underestimated. However, there is no standard pathway of an individual who is distressed to the point of harming themselves or others. NHS and police protocols do not always work in synchrony and there are many obvious and delicate ethical issues around the need to share information across emergency services regarding highly vulnerable people with complex needs. Addressing the controversial issues of information sharing

across agencies and the prioritisation of risk reduction is paramount both between police and mental health professionals, as well as where appropriate in partnership with other local government and voluntary agencies. Insights from detainees themselves, both in individual interviews and in the deliberative workshop, were equivocal about the need to prioritise safety over confidentiality.

Conclusion and Recommendations

Although historically high, the use of S136 in Sussex appears to have been consistently appropriate and can be interpreted as a compassionate response by police to highly distressed, mostly suicidal, individuals when no other support was available as most detentions took place outside the standard Monday to Friday 9 - 5 hours when most community mental health services operate. If alternative sources of support are not accessible or are accessed and then refused, many people in our study described the escalation of distress, and the resultant feelings of heightened desperation were described as the final tipping point into the incidents that led to their detention, from the streets, cliffs, highways and other public places across Sussex . A greater range of accessible sources of support or assistance operating 'out of hours' are therefore recommended. Whilst traditional guidance points people in crisis to emergency (statutory) services, there is a clear urgent need to develop alternative options including third sector providers. Health services need to display a greater sensitivity to the tendency of many to self-medicate with alcohol when in extreme distress and substance misuse needs to be assessed with greater sophistication to avoid those presenting in crisis being detained in police custody unless absolutely necessary.

A number of people were detained under S136 with very high frequencies and all our stakeholders: namely people who had been detained, police and health and social care professionals, recognised this as an issue that requires further investigation and a better understanding. Therapeutic options to provide consistent support allowing people with complex and multiple needs to navigate a journey towards recovery from highly traumatic backgrounds are likely to be the only long-term solution. Multiagency input will be critical if the police are to have any choice other than the use of S136 with individuals for whom acute distress leads to recurrent attempts to end their life, often in extreme ways that endanger others as well as themselves.

Whilst S136 is undoubtedly an essential recourse for the police in protecting the public, the high rates seen in Sussex over previous years are deemed to be unsustainable from an economic, as well as a 'moral' perspective. The significant strides already taken to reduce the number of people detained in this way have only been possible through dedicated joint working and a shared sense of responsibility. Given the current climate of increasing suicide rates and continued cuts to services, it is crucial to adequately resource these innovative and effective partnerships and to incorporate the voices of those who have experienced crises and attempted to access support in policy and practice development.

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Authors' contributions and consent to publication

Having been awarded a British Academy Senior Research Fellowship in September 2012 to work on a feasibility study in collaboration with Sussex Partnership Trust and Sussex Police, Professor Gillian Bendelow as Principal Investigator (PI) was appointed as an Honorary Senior Research Fellow from April 2013 with SPFT to take the project forward to create the statistical database and to collect the qualitative data. Support from the Mental Health Research Network enabled Claire Warrington to be employed as a dedicated Research Assistant. Anna-Marie Jones provided ongoing methodological and analysis support through R&D. Dr Sarah Markham contributed to the Deliberative Workshop on 15th July 2015 as a member of SPFT Lived Experience Advisory Forum (LEAF). She also drafted initial copies of the Plain English Summary and the research manuscript. Access to statistical data, care teams, policy and training was provided via the key collaborating partners from Sussex Police (Sarah Gates) and Sussex Partnership Trust (Marian Trendall). All authors and collaborators have consented to publication of the final manuscript

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