

Detention under section 136 of the Mental Health Act: A multi-agency panel review of practice and communication between police officers and mental health professionals.

Dr Penny Xanthopoulou¹, Mark Bolt² and Leanne Moorhouse³

Background

In the UK, police incidents involving mental health crises often involve the use of section 136 (S136) of the Mental Health Act 1983. This allows police officers to detain an individual if they appear to be mentally ill and take them to a place of safety [1]. In the UK, S136 detentions have increased by a third since 2017 [2]. Research has found that emergency staff and the police have different perceptions as to their role and duties within S136 [3]. In a recent review we found that factors influencing the police response are persistent stigmatised attitudes, arbitrary training, and the use of physical restraint [4].

The **S136 detention process** briefly involves:

- 1) The attending officer considers if the person requires immediate care or control, i.e. If they should remove that person to a place of safety.
- 2) To make that decision, they must consult (call) with a Mental Health Professional (MHP) on the Mental Health Helpline.
- 3) Then they should call an ambulance to provide transportation to the place of safety.
- 4) On arrival to a place of safety, police officers should provide a handover to a health professional.
- 5) All professionals record their part of the process.

Therefore, the decision (or not) to detain under S136 involves communication between police officers and mental health professionals.

Methods

Devon and Cornwall police have issued all their frontline officers with Body Worn Video cameras (BWV), which capture both visual and audio evidence. A *multi-agency panel* that examines selected S136 cases (police video footage), has been in place since 2021 and convenes quarterly. It is chaired by a senior police officer and attended by professionals from the Devon and Cornwall Police and Devon and Cornwall Mental Health NHS Trust, e.g., Psychiatry Liaison, Quality Lead, Crisis Team service manager, and Manager of the Mental Health helpline.

This pilot study involves the analysis of *S136 panel meetings*, including meeting minutes and observations of police video footage.

Findings

The multi-agency S136 panel meetings provide a unique perspective and reflection on these difficult cases. Recommendations from the panel help improve the police response, and positive feedback helps reinforce good practice. Overall, findings from the panel suggest that the police are caring and professional, trying to do their best for the individual in crisis. However, and in line with earlier research in this geographical area [5], a number of issues were identified:

- Police use section 136 as a tool to bring a policing incident to an end.
- MHPs think police may be too quick to exercise S136.
- Disagreements and frustrations between police and MHPs arise from confusions over what constitutes a mental-health crisis.
- There is police frustration with cases where the individual was recently assessed and discharged from mental health services.
- Police use of force, specifically handcuffing, is often unnecessary.
- The lack of NHS services available result in additional demands on police, both in terms of time/resources and type of tasks they need to perform.
- There is police frustration with lack of ambulance support.

Police officer (PO) calling MHP to discuss detention of individual currently waiting by police vehicle with two other police officers:

MHP: we know her yeah.

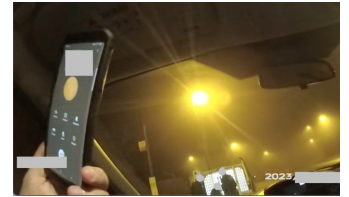
PO: Yeah, I know you do. I do as well.

...

MHP: you want to detain then by all means but otherwise, I think the first option would be maybe try to take her home.

PC: Right okay.

MHP: I know she might walk out again...



Conclusions: The viewing of the police video is allowing for detailed understanding of what is really happening during these incidents, and the communication practices between police officers and mental health professionals. This S136 multi-agency panel approach can provide ongoing feedback to all services involved. Further detailed examination is needed to improve both the inter-agency communication as well as the police response at critical moments, so that it is empathetic yet effective, and resulting in detentions only when the risk of harm is substantial.

References

1. <https://www.legislation.gov.uk/ukpga/1983/20/section/136>.
2. Police Foundation. "A New Mode of Protection: Redesigning Policing and Public Safety for the 21st Century." 2022. The Police Foundation London.
3. Lynch RM, Simpson M, Higson M, Grout P. Section 136, The Mental Health Act 1983; levels of knowledge among accident and emergency doctors, senior nurses, and police constables. *Emergency Medicine Journal*. 2002 ;19(4):295-300.
4. Xanthopoulou P, Thomas C, Dooley J. Subjective experiences of the first response to mental health crises in the community: a qualitative systematic review. *BMJ open*. 2022;12(2):e055393.
5. Greenberg N, Lloyd K, O'Brien C, McIver S, et al. A prospective survey of Section 136 in rural England (Devon and Cornwall). *Medicine, Science and the Law*. 2002;42(2):129-34.