

**FINAL VERSION 10**

**Approved by Mental Health Crisis  
Care Board on 16 July 2020**

Appendix A

**Kent and Medway**

**Section 136**

**‘Deep Dive’ Analysis**

**February 2020**

**Mental Health Workstream**

## 1. Introduction

Improving provision for those experiencing a mental health crisis, and reducing inappropriate Police involvement in dealing with people who are essentially in need of care, is a priority for Kent and Medway. In 2018 Kent Police reported a consistently high and rising rate of the number of people detained under section 136 of the Mental Health Act (MHA) and this called for further inquiry. As comprehensive quantitative data was not collated across Police, health and social care providers it was agreed a focused spotlight on these with additional data would be completed in 2019 across all partners, with the intention that it would give new insights into the profile of the people detained, the section 136 process and what happens.

## 2. Context

Section 136 is the power that allows a Police officer to remove a person they believe to be mentally disordered and in need of care or control from a public place to a place of safety for up to 24 hours for the purpose of enabling examination by a registered medical practitioner; to be interviewed by an approved mental health professional (AMHP) and making any necessary arrangements for treatment or care. This is done in the interests of that person or for the protection of other persons. If the person is already at a place of safety, the police can keep the person at that place or remove the person to another place of safety. It can't be used to remove someone from their own home, or someone else's home. A place of safety can be:

- Residential accommodation provided by social services; or
- A hospital; or
- A Police station (only in very limited circumstances); or
- An independent hospital or care home for mentally disordered persons; or
- Any other suitable place, with the agreement of the person who appears to the Police officer to be responsible for the management of the place. This can include someone's home, provided the person thought to be suffering from a mental disorder agrees and if it is not their home, or they live with others, another person residing there also agrees.

In 2020 the College of Policing agreed the following definition as “Any police incident thought to relate to someone’s mental health where their vulnerability is at the centre of the incident or where the police have had to do something additionally or differently because of it.”

## 3. Aims and Approach

A deep dive approach was agreed to help partner agencies (the Police, the mental health Trusts, the A&E depts and the ambulance trust) visualise how the entire section 136 pathway works, how partners interact and work collaboratively, and explore how existing process might be refined, altered or created with a view to reduce the rate of section 136 detentions.

The section 136 Operational Group agreed a 3 month period of collating wider activity data and a data flow process to be initiated. The intention was to triangulate, compare and contrast an analysis of local level information with academic literature and national guidance which would serve to strengthen findings and inform options for future consideration. In addition the experiences of people and professionals engaged in the application of section 136 would provide the group with an opportunity to explore alternatives to section 136 from those closest to the process.

The overall objective was **for the statutory organisations to gain a shared view of the issues and reach consensus on the solutions so to:**

- Inform strategic and policy decisions
- Improve outcomes for people detained
- Increase satisfaction between practitioners and professionals involved in the section 136 process

#### **4. Methodology**

A section 136 project group was formed with representatives from the partner agencies and a reporting template was devised with the intention of collating information from each organisation on each person detained during April, May and June 2019. A data flow process setting out how the template would be completed was agreed. The information required would capture age, gender, ethnicity, CCG residence, where detained, if statutory services involved and the decision outcome following the assessment.

Questionnaires were designed for the Police, the AMHPs, Section 12 Doctors and the health care staff at the hospital based place of safety (HBPoS). A scoring matrix with space for comment was used to capture their experience in relation to their professional role, joint working, dependencies, safety and quality of care.

Questionnaires were designed for people detained to complete during or post detention about their experience.

The project data collection and **data flow process was challenging** for both Kent AMHPs and the Police. NELFT and Medway AMHPs submitted data on time and according to the agreed data flow. Separate approaches by Kent and Medway AMPHs to Local Authority information systems were needed to check if people were in receipt of social care and resulted in KMPT receiving incomplete data after the agreed timescale. SECAMB and the Police, Kent AMHPs and acute trusts' A&Es did not follow the data flow process. The project completion date slipped considerably. Not all acute Trust A&E depts submitted information and therefore their numbers do not correlate with the Police, AMHPs or HBPoS. A manual check of 508 electronic patient records meant KMPT was however able to fill in most of the gaps.

## 5. What does the data tell us?

508 people were detained in Kent and Medway under section 136 during the 3 month period of the project (April, May and June 2019).

**(Table One) Age and Gender of those detained under section 136**

Age Range	No people detained	No people detained by age/age range	Female	Male	Other / not stated
10 – 17 years Looked after child x 4	14	1 x 10 year old	0	1	
		3 x 14 year olds	1	2	
		2 x 15 year olds	2	0	
		2 x 16 year olds	0	2	
		6 x 17 year olds	3	3	
18 – 25 years	133		77	55	1
26 – 64 years	352	163 x 26 – 35 year olds	83	79	
		127 x 36 - 49 year olds	53	72	1
		62 x 50 - 64 year olds	23	37	1
65 – 85 years	6	1 x 66 year old	1	0	
		2 x 69 year olds	1	1	
		2 x 72 year olds	1	1	
		1 x 85 year old	0	1	
Not recorded	3			6	
<b>Total</b>	<b>508</b>		<b>245</b>	<b>254</b>	<b>3</b>

### Age and Gender

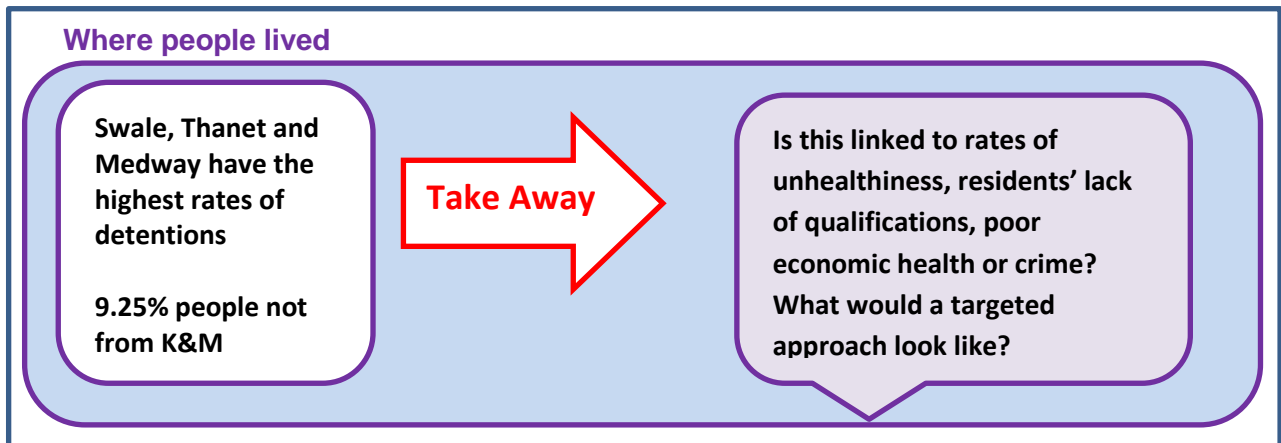
The number of people detained increased in age from 18-25 and peaked between ages 36 to 49 before dropping significantly. More women than men aged 18-35 detained.

**Take Away**

Older people present differently, are perceived differently by professionals in relation to their needs and therefore are responded to differently from the young age groups

**(Table Two) Where people who were detained under section 136 lived and rate Per population**

NHS CCG area of residence	No people detained	Rate per 100,000 pop all ages 2019
Ashford	32	23.5
Canterbury and Coastal	32	13.9
Dartford Gravesham Swanley	63	22.8
Medway	88	28.9
South Kent Coast	27	12.9
Swale	42	36.2
Thanet	52	35.4
West Kent	95	18.9
Outside Kent and Medway	47	n/a
Not recorded	30	n/a
<b>Total</b>	<b>508</b>	



### Busiest times

70% detentions occurred after 17:00hrs and before 09:00hrs  
29% occurred at weekends

**Take Away**

Less provision out of hours leads to delays and waits. 41% waited more than 4 hours. 86% Young people waited between 6 and 17 hours for assessment.

Section 136 standards: all people to be assessed within 4 hours unless there are clinical grounds for delay (significantly intoxicated or require urgent physical treatment)

(Table 3) Days and times people detained

Month 2019	People detained	Time period	People detained	Day of week	People detained	Day of week	People detained
April	158	09:00 - 17:00	154	Mon (13)	66	Fri (12)	81
May	202	17:01 - 00:00	209	Tues (13)	75	Sat (13)	79
June	147	00:01- 08:59	145	Wed (13)	62	Sun (12)	69
Not recorded	1	Not recorded	0	Thurs (13)	75	Not recorded	1
<b>Total</b>	<b>508</b>		<b>508</b>	<b>Total</b>	<b>508</b>		

Which place of safety did Police detain people to most?

One person taken to private address

87% of those detained taken straight to HBPoS by police

Two thirds of people were not medically screened  
Half then had to go from HBPoS to A&E for treatment in an ambulance

**Take Away**

Assumption: The homes of individuals' family or friends could be considered more often as place of safety

Assumption: HBPoS used as an alternative to A&E by Police due to long waits for ambulances

Section 136 standard: SECAMB response to a section 136 call is 18 minutes and is the same for a stroke or heart attack; the second highest response they have. 90 % target within 40 minutes.

*Ambulance crew can carry out medical screening*

*Right care, right time, right place*

**(Table 4) Where people were detained to**

Location person taken to by Police			Transfer from A&E or custody to HBPOS	S136 Assessments completed at this Location recorded by AMHPs
A&E/GENERAL HOSPITAL SITE	Medway Maritime	15	These numbers cannot be defined by specific ED depts. due to lack of data	10
	William Harvey	2		3
	Darent Valley	7		3
	Queen Elizabeth Queen Mother	6		3
	Pembury Hospital	5		3
	Maidstone Hospital	5		0
	A&E not stated	1		0
<b>Total</b>	<b>41</b>		<b>22</b>	
HBPOS	St Martins Hospital Canterbury	190	118	178
	Priority House Maidstone	168	114	184
	Littlebrook Hospital Dartford	84	59	90
	Out of area	1	0	0
<b>Total</b>	<b>443</b>	<b>292</b>	<b>453</b>	
Other POS	Custody	1	25	0
	Private address	1	NA	1
Not recorded		22	46	34
Section Expired				8
<b>Total S136s</b>		<b>508</b>	<b>362</b>	<b>508</b>

There were 508 people detained during the 3 month period and data collated shows the following:

**Police detained:**

- One person to a private address (adult) 41 people to A&E (including 2 children)
- 443 people to a HBPOS
- One person to custody

**Police conveyed:**

- 329 people to HBPOS or A&E

**SECamb conveyed:**

- 110 people to A&E
- 68 people to HBPOS





- 17 People conveyed from A&E to HBPoS

**AMHPs assessed:**

- 22 people at general hospital site

**HBPoS received:**

- 291 people from A&E
- 25 people from custody

**3 A&E depts received:**

- 36 people on section 136

A&E appears to play a significant part in the pathway both for people detained and the professionals involved in its application. Data collated shows that a higher number of people detained were received by the HBPoS from the A&Es than the number taken to A&E by the Police. Unfortunately A&E figures are incomplete and therefore do not correlate with the Police, SECamb, or HBPoS. Given only Police can detain under a section 136, the project group concluded that a high number of people taken to the HBPoS by the Police then needed to go to A&E either because there were concerns about their physical state in the absence of medical screening by SECamb or because there was no available space at the HBPoS.

The feedback from the professionals indicates the latter and many express frustration and concern that A&E is not the safest place for them to wait. The project group also learned of a mental health protocol in place during the project period at the Maidstone HBPoS requiring all those detained to be taken to A&E for a physical health check before being brought to the HBPoS. This practice has now been stopped.

The agreed Kent and Medway section 136 standards state that an ambulance would be called by the Police to medically screen the person detained and then convey him/her to the place of safety however the Police would convey if the person was violent and as a last resort. SECamb data shows only 179 of 508 people were conveyed by ambulance during the project period to a place of safety (either A&E or HBPoS), which means the remaining 329 people were conveyed by the police. The Police advise that often the ETA given by ambulance control means too long a wait for Police officers in a public place with a distressed person; so a decision is taken by a police inspector to use a Police vehicle for conveyance. The impact of the wider system demand on the ambulance service means the conveyance standard is not achieved and the HBPoS is receiving people who have not been medically screened. This therefore may explain the high numbers of people going to the HBPoS from A&E.

**Who was the person in touch with before their detention?**

**46% of people were open to specialist care at time of detention however less than half had a crisis plan. 100% under 18s detained and open to specialist care had crisis plans.**

**Take Away**

**Being "open" to specialist care can be a referral administrative step and does not necessarily mean that an individual is in receipt of care. However individuals are advised if they need to be seen in the interim of an apt, to contact the single point of access.**

(Table 5) Who the person was in touch with before their detention

Contact with specialist Mental Health services			
	Yes	No	Not recorded
Is currently open to KMPT/NELFT MH Services	238	237	33
Open to Community MH service in last 3 months	258	219	34
Open to Substance misuse services in last 3 months	46	295	170
Discharged from in-patient ward in last 3 months	96	381	34
Open to other statutory MH service including social care	95	333	83
Subject to S117 aftercare	15	471	25
On a Community Treatment Order (CTO)	3	483	25
The person detained has a documented crisis plan	102	329	60
The crisis plan includes calling the Police	4	138	369
The crisis plan includes calling the crisis team or CMHT	119	22	370
The person has a learning disability recorded as ADHD, ASD, Asperger's dyslexia and retardation as LDs. Mild and moderate LD is also given *	*58	401	49

### Outcome of Assessment and decision making

41% (209) people detained were assessed to be in need of urgent mental health care  
51% (259) were not in need of urgent care, however 45% (228) of those were referred to Primary MH care services.  
8% (40) were unrecorded

**Take Away**

What happens between the time the person is detained by the police when needing immediate care and control to being assessed by AMHP/ Section 12 doctor and not having an urgent acute need?  
Is there a difference of view or has the person's presentation changed?

**(Table 6) Outcome following assessment decision**

Outcome following assessment	No of people
Discharged to GP (no specialist care follow up)	93
Discharged to Support and Signposting (KMPT)	17
Discharged Community mental health team	149
Discharged to Crisis Team	62
Admission to hospital informal	63
Admission to hospital Section 2 MHA	80
Admission to hospital Section 3 MHA	4
Not recorded	40
<b>Total</b>	<b>508</b>

## 6. Experience of Professionals

63 professionals completed questionnaires on their experiences during the project period and scored their agreement (or not) with a set of statements relating to professional role, joint working, dependencies, safety and quality of care. All professionals said they understood their roles and responsibilities in relation to section 136 detention however 39/63 did not think the pathway worked, or that there was good access to facilities or advice. 40 professionals said it was not easy to make contact with colleagues from partner agencies. The Police respondents said the HBPOS was reluctant or would refuse to accept people who were intoxicated and would direct them to A&E needlessly. The majority thought there were not enough HBPOS, beds and staff and that A&E was not the right place for people to be taken unless needing medical attention. Most considered there were wider system health and social issues impacting on detentions, including lack of alternatives. Police respondents believed people were not getting the help they need from mental health services and that they become unwell and go into crisis.

54/63 professionals said they felt confident dealing with challenging behaviour, with more than half stating they considered the people they detained were safe. However respondents were divided on whether the best outcome for people was achieved. Only 18/63 would be happy for a friend or relative to be taken to the place of safety if they needed to be detained.

**(Table 7) Experiences reported by professionals**

Number of completed questionnaires returned by:	
People detained	0
Kent Police	26
British Transport Police	13
AMHPs	13
Unregistered care worker	5
Not identified	6
<b>Total</b>	<b>63</b>

## 7. Rapid Evidence Review

This was completed by a Public Health Specialist and highlights the challenges for professionals supporting people with dual diagnosis, substance misuse and personality disorder, particularly when there are differences in how people and their needs are viewed. Such beliefs and attitudes can be conveyed in interactions with one another and impact on joint working and this is apparent from the questionnaires.

Section 136 MHA states that before deciding to remove a person to, or to keep a person at, a place of safety the constable must, if it is practicable to do so, consult a registered medical practitioner, a registered nurse, an approved mental health professional, or a person of a description specified in regulations made by the Secretary of State. 30/39 Police giving feedback said in their questionnaires, that they did not have access to advice or support during the project period.

Since 2013 the Police have been able to contact the mental health trust when needed however the quality of response was poor. In December 2019 a new clinical service manager for the HBPoS was appointed and the Police phone line was centralised. This now means that the Police can ring when in need of advice and speak to an experienced registered clinician. The clinician can also speak to the individual and, if at all possible, will direct the Police to a less restrictive option than detention. Since its introduction the service manager has received positive feedback from Police and AMPHs, who report that the process takes less time and there have been periods when the HBPoS has been empty. KMPT report a reduction in the number detained for a second consecutive month.

The review also acknowledges that the introduction of safe havens has reduced the number of detentions in other parts of the country. See Appendix one

## **8. Conclusion**

Prior to the analysis it was clear from feedback and discussions that the following hypothesis was held: The Police think the mental health service is not doing its job properly; the mental health service thinks the Police overuse Section 136. This analysis does not confirm either.

Distress, mental disorder and complex problems appear heightened when encountered out of hours particularly when organisational policies and procedures don't align, when actions are perceived by the professionals as inefficient and decisions are frustrating. Added to this, is the anxiety of professionals when faced with individuals they believe are in critical need of resources that are not available. Some fed back that they become concerned that the situation will worsen or that they may not make the right decision, resulting in complaint, suspension and even job loss. Difficult conversations and decisions can then be passed to a colleague or another team who view this as "passing the buck".

There is anecdotal information regarding a number of people who have been detained many times, much to the frustration of the Police, AMHPs and HBPOs staff. It is important, as the rapid evidence review indicates, for all professionals to have the same understanding of mental ill health, each other's roles with clear protocols based on the Kent and Medway section 136 standards. These should be communicated as joined up across all levels so no professional, organisation or person detained experiences it as conflicting at any touch point.

There is no formal monitoring of the standards and data capture between partner agencies remains problematic. The number of section 136s that expire is not collated or reported up through the agencies and the Police, who collect a significant amount of data about people detained, are not formally advised of the outcome of each detention. No one organisation therefore has a dataset or overview of the entire pathway from a detainee's perspective.

There is a strong wish amongst partners to resolve the practical issues, whilst influencing the wider system to respond sooner with the least restrictive option. However the personal views shared by the professionals indicate frustration and lack of trust between the Police, HBPOs and AMHPs as well as concerns about the risks for all involved. The problems encountered during the deep dive when following the data flow process appears to mirror similar issues described by the professionals and therefore behavioural change is needed across all agencies. However without a lead agency to coordinate, manage and monitor the whole pathway such behaviour change and improvement is unlikely.

## **9. Recommendations**

Being detained is serious and every effort by all partner agencies should be made to engage people in their care first, so detention can be used as a last resort. The recommendation from the deep dive analysis is for all partner organisations to commit to a multiagency service development improvement plan (SDIP) and governance reporting framework with participation of user voice. The SDIP should therefore include the following 17 areas of work:

1. An identified lead for the SDIP to coordinate the improvement plan and reporting
2. A review of the section 136 Standards against current practice in order to inform areas of the improvement plan not captured in these recommendations
3. A review of the dataset in Appendix 10 of the section 136 Standards to ensure it will capture and monitor performance and impact of the pathway against the key section 136 Standards on a regular basis
4. Scope and develop interoperability opportunities between the partner agencies involved in section 136 detentions and assessment that will enable efficient data collection and support monitoring and reporting of the pathway
5. Introduce the formal monitoring and reporting of section 136s that expire and reasons
6. Introduce the formal monitoring and reporting of section 136s where people have to wait for more than 4 hours for assessment including children and young people
7. Update the Kent and Medway Crisis Board each quarter with exception reporting where standards are not met or where there is persistent non compliance
8. Ensure all frontline members of staff are aware of the College of Policing definition for mental ill health, and **is** reflected in joint working and understood by partner agencies
9. Ensure all police and frontline members of staff have the same understanding for what constitutes a mental health crisis. Eg a situation that the person or anyone else believes requires immediate support, assistance or care from an urgent and emergency mental health service (NICE Guidance Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care, Nov 2016)
10. Develop operational protocols based on the standards that align for all partner agencies' frontline professionals and practitioners to follow
11. Audit SECAMB response times to Police requests for Section 136 conveyance within 18 minutes and more than 40 minutes as well as instances when HBPOS is used as an alternative to A&E
12. Formalise the communication of the assessment decision by AMPHs and section 12 Doctors with the Police for their records and improved working
13. Identify relevant training needed for each agency involved in the section 136 pathway, where it should be delivered jointly and monitor training delivery and take up by each to ensure professionals have the relevant skills
14. Repeat questionnaires for feedback from all involved in section 136 including those who were detained (during and post detention) and with the assistance of mental health user voice group



15. Review the longer term outcomes of people detained

16. Identify and review individuals who are regularly detained on section 136, ensuring crisis plans are in place and include all relevant agencies

17. Consider a targeted approach to activity in Swale, Thanet and Medway with a view to reduce the number of detentions and particularly for young women

18. Scope and test the increased use of private addresses as alternative places of safety.

**Acknowledgement is given to those professionals from the partner agencies involved, who in addition to their usual duties, committed to collect the data, work together and shares their views openly.**

Appendix	Title	Document
Appendix One	Rapid Evidence Review	 Rapid evidence review_S136.pdf
Appendix Two	Kent and Medway Section 136 Pathway Standards 2019	 *Kent and Medway S136 pathway stand: