Section 136 in Sussex

Plain English Summary

This research was carried out in response to the controversially high rates of S136 in Sussex during 2012-2-13, with much public scrutiny and attention from government regarding the large numbers of people taken to police custody rather than the specialist S136 suites.

The aims of this research were to:

- examine previously collected information on S136 detention across Sussex to try and find patterns in terms of the gender, age and geographical location, etc. of people who had been sometimes repeatedly sectioned under 136;

- interview people who had been detained, as well as police, mental health professionals and other relevant services to find out their views of 'appropriate' use of S136 in Sussex

- provide a picture of 'out of hours' crisis intervention for vulnerable adults conducted by SFPT, Sussex Police and other services across Sussex

- build upon and change good practice and to feed into current debates of S136, both locally and nationally.

Using the data collected in 2012, our research revealed that considerable numbers of highly distressed people who were detained under S136 had travelled from outside Sussex to various 'hotspots' in the county, such as Gatwick Airport, Beachy Head and the city of Brighton and Hove. We also found that whilst the S136 rates were the highest across the UK, the majority of these detentions happened 'out of hours' when no other services were available and that the police appeared to be making an appropriate and even compassionate response to protect people who were experiencing extreme emotional distress and suicidal thoughts. Many people detained under S136 who were interviewed in the study had sought help from other sources before matters reached crisis point (GP, statutory mental health services, mental health helplines, 101, 999 or A&E).

Everyone who agreed to take part in the research project said they were motivated by the hope of improving future experiences for others and to highlight the need to improve emergency mental health care. Drinking alcohol made it harder for people to get help, not only for those who had previously used substance misuse services but also for those who were self-medicating with alcohol to try to cope with their distress. There was an agreement from everyone involved that help or support needs to be available 24/7, but that the involvement of voluntary organisations is essential to ease the pressure on police and healthcare services as well as to provide different (and at times more effective) kinds of help, including peer support.

We also found that about a third of the S136 detentions involved the same people being detained more than once. We also found there was a small group of women who seemed to be trapped in a cycle of despair with several having 50 or more S136 detentions over their life history. Many of these women had been diagnosed with a personality disorder, usually as well as having other diagnoses such as Post Traumatic Stress Disorder. Most had experienced sexual abuse and/or domestic violence, and repeated dissociative episodes. They viewed personality disorder as a social, rather than a medical label, one which led to them being excluded from any meaningful support or services. A common view was that (most) mental health professionals saw their suicidal behaviour as 'acting out' or 'attention seeking' and not really being 'ill' or at risk. People with such complex and multiple needs require consistent support over a period of time, in order to help them recover.

People who had been sectioned under 136 talked about the pressure placed on their family by the mental health team's reliance on them to 'pick up the pieces', often despite having other caring responsibilities within the family. Many people interviewed felt that there were mixed messages sent out about who should keep the

person in need safe at different times. Many people also felt that someone should not be discharged from a 136 without knowing who has been informed of their detention.

Whilst we were doing the research, police and crisis healthcare services have been under extreme pressure, and the dangers of under-funding the people who work exhausting, long and antisocial hours in highly stressful emotional and physical circumstances have caused concern. These people have shown great dedication in working together to develop new alternatives to S136. The 'lived experience' information from service users involved in our research has shown us the complicated nature of distress and need for emergency mental healthcare.

The use of S136 has changed a lot during the time the research was being carried out. Sussex Police decided to place a complete ban on allowing children and young people to be taken into police custody from April 2015 and to stop Eastbourne Custody being used as a place of safety in common practice. S136 suite nurses and police officers have received extra training around the use of health based suites especially for people in distress who have drunk alcohol or where restraint it used. The numbers of S136 detentions of adults into police custody has drastically decreased, thanks to the introduction of the highly successful Street Triage pilot and other alternatives to S136 including the extended 24-hour Mental Health Rapid Response Service in Brighton and Hove and the piloting of respite crisis provision led by voluntary organisations.

Our research made it clear that there needed to be enough funding made to support, maintain and increase the extent to which services helped each other, and that the voices of those with lived experience must be included in developing interventions that work and suicide prevention. Out of hours help and intervention provided with compassion and kindness are crucial in calming people when they are distressed and preventing the very public scenes of desperation displayed by so many in an increasingly divided and unequal society.

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Full report

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