Original Article

Demographic and referral patterns of people detained under Section 136 of the Mental Health Act (1983) in a south London Mental Health Trust from 2005 to 2008

Rohan D Borschmann DPsych*, Steven Gillard PhD†, Kati Turner BA (Hons)†, Kath Lovell BSc†, Norman Goodrich-Purnell BSc† and Mary Chambers PhD‡

*Institute of Psychiatry, King's College, London SE5 8AF; [†]Division of Mental Health, St. George's University of London, London; [‡]Joint Faculty of Health and Social Care Sciences, St George's University of London/Kingston University, London, UK Correspondence: Dr Rohan Borschmann. Email: rohan.borschmann@kcl.ac.uk

Abstract

This study aimed to retrospectively examine demographic and referral data for all detainees under Section 136 of the Mental Health Act (1983) at a 'place of safety' in one London Mental Health Trust over a three-year period. Data were collected for 887 consecutive detentions and indicated a clear over-representation of black detainees compared with their representation in the local population. A high proportion of detentions (41.2%) did not result in hospital admission. Implications for practice and service user experience should be considered as long as Section 136 remains an entry point to mental health services for many black people. There are implications for interprofessional practice where Mental Health Trust resources are expended supporting Section 136 detentions in which no hospital treatment follows.

Med Sci Law 2010; 50: 15-18. DOI: 10.1258/msl.2009.009003

Introduction

Section 136 of the Mental Health Act (1983) (Appendix 1, hereafter S136) is the only section whereby one person acting without medical evidence or training - has the authority to deprive another person of his or her personal liberty. 1,2 Previous research into S136 has explored the demographic and diagnostic profiles of individuals detained under S136, reporting a high prevalence of white, single, unemployed men aged in their 20s with a diagnosis of schizophrenia and a previous psychiatric history. The overrepresentation of black and minority ethnic (BME) individuals in S136 detentions has also been reported in numerous previous studies. 1,4-6 However, these studies have often collected data from only one metropolitan borough or county and have typically utilized brief data collection periods ranging from six months to two years. Data have been reported from southeast London,⁷ central London,⁸ north London⁹ and rural England.^{10,11} The present study aims to provide more up to date demographic data on individuals detained under S136 in a Mental Health NHS Trust 'place of safety', over a longer period (3 years) and across five boroughs within one south London Trust.

Methods

Data were collected from one south London Mental Health NHS Trust consisting of five separate and demographically disparate boroughs. The UK Economic Deprivation Index¹² ranked the relative deprivation experienced by residents of each of the 354 local authorities in the UK in 2008, with each authority receiving a rank from one (most deprived) to 354 (least deprived). The diversity of the five boroughs in our sample is highlighted by the following rankings obtained by each: Wandsworth, 143; Merton, 210; Sutton, 231; Kingston, 273; and Richmond, 293.

The demographic details of all individuals detained under S136 to the Trust place of safety between 1 October 2005 and 30 September 2008 were examined retrospectively, including the following information: date of detention, date of birth, gender, ethnicity, borough in which detained, time of arrival at place of safety, time assessment was completed, status after assessment (under the Mental Health Act [1983]), and discharge address. Certain data such as presenting behaviours and diagnoses were not available for inclusion in data analysis. Population data for the five boroughs based on mid-2006 estimates were gathered from the Office of National Statistics, and all data analyses were performed using SPSS 15.0 for Windows.

Results

There were a total of 887 detentions over the three-year data collection period, of which 57.4% were men. The ages of individuals detained ranged from 13 to 86 years (X = 37.1, SD = 12.9). As shown in Table 1, black people were

Table 1	Ethnic profile of people detained under S136 compared with ethnicity of the general population from the five Trust boroughs
(% of to	otal)

	White	Black	Asian	Mixed	Chinese	Other	Total
Wandsworth	79.9	7.6	7.3	2.7	1.0	1.5	100.0
Wandsworth - S136	57.0	30.4	9.6	1.4	0.6	1.0	100.0
Kingston	80.5	2.2	9.3	2.6	1.7	3.7	100.0
Kingston - S136	82.4	8.3	3.9	1.5	3.4	0.5	100.0
Merton	73.3	8.2	11.7	3.0	1.5	2.3	100.0
Merton - S136	69.7	18.2	6.8	3.0	0.8	1.5	100.0
Richmond	88.6	1.8	5.0	2.4	0.9	1.3	100.0
Richmond - S136	86.1	4.4	5.1	0.7	1.5	2.2	100.0
Sutton	85.6	3.7	6.1	2.5	0.9	1.2	100.0
Sutton - S136	77.8	12.0	4.6	2.8	2.8	0.0	100.0
Trust total	81.3	5.2	7.8	2.7	1.2	1.9	100.0
Trust total - S136	71.6	17.2	6.7	1.8	1.7	1.0	100.0

over-represented in detentions from each of the five boroughs. Overall, they make up 5.2% of the Trust's general population (0.5% Black British, 2.4% Black African and 2.3% Black Caribbean), yet they accounted for 17.2% of the S136 detentions over the three years (5.1% Black British, 5.0% Black African and 7.1% Black Caribbean). This over-representation was most evident in the borough of Wandsworth, where black people accounted for 29.7% of all detentions (9.7% Black British, 6.7% Black African and 13.3% Black Caribbean) and yet only 7.6% of the general population (0.8% Black British, 3.0% Black African and 3.8% Black Caribbean). Black detainees were 57.9% men and 42.1% women with an average age of 35.2 years (SD = 11.2).

A total of 220 detentions (24.8% of the total) were made on weekdays between the hours of 09:00 and 17:00, 665 detentions (75.0% of the total) were made after 17:00 or on weekends, and time of detention was not recorded in two (0.2%) cases. Individuals detained under S136 are allowed to be held at a place of safety for a period of up to 72 hours; the mean duration spent at the place of safety by individuals in our sample was six hours and 54 minutes (SD = 303.8 minutes). No significant differences in assessment time were found between different ethnicities or genders; however, individuals detained out-of-hours spent significantly longer at the place of safety before a decision was made than those detained during business hours (7 hours and 14 minutes compared with 5 hours and 59 minutes; t(878) = -3.20, P < 0.001). Seventy individuals were detained more than once during the data collection period, accounting for 19.4% of the total number of detentions. One person, a white man in his late

20s, was detained on seven separate occasions over the three years.

As shown in Table 2, significant differences in the outcome of S136 assessments were found between ethnic subgroups; $\chi^2(25, n = 887) = 59.18, P < 0.001$. Black people were more likely than white and Asian people to be further detained under the Mental Health Act (1983), and less likely than white and Asian individuals to be either admitted informally or discharged. A total of 372 (41.2%) detentions resulted in a discharge without hospital admission, while 209 detentions (23.1%) resulted in an informal admission. Of those discharged without hospital admission, 59.2% were men and 40.8% women, with an average age of 35.9 years. Twelve people (1.3%) were discharged out of the catchment area and their status was not recorded. Compulsory admissions accounted for the remaining 34.4% of detentions: 255 (28.2%) under Section 2, 52 (5.9%) under Section 3 and three (0.3%) under Section 4.

Discussion

We retrospectively examined the demographic profiles of 887 consecutive S136 detentions in one south London Trust over a three-year period. Black people (comprising Black British, Black African and Black Caribbean individuals as described above) were over-represented in S136 detentions from each of the five boroughs, and over the three years this averaged out to more than a three-fold over-representation across the Trust (i.e. this ethnic group accounts for 5.2% of the Trust's general population, yet accounted for 17.2% of all S136 detentions). This finding

Table 2 Status after discharge of individuals of different ethnic origins after detention under S136 (% of ethnicity total)

	Status after discharge (%)								
	Inf	S2	S 3	S4	Disc	O/A			
White	165 (25.4)	164 (25.2)	30 (4.6)	0 (0.0)	283 (43.5)	8 (1.2)			
Black	22 (14.4)	58 (37.9)	15 (9.8)	1 (0.7)	54 (35.3)	3 (2.0)			
Asian	14 (23.3)	16 (26.7)	4 (6.7)	1 (1.7)	24 (40.0)	1 (1.7)			
Chinese	6 (40.0)	7 (46.7)	1 (6.7)	0 (0.0)	1 (6.7)	0 (0.0)			
Mixed	1 (6.3)	5 (31.3)	2 (12.5)	1 (6.3)	7 (43.8)	0 (0.0)			
Other	1 (11.1)	5 (55.6)	0 (0.0)	0 (0.0)	3 (33.3)	0 (0.0)			
Total	209 (23.1)	255 (28.2)	52 (5.9)	3 (0.3)	372 (41.2)	12 (1.3)			

supports previous research that has reported an overrepresentation of BME people in S136 detentions. 1,4-6,13 Black people in our sample were also significantly more likely than white people to be further detained under the Mental Health Act (1983) and less likely to be admitted informally or discharged. In addition, this finding reflects research by the Commission for Healthcare Audit and Inspection, which has shown that black people are also over-represented among detentions under all sections of the Act. ¹⁴ This suggests that, in spite of a range of policy initiatives to address this issue, ^{3,15–17} there has been no substantial change over the previous decade to the repeated observation that black people are significantly more likely than other ethnic groups to enter mental health services via emergency routes (including S136) rather than through primary care or other planned admission. 4,18-20 As such it is not unsurprising that the over-representation of black people in S136 detentions corresponds with an increased likelihood that black people are subsequently formally admitted for treatment under the act. However, while black people continue to enter mental health services via S136, it is important that police and interprofessional mental health practice serves to improve the detainee's experience of the S136 treatment pathway by minimizing unnecessary distress and delay while conducting the requisite assessments. The proportion of men and women detained also matches previous studies that have reported men accounting for slightly more than half of all people detained.6,9,21

One finding of particular interest was that more than twofifths (41.2%) of all detentions resulted in a discharge without hospital admission. This rate of discharge was considerably higher than those reported in previous research, in which discharge rates of 32%, ¹⁰ 18%, ⁵ 8%, ⁶ and even as low as 0.5% ²² have been reported. It is likely that some of those discharged S136 detainees in our sample will have been discharged to the support of Community Mental Health, Home Treatment or other mental health teams to which they had already been admitted. Many might also have been intoxicated at detention, as the association between S136 detention and drug and alcohol misuse is historically well documented.^{4,23} However, such a high discharge rate without hospital admission remains extremely high when compared with other similar studies and this may suggest that many individuals are accessing mental health services in south London via the S136 route. This, in turn, further highlights the need to improve the experience for detainees as discussed above. S136 detentions place considerable strain on both police and health services staff, especially nursing staff at the Mental Health Trust's place of safety. Crucially, this results in more time away from other service users. Time devoted to the care and supervision of those detained under S136 may necessitate reliance on agency staff - with the associated financial implications for the Trust. While the use of agency staff is necessary to help ensure safety, their contribution to the overall care and support of service users is inherently limited by their unfamiliarity with service users, policies and procedures of the Trust.

The demand placed on resources by S136 detentions is exacerbated by the timing of detentions and duration of

assessments. Exactly three-quarters (75.0%) of all S136 detentions were conducted after 17:00 hours or on the weekends, a finding that supports previous research. Greenberg et al. 10 reported that only 26.0% of their S136 assessments were conducted during business hours, while the Care Services Improvement Partnership²⁴ reported that the busiest period for S136 detentions was between 14:00 and 22:00 hours. This raises resource issues for the stakeholder agencies involved, as the heaviest detention periods were also those when locating qualified mental health professionals can be most problematic. Although our value of 75% closely reflects the total proportion of hours in a week outside of business hours (76.2%) and may therefore not be surprising, it does raise implications for staffing levels and the experience and training required for staff working outside of business hours. In addition, while assessments conducted during business hours narrowly met the Trust's six-hour target for completion (mean of 5 hours and 59 minutes), out-of-hours assessments were significantly longer (mean of 7 hours and 14 minutes), placing further demands on police and ward staff resources at the place of safety.

Strengths and limitations

Our study was strengthened by the inclusion of data from five separate and demographically disparate London boroughs, ranging from inner city to suburban, and by the inclusion of data from all detentions made during the three-year data collection period. One limitation was that the study was unable to clarify the presenting behaviours or diagnostic categories of individuals detained – information that might have had implications for the use of S136 within the Trust in future.

On the basis of our data, it would appear that while the typical person detained under S136 at a place of safety in the Trust over the three-year period was male, white, aged in his 30s and detained outside of business hours, black people remain over-represented among S136 detainees. This suggests that little has changed in the demographic profile of S136 detainees in more than a decade since Gray et al.³ published their review of S136 research. Future qualitative research may wish to explore liaison between police officers and mental health professionals, the attitudes and decision-making processes of police officers making detentions under S136 (in preference to alternative approaches without the Mental Health Act), and interprofessional practice during assessments in order to better inform the appropriate use of S136 and to improve the experience of the S136 pathway, in particular for black detainees.

DECLARATIONS OF INTEREST

None.

REFERENCES

1 Fahy T. The police as a referral agency for psychiatric emergencies: a review. *Med Sci Law* 1989;29:315–22

- 2 Latham A. The Cinderella Section: room for improvement in the documentation and implementation of Section 136 of the Mental Health Act 1983. J Clin Forensic Med 1997;4:173-5
- 3 Gray R, Smedley N, Thomas B. The use of *Section 136*: a review of the literature. *Psychiatric Care* 1997;4:62-6
- 4 Dunn J, Fahy T. Police admissions to a psychiatric hospital. Demographic and clinical differences between ethnic groups. Br J Psychiatry 1990;156:373-8
- 5 Mokhtar A, Hogbin P. Police may underuse Section 136. Med Sci Law 1993;33:188-96
- 6 Turner T, Ness M, Imison C. 'Mentally disordered persons found in public places.' Diagnostic and social aspects of police referrals (Section 136). Psychol Med 1992;22:765–74
- 7 Dunn J, Fahy T. Psychiatric referrals from the police. *Bull R Coll Psychiatrists* 1987;11:236
- 8 Spence S, McPhillips M. Personality disorder and police Section 136 in Westminster: a retrospective analysis of 65 assessments over six months. Med Sci Law 1995;35:48–52
- 9 Simmons P, Hoar A. Section 136 use in the London borough of Haringey. Med Sci Law 2001;41:342–8
- 10 Greenberg N, Lloyd K, O'Brien C, McIver S, Hessford A, Donovan M. A prospective survey of Section 136 in rural England (Devon and Cornwall). Med Sci Law 2002;42:129–34
- 11 Greenberg N, Haines N. The use of *Section 136* of the Mental Health Act 1983 in a family of rural English police forces. *Med Sci Law* 2003;**43**:75–9
- 12 Communities and Local Government. *Tracking Neighbourhoods: The Economic Deprivation Index 2008.* http://www.communities.gov.uk/publications/communities/trackingneighbourhoods2008 (last checked 7 January 2010)
- 13 Pipe R, Bhat A, Matthews B, Hampstead J. Section 136 and African/ Afro-Caribbean minorities. *Int J Soc Psychiatry* 1991;37:14–23

- 14 Commission for Healthcare Audit and Inspection. Count Me in 2007: Results of the 2007 National Census of Inpatients in Mental Health and Learning Disability Services in England and Wales. London, 2007
- 15 Department of Health. Engaging and Changing: Developing Effective Policy for the Care and Treatment of Black and Minority Ethnic Detained Patients. London: Department of Health, 2003a
- 16 Department of Health. Inside, Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England. London: Department of Health, 2003
- 17 Department of Health. Delivering Race Equality in Mental Health Care: An Action Plan for Reform Inside and Outside Services and the Government's Response to the Independent Inquiry into the Death of David Bennett. London: Department of Health, 2005
- 18 Cole E, Leavey G, King M, Johnson-Sabine E, Hoar A. Pathways to care for patients with a first episode of psychosis. A comparison of ethnic groups. Br J Psychiatry 1995;167:770-6
- 19 Davies S, Thornicroft G, Leese M, Higgingbotham A, Phelan M. Ethnic differences in risk of compulsory psychiatric admission among representative cases of psychosis in London. *BMJ* 1996;312:533-7
- 20 Moodley P, Perkins R. Routes to psychiatric inpatient care in an inner London Borough. Soc Psychiatry Psychiatr Epidemiol 1991;26:47–51
- 21 Fahy T, Bermingham D, Dunn J. Police admissions to psychiatric hospitals: a challenge to community psychiatry? *Med Sci Law* 1987;**27**:263–8
- 22 The Mental Health Act Commission. In Place of Fear? Eleventh Biennial Report. London: The Stationery Office, 2006
- 23 McPhillips M, Spence S. Emergency work at an inner London psychiatric hospital: a study of assessments made over six months. Psychiatr Bull R Coll Psychiatr 1993;17:84-6
- 24 Care Services Improvement Partnership. Review of Section 136 Mental Health Act: Report and Recommendations. London, 2006

Appendix 1

Section 136 of the Mental Health Act (1983) states:

- (1) If a constable finds in a place to which the public have access a person who appears to him to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety...
- (2) A person removed to a place of safety under this section may be detained there for a period not exceeding 72 hours for the purpose of enabling him to be examined by a registered medical practitioner and to be interviewed by an approved social worker and of making any necessary arrangements for his treatment or care