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Section 136 assessments in Trafford Borough of Manchester

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Abstract

Purpose – The aim of this study is to ascertain a trend of the section 136 assessments over a period of time and compare it with the standards laid down by the code of practice.

Design/methodology/approach – The study looks at trends over a period of eight months since the opening of the section 136 services. The demographic details such as age, gender, and ethnicity were recorded. The other variables recorded include reason for using section 136, the place of assessment, time of referral, total time of assessment, the assessors undertaking the assessment, outcome of referral, whether the patient was under the influence of alcohol and suffered any concomitant physical problems and whether the police were present during the assessment

Findings – A total of 45 assessments were undertaken under section 136 of the Mental Health Act. The majority (93.3 percent) of the assessments were done in section 136 suite. Threats to self harm (35.5 percent) was the most common reason of detention. Mood disorders were the commonest diagnosis (22.2 percent each). A total of 17 (37.8 percent) of the patients detained were admitted to the inpatient units.

Research limitations/implications – It was noticed that rate of section 136 assessments decreased over months after an initial surge. It was also noted that the conversion rate of admissions was low which raises questions about the rightful use of section 136 detentions.

Practical implications – It will be interesting to conduct future studies to find out the reasons for the surge in the use of section 136 detentions when a new service is set up for the same. It also need to be noted that the conversion rate was low which raises the appropriateness of section 136 detentions, together with the finding that one-third of the detained patients had a discharge diagnosis of alcohol and drug problems raises the possibility whether section 136 is overused among this group.

Originality/value – Previously studies have been conducted regarding the section 136 assessments but this study monitors all the variables identified, to be monitored, by the code of practice.

Keywords Mental health services, Police, Laws, United Kingdom

Paper type Research paper

Introduction

Historically, the Vagrancy Acts of 1714 and 1744 were used to remove "lunatic paupers" that were found in public places who were suspected of mental illness, to a place of safety, by a constable. Prior to this, under the Poor Law Act 1601, the parish took the responsibility of the incapable and arranged for them to be placed in workhouses (Spence and McPhilips, 1995; Hodder Arnold, 2005).

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The Madhouse Act 1828 ("1828 Act") repealed the 1774 Act. The 1828 Act made it mandatory for the medical practitioner to attend the private madhouses weekly. The purpose of this was to release the individuals who were inappropriately detained (Hodder Arnold, 2005).

The Lunacy (Consolidation) Act 1890 provided the provision for four routes of admission. In particular, one route, known as the "summary reception order", permits a police officer to detain a wandering lunatic in a workhouse for a period of up to three days. This particular route formed the basis of future mental health legislations, regarding removal of a person with suspected mental illness, to a place of safety (Hodder Arnold, 2005).

In 1953, the Report of the Royal Commission of the Law Relating to Mental Illness and Mental Deficiency formed the basis of the Mental Health Act 1959. In the 1959 act, section 136 was established. The 1959 act has been revised in 1983 and 2007; however, no significant changes were made to the provisions of section 136 (Hodder Arnold, 2005).

Section 136 of the Mental Health Act also known as the police order allows the police officer for the removal of a person who appears to a to be suffering from mental disorder from a public place to a place of safety, so that he/she can be assessed by a medical professional (preferably a section 12 approved doctor) and an approved mental health practitioner (AMHP) (Roger and Faulkner, 1987).

There were national concerns about the non-suitability of police stations as the place of safety (Hodder Arnold, 2005). New investments were made to improve the provision of place of safety. In Trafford the persons detained on a section 136 assessment were taken to local police stations that were the designated places of safety. In line with the national initiative a new section 136 suite called GMW suite was commissioned in Trafford in October 2008. The GMW suite is located near the A&E department of Trafford General Hospital (TGH). The GMW suite was made the new place of safety in addition to the local police stations.

When the police bring a person to the GMW site, they were screened for any underlying physical problems by the A&E staff. Where indicated the persons will be breathalysed for alcohol intoxication. If the patient is aggressive then it was agreed that the Police will shift that person to the police station which is another place of safety. A middle tier rota consisting of middle grade doctors and the duty AMHP are responsible for carrying out the mental health act assessments. It was agreed that the assessments will be completed within four hours.

This study looks at trends over a period of eight months since the opening of the section 136 services in Trafford.

Methods

A questionnaire was devised incorporating the standards from the code of practice for section 136 assessment (Department of Health, 2008; Jones, 2004), prior to the inauguration of the section 136 service. The demographic details such as age, gender, and ethnicity were recorded. The other variables recorded include: reason for using section 136, the place of assessment, time of referral, total time of assessment, the assessors undertaking the assessment, outcome of referral, whether the patient was under the influence of alcohol and suffered any concomitant physical problems and whether the police were present during the assessment. The data was analysed using descriptive statistics.

Results

A total of 41 patients were assessed in 45 assessments under section 136 of mental health act. There were more men ($n = 24$, 53.3 percent) than women ($n = 21$, 46.7 percent). The age of the detained persons were in the range between 17-62 years, the mean age of the group was 39.9 years. More white Caucasians were detained on section 136 of the mental health act than the ethnic minorities (see Table I).

The majority of assessments, 42 (93.3 percent) took place in the GMW suite, and the other three persons were taken to the police station, because of safety concerns. Of the 45 assessments, 43 (95.5 percent) were jointly done by a section 12 approved doctor and approved mental health practitioner. One person was assessed by the section 12 doctor only and the other assessment was carried out by the forensic medical examiner as the detained person was taken to the police station.

More than one-third of the assessments took place out of hours, between 5 p.m. and 9 a.m. The majority ($n = 30$, 66.7 percent) of the persons detained were previously known to the mental health services.

The most common reason for detention under section 136 were threats of self harm ($n = 16$, 35.5 percent) followed by aggressive behaviour ($n = 10$, 22.2 percent. Almost one-third of the detained persons were intoxicated ($n = 12$, 31.1 percent). Mood disorder ($n = 10$, 22.2 percent) and personality disorders ($n = 9$, 20 percent) were the two most common psychiatric diagnoses in those persons who were known to the local mental health services (Table II).

Of the 45 assessments, police were present during 40 (88.9 percent) of the assessments. On four (12.1 percent) occasions the police officers left before the assessment was completed.

	Frequency	%
Age		
16-20	6	13.3
21-30	4	8.9
31-40	10	22.2
41-50	15	33.3
51-60	6	13.3
>60	4	8.9
Sex		
Male	24	53.3
Female	21	46.7
Ethnicity		
White Caucasian	34	75.5
British Asian	2	4.4
Black or Black British	2	4.4
Not stated	6	13.3
Assessors		
AMHP and section 12 approved doctor	27	60
AMHP and 2 section 12 approved doctors	16	35.5
FME only	1	2.2
Section 12 approved doctor only	1	2.2

Table I. Demographics

	Frequency	%
Reason for section 136 detention		
Threats of self harm	16	35.5
Aggressive behaviour	10	22.2
Bizarre behaviour	5	11.1
Self harm	4	8.9
Abnormal thoughts	3	6.7
Threat to others	2	4.4
Section 136	1	3
Not documented	4	8.9
Diagnosis		
Drug and alcohol problem	8	17.8
Personality disorder	9	20
Mood disorder	10	22.2
No mental illness	1	2.2
Psychotic disorder	2	4.4
Outcome of assessment		
Discharged to primary care	17	37.7
Formal admissions	12	26.6
Informal admissions	5	11.1
Referral to CRHTT	5	11.1
Referral to CMHT	2	4.4
Referral to drug and alcohol team	1	2.2
Referred to medical SHO on call	2	4.4
Referred back to police	1	2.2

Table II.
Reason for section 136 assessments, diagnosis, assessment and admission

There were 17 (37.7 percent) admissions following assessment and majority ($n = 12$, 70.5 percent) were formal admissions under mental health act 1983. On average, the total time of assessment was 4 hours and 2 minutes. The shortest time to complete an assessment was 45 minutes whereas the longest assessment took 12 hours 30 minutes to complete.

Discussion

The mean age of the persons detained were similar to that reported in previous studies (Jones, 2004; Sims and Symmonds, 1975). Slightly more men were detained which is concordant to previous reports where it was the majority of males being detained under section 136 (Spence and McPhilips, 1995; Sims and Symmonds, 1975).

The most common reason for detention under section 136 were threats of self-harm, followed by aggressive behaviour. Previous studies have reported violent behaviour (44 percent), as the reason for most detentions (Dunn and Fahy, 1990). In a previous study done by Spence and McPhilips (1995), bizarre behaviour (67.6 percent) was the commonest reason for detention under section 136. Another study showed that causing disturbance (35 percent) was the frequent reason for detention under section 136 (Dunn and Fahy, 1990).

Before the section 136 suite was set up there were problems in coming onto a joint agreement on certain issues, such as the assessment of persons detained under section

136 of mental health act whilst under the influence of alcohol. From the mental health perspective, it is not possible to carry out a proper mental health assessment when someone is under the influence of alcohol. The accident and emergency staff was of the view that they do not have the resources to keep the patient in the A&E till they sober up, additionally there are risks involved in keeping the person amongst physically vulnerable patients. From the police perspective, they are reluctant safety of keeping the patients in the police cells as they feel that the police station is not equipped in dealing with any concomitant medical emergencies. This is also indicated by the report published by the Independent Police Complaints Commission, the recommendations of the report included the minimal use of police custody as a place of safety and also ensuring adequate training for the police officers to recognize mental health issues (Turner *et al.*, 1992). The finding that one-third of the section 136 detained patients had alcohol problems highlights the above concerns.

In the eight-month period, only two (4.4 percent) of the detained persons were found to be suffering from psychotic illness. This finding is in variance with the reports of a higher percentage, 27-32 percent, of persons with schizophrenia being detained under section 136. This is an important finding and may suggest that the persons with psychotic illness are better managed in the community.

The total conversion rate to admission was slightly more than one-third ($n = 17$, 37.7 percent) of the total number of the section 136 assessments and is low as compared to the previous studies, which reported a much higher percentage of 80 percent admissions as an outcome of section 136 assessments (Turner *et al.*, 1992; Simmons and Hoar, 2001).

Ethnic minorities have constituted less in the breakdown of section 136 assessment and based on demographic of the area under question, the representation of British Asian and African ethnicities are adequate. According to Pipe *et al.* (1991), and Dunn and Fahy (1990), Afro Caribbean represented 21.2 and 15 percent of the referrals respectively. These findings are several folds above the ethnic representation in their respective areas.

It was noticed that the rate of section 136 assessments decreased considerably on a monthly basis after the initial surge that followed the opening of the section 136 suite at TGH. It will be interesting to conduct future studies to find out the reasons for the surge in the use of section 136 detentions when a new service is set up. It also need to be noted that the conversion rate was low which raises the appropriateness of section 136 detentions, together with the finding that one-third of the detained patients had a discharge diagnosis of alcohol and drug problems raises the possibility of whether section 136 is overused among this group.

Overall, the monitoring of section 136 is nationally very poor. Despite section 136 being mental health legislation, there is no common way of monitoring the assessment as compared to the other legislations of the Mental Health Act, hence the inconsistencies. The results of all previous studies are paradoxical, the studies themselves are not carried out on a large scale, which calls for a larger study probably covering a city area. There also is a dire need of a common pathway for monitoring section 136. Although a CR 149 report has devised a section 136 form to be used nationally, it needs to be actively pursued rather than leaving it to ones own means.

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