

## **The Cleveland Mental Health Street Triage pilot**

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### **Introduction**

Police are often the first point of contact within the Criminal Justice Process. They are regularly called to deal with people with mental health problems, regardless of whether an offence has been committed. Her [Majesty's Inspectorate of Constabulary](#) estimates that two per cent of police time is spent dealing with people with mental health problems, but other surveys estimate the figure to be between 15% and 25%. There is a concern that this police time could be better spent in fighting or reducing crime.

If the police have concerns that a person in a public place has a mental disorder and requires immediate care or control in their own best interests or for the protection of others, that person can be taken to a [place of safety](#) under the provision of section 136 of the Mental Health Act (s136). This legislation allows for the person to be held in a place of safety for up to 72 hours to enable further assessment by a Registered Medical Practitioner and Approved Mental Health Professional. The assessment informs whether or not further mental health intervention is required and if so, whether such intervention should be provided under the ambit of the Mental Health Act.

There is increasing evidence to suggest that many of the people held under s136 are subsequently deemed not to require follow up from mental health services. This is relevant because holding individuals under Mental Health Act has implications in terms of restriction of liberty and perceived stigma. For every person who is held under s136, there is a significant resource implication. For example, there is statutory requirement for a registered medical practitioner to assess the individual. Additionally, in many cases, an approved mental health professional assesses the individual. In all cases, police officers are involved in initiating the s136 and often take the person to the place of safety, staying with that person until completion of assessment if there are security concerns.

So, how do we improve the "triaging" of individuals under s136, with a view to enabling more timely access to appropriate mental health interventions and reducing unnecessary costs to police, health and local authority services?

### **Cleveland Street Triage pilot service**

This pilot service began in August 2012 as a partnership between [Cleveland Police](#) and Tees, Esk and Wear Valleys NHS Foundation Trust, with mental health nurses working daily between 4pm and midnight. When police are called to an address or incident and believe that an individual involved has a mental disorder, learning disability or substance misuse problems, they contact the nurses to carry out an assessment. The nursing assessment informs further care planning, ascertaining whether the person needs to be held under s136 and if not, whether follow up from mental health, social or substance misuse services is required. The nursing team refer to those services if required, provide information and leaflets to service users about relevant agencies and where appropriate, provide follow up appointments within seven days of the assessment.

Data collected for twelve months since August 2012 shows that a significant proportion of individuals who were assessed by the Street Triage nursing team did not require s136 assessment and did not have significant mental disorder. 12 (3.2%) out of a total of 371 people assessed by the mental health

nurses proceeded to s136 assessments. 129 out of 371 (34.7%) had drug or alcohol related problems. 205 out of the 371 individuals (55.2%) were deemed not to have any significant mental disorder. 134 out of 371 (36.1%) were known to TEWV NHS Foundation Trust mental health services.

Data collected during the above period showed that during the hours when the mental health nurses were not on duty a total of 224 people were taken under s136 to a place of safety within police stations. 200 out of 224 (89.2%) were deemed not to require further follow up after statutory assessments. Over the same period, 159 individuals were taken under s136 to a hospital place of safety. Of those 116 (72.9%) did not require further detention under the Mental Health Act. Of those, 46 (39.7%) individuals were deemed not to require follow up. Therefore, 383 individuals in total over the above period were placed under s136. Based on the above data, hypothetically if the Street Triage Nursing team had assessed these individuals, a significant proportion of those cases might not have been placed on s136.

## **Conclusion**

Emerging data from the Cleveland Street Triage pilot scheme suggests that joint working between mental health care provider organisations and the police force could substantially reduce the number of people being subjected to Mental Health Legislation. The potential beneficial outcomes include reduced distress to service users, better utilisation of professional skill mix, cost savings to police, healthcare and local authority services; and improved sign-posting and provision of appropriate interventions to this population of individuals.