

Review of the operation of Sections 135 and 136 of the Mental Health Act

Redbridge Concern for Mental Health and Run-UP

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“If you fall down and break your hip, an ambulance will be with you in eight minutes to give emergency care at the scene before taking you to A&E. If, however, you suffer an acute psychotic episode in the street, you are just as likely to be attended by a police car and taken to a cell.”

Martin McShane, NHS England's director for people with long-term conditions



“I know of a female who just wanted to get her toothbrush and toiletries and the Police just piled in on her and didn’t let her get her own personal things and didn’t treat her with dignity and respect in her own home. This is a women who is said to be unwell.”



Introduction

Redbridge Concern for Mental Health and Run-Up welcome the opportunity to respond to the Review of the operation of Sections 135 and 136 of the Mental Health Act.

Our response has been informed by a range of formal and informal discussions with people with lived experience of mental health problems; social workers; psychologists; and other health professionals. This has included focus groups; face-to-face discussions; experiences shared at peer support groups; local research and our day-to-day work of supporting local residents during a mental health crisis.

What is abundantly clear is that being treated with **dignity, warmth, understanding, respect and compassion is of fundamental importance**. All too often we hear stories of people with lived experience of mental health problems who sum up their experience at the hands of the police as if they ‘are being treated as criminals’.

Moreover, unlike any other kind of medical treatment mental health crisis are at times subjected to unnecessary coercive policing. For example, in the last few months both carers and mental health service users have told us of instances of the police turning up 8 to 10 at a time, in riot gear and ‘piling in’.

It is important to stress that we do hear positive accounts from people with lived experience of mental health problems. People appreciated police officers who were friendly, respectful and compassionate, and who spent time listening to them, acknowledging their feelings and believing them.

Nonetheless, in the twenty first century, it is a matter of shame that we still hear stories detailing prejudice, discrimination, coercion and relative neglect. It is these stories and accounts that form the basis of our response.

Key Messages

- To be treated with dignity, warmth, understanding, respect and compassion is of fundamental importance.
- Local residents tell us that Police stations continue to be used as a routine place of safety in clear breach of the Code of Practice.
- A reoccurring theme is the view that the police do not have sufficient training or understanding of mental health, mental illness and what to do during a mental health crisis.
- Currently an individual experiencing a mental health crisis can be detained under S136 in a police cell for up to 72 hours. Police only have 24 hours to investigate crime, why should someone who has a mental health problem be allowed to be detained for up to 72 hours? This is discriminatory and only exacerbates prejudice and stigma.
- Again and again we hear of and experience accounts of lack of collaborative working between relevant agencies, mental health teams and the police.
- The reduction of physical restraint to an absolute minimum is of fundamental importance. Restraint must be in line with the Department of Health guidance document "*Positive and Proactive Care: reducing the need for restrictive interventions*".
- There is a lack of cultural and religious understanding especially when it comes to approaching a mental health crisis in black and minority ethnic groups.
- To be suitably staffed hospital places of safety in all areas, catering for all age groups and available 24 hours a day, which do not exclude on the grounds of age, diagnosis or presence of intoxication.
- Police stations should not be used as a default position due to lack of Hospital Places of Safety.
- To stop using Taser Guns. It is of particular concern as there is no research exploring how a stun gun interacts with antipsychotic medication.

“I was there from 10am in the morning until 8pm in the evening (Hospital A&E). I told them I was leaving. The Doctor told me if I crossed the line he would call the security to stop me and I would be sectioned.”



Person with lived experience of mental health

Experiences of Accident and Emergency

It is our view that Accident and Emergency departments are often inappropriate for people experiencing a mental health crisis because of the lack of skilled and experienced staff present who are available to care for and to assess these people's needs.

Again and again people experiencing a mental health crisis told us that they needed a safe space. Many of the people experiencing mental health problems that we talked to had bad experiences at Emergency Departments. People told us of having to wait up to 8 or sometimes as long as 10 hours for treatment.

Emergency Department staff have told us that people with mental health problems are kept in A&E, which is not a calm and safe environment, for much longer than is good for them and their mental health.

“I was visiting someone who was not well and another patient who had mental health problems was shouting and making a lot of noise. The nurses were running around like headless chickens and didn't know what to do. The patient I was visiting was getting distressed, anxious and was speculating about the presence of the police on the ward. It was quite distressing to see.

“I went to enquire at reception. The staff were talking amongst themselves and

“I am an experienced AMHP and in my view both Police Cells and A&E are totally inappropriate for the detention of a person suspected to be suffering from mental illness except in the direst emergencies.”

“I explained to the desk sergeant I have mental health problems, anxiety and PTSD. But he told me that there was no one available to assess my mental health as it was a weekend.”



Person with lived experience of mental health problems

Use of a Police Cell

We still hear too many stories of people experiencing a mental health crisis being taken to a police cell as a place of safety. Police cells are totally inappropriate as a place of safety except in the direst of emergencies.

If people are taken to a Police Cell **it is essential that skilled and experienced staff are available to care for and to assess these people's needs.** It is a matter of justice and fairness that such support is available at a police station if that is where people experiencing a mental health crisis are taken.

“A friend was unwell and the family called an ambulance because they felt he needed to be taken to hospital as place of safety. The police came with the ambulance and the person was taken to the police station and was booked into a police cell because they did not have any hospital beds for him.

The person spent two days in the police cell.“

“A person I know was picked up in Redbridge and put in the cell. They kept shouting that they were claustrophobic. But they were still kept in the cell for some time. Whilst being locked up they could feel themselves collapsing. It was impossible to try and tell the police that. He has been really traumatised by the experience and the actions of the police”

“The police turning up 8 at a time, in uniform just makes you more likely to react. It is natural to feel apprehensive when they turn up like that. It does not calm the situation at all. It only makes things worse”

Person with lived experience of mental health problems

Police Mental Health Training - Case Study

What worked well, what didn't, what could be different next time and so on.

Life events lead me to a situation where I had to call the police. I was in a relationship where there was domestic abuse and my mental health had suffered. I had to call the police due to my partner refusing to let me leave the abusive situation. Due to my mental health problems and the strange way I was acting the police restrained me and I was arrested and put in a cell, while my partner who I was running away from stayed at home.

I was charged with assault of an officer and fined in court. I was told at court that I should plead guilty as I don't stand a chance against 13 police officers.

What could have been done differently?

- A police officer taking the time and care to talk to me. Not having 5 officers circle me
- Removing my partner from the situation who was shouting at the front door.
- Given me some information and support before I was chucked out of the police station in the middle of the night with no way of getting home.

What could work well?

I have a list of people in my bag that I contact in an emergency if I become unwell. If I had that list at the time I would have given it to the police, as it had information on it about my mental health condition and who to call.

“In fact, out of all of the officers only one asked if I had any any mental health issues and that was the officer back at the desk.”

Person with lived experience of mental health problems



Black and Minority Ethnic Groups

Redbridge Concern for Mental Health is particularly concerned about the overrepresentation of black and minority ethnic people in detentions under s136. A 2008 study by the Independent Police Complaints Commission on the use of Section 136 found that the rate of detention for BME people was almost twice as high as that for white people.

Participants also talked about a lack of cultural awareness and religious understanding and the fact that the stigma and prejudice associated with mental health can impact on the individual, family and community.

“Get in the ambulance or we will escort you to the hospital” Everyone in the community is watching this. This is all people in the community will remember. I’m the one with mental health problems.”

“It was really humiliating. ‘She was the mad one being escorted to the ambulance’. The stigma has stayed with me”

Person with lived experience of mental health problems

“Why are they in the business of mental health if they are going to treat people like criminals.”

Person with lived experience of mental health problems



Use of Tasers - Stun Guns

Participants we talked to including mental health service users, health professionals, psychologist and psychotherapists were shocked, alarmed and dismayed to find out that the police have resorted to firing stun guns to subdue people experiencing a mental health crisis. A number of instances have been recorded by the North East London Foundation Trust who refer to tasers being used on patients brought in on a Section 136.

It is another example of how the line between medical treatment and coercive policing is being blurred. Using stun guns on people experiencing a mental health crisis has the capacity to increase distress and trauma. Moreover, we could not find any research exploring the interaction between stun guns and antipsychotic medicines. Nor what assessment the Police take in terms of finding out whether a person experiencing a mental health crisis has a history of heart problems or other medical issues.

“It is a sad indictment of in-patient care that police have resorted to using Taser guns on people who are in crisis.

He added: “Police should be especially careful when handling someone taking antipsychotic medication - this medication can weaken the heart, meaning Taser guns can have potentially fatal effects on this group.”

Paul Jenkins, the chief executive of Rethink Mental Illness,

About Us

Redbridge Concern for Mental Health and Run Up
www.rcmh.org.uk

Redbridge Concern for Mental Health - established over 18 years ago –is a service user led organisation based in the London Borough of Redbridge dedicated to promoting, improving and protecting the mental health and emotional wellbeing of the wider community.

We offer high quality services to local residents seeking mental health support. We also provide information and signposting as well as challenging the stigma and discrimination that people experience in their everyday lives.