

Street Triage reduces police detentions at no additional cost

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The Government's 'street triage' initiative - which sees mental health nurses accompany police officers to incidents where people need mental health support - could reduce police detentions without increasing cost to the public purse, suggests a new study by researchers from King's College London.

Street triage aims to provide faster and more effective assessment, support and access to appropriate [mental health](#) services, and to reduce the need for people to be detained under Section 136 of the Mental Health Act (MHA).

Section 136 of the MHA is a piece of legislation which allows police officers to remove a person with an apparent mental health need from a public place and bring them to a place of safety, which is generally a

hospital or, if no hospital beds are available, a police cell.

Published today in *BMJ Open*, this new study is the first comprehensive examination of street triage's immediate impact on detentions under Section 136 of the MHA and the costs and savings generated for the NHS and criminal justice sectors.

Using data provided by a street triage [service](#) in Sussex, the researchers from King's Institute of Psychiatry, Psychology & Neuroscience (IoPPN) compared a six-month period before the initiative was introduced to a six-month period after its introduction.

They found that the total number of Section 136 detentions to either hospital or police custody fell by 39 per cent (from 194 to 118 detentions). Looking just at detentions in police custody, there was a fall of 53 per cent (from 119 to 56 detentions).

Study co-author, Professor Sarah Byford from the IoPPN at King's College London said: 'We found that street triage significantly reduced the number of people being detained under Section 136 of the Mental Health Act.

'It is particularly interesting to note that street triage was only available during set hours of peak need, at the weekend and some evenings, and of the 118 detentions that happened after street triage had been introduced, only about 6 of these detentions (5 per cent) took place during these street triage hours.

'The other 94 per cent were detained by the police during hours when support from the street triage service was not available to them or to the people subject to these detentions. This suggests that the impact of street triage on detentions could have been even greater if the service had been available on a more regular basis.'

The study also reported that the additional cost of providing street triage was offset by savings made as a result of reduced detentions, particularly detentions in police custody. In other words, the service paid for itself. However, whilst the NHS was responsible for paying the greater proportion of the cost of the street triage service, it was the criminal justice system that benefited from most of the savings.

First author, Dr Margaret Heslin from the IoPPN said: 'This is a great example of how researchers can work with service commissioners or service managers to try to evaluate programmes that do not have an evidence base. This is incredibly important for making sure new programmes that have been implemented without prior evaluation are effective and are good value for money, but even more importantly - that they are not doing more harm than good.'

A number of street triage services have been launched across the UK in the last few years, providing support to [police officers](#) in a variety of ways, including at the scene attendance and by telephone.

The Sussex service described in this study involved a dedicated police officer and a mental health nurse who were available solely to attend and respond to mental health issues. Other services take a call-centre approach, providing [police](#) with mental health professional support by telephone, with others using something in between.

Dr Heslin added: 'We cannot assume that the results we present are relevant to other types of street triage. Further evaluation is needed to see if these alternative models are effective and cost-effective, and to find out what model of service works best, in which contexts and for whom.'

More information: Margaret Heslin et al. Decision analytic model exploring the cost and cost-offset implications of street triage, *BMJ Open*

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