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Street triage halves the rate of Mental Health Act detentions

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An on-street assessment by a specialist team has been shown to more than half the number of police detentions under the Mental Health Act and potentially save large health trusts £1 million a year.

Street Triage is a service that comprises of a mental health nurse working alongside a dedicated police officer in mobile community units.

The initiative enables the police and the NHS to work collaboratively to make sure an individual gets the best care possible when concerns about their mental state are reported to officers.

Experts at Newcastle University, UK, publishing in *BMJ Open*, found the annual rate of detentions under Section 136 of the Mental Health Act reduced by 56% in the first year Street Triage was introduced.

They found the initiative resulted in 50 fewer detentions per month, which equated to 600 per year.

In the paper, researchers estimate that this could lead to a saving of £1,632 across NHS, Local Authority, ambulance and police services for a detention of three to four hours. Nationally this could save large mental health trusts £1 million a year.

Dr Iain McKinnon and Dr Patrick Keown, both honorary senior clinical lecturers at Newcastle University and consultant psychiatrists at Northumberland, Tyne and Wear NHS Foundation Trust, jointly led the

two-year study.

Dr McKinnon said: "Street Triage brings the ability to respond quickly, with the skills of police officers working with mental health professionals to provide the best care possible.

"The initiative had an immediate and noticeable effect with the number of detentions falling as soon as it was introduced.

"For every four Street Triage interventions there was one fewer detention. This suggests it reaches a wider group than would previously have come into contact with mental health services via the police.

"Our findings suggest Street Triage has the potential to transform the delivery of adult mental health services."

The team used data from Northumbria Police, Northumberland, Tyne and Wear NHS Foundation Trust, the Accident and Emergency Department at Sunderland Royal Hospital, and the social work department of Sunderland City Council.

This is the most comprehensive study of its kind, carried out in detail and across a large population of an NHS Mental Health Trust with a catchment area in the North East. Data was collected from September 2013 to September 2015.

Section 136 detentions can result in involuntary admission to a psychiatric hospital under the Mental Health Act; voluntary admission to hospital; or discharge to community follow up.

Prior to the initiative, the rate of detentions was 59.8 per 100,000 population in the Northumberland, Tyne and Wear NHS Foundation Trust catchment area. This fell to just 26.4 per 100,000 within the initial

12 months.

The study also found that the mean monthly number of Section 136 assessments recorded by Sunderland Local Authority fell from 15.4 before to 3.3 following - a drop of 78%.

Dr Keown said: "There has been a large increase in the rate of detention under the Mental Health Act in England in the last 20 years. This has included a rise in the number of detentions by the police.

"The findings of this study indicate that Street Triage has the potential to reverse this trend. We found that for every four Street Triage interventions there was one fewer section 136 detention.

"Very few interventions have been shown to reduce rates of detentions under the Mental Health Act. If these findings can be replicated in other parts of England, then Street Triage, and possibly other forms of multiagency working, have the potential to transform the delivery of mental health services."

The authors of the paper state that further research is required as during the period of the study three acute hospital wards closed and one Section 136 suite.

More information: Patrick Keown et al, Too much detention? Street Triage and detentions under Section 136 Mental Health Act in the North-East of England: a descriptive study of the effects of a Street Triage intervention, *BMJ Open* (2016). DOI: 10.1136/bmjopen-2016-011837

Provided by Newcastle University

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