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Street Triage:

An interface between mental health and police and criminal justice

Street Triage

One in four people experience a mental health problem in any given year and many will come into contact with the police either as victims of crime, witnesses, offenders or when detained under Section 136 of the Mental Health Act.

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People with mental health problems are more likely to be victims of crime than others and up to 90 per cent of prisoners and two fifths of those on community sentences have mental health problems.(1)

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Approximately half of all deaths in or following police custody involve detainees with some form of mental health problem (2)

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Research by the Guardian Newspaper shows that the overall number of incidents recorded in police logs as being related to mental health rose by a third between 2011 and 2014, a trend that looks set to continue.

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The College of Policing estimates 20-40% of police time and vast amounts of money are taken up dealing with incidents involving people with mental health problems. Metropolitan police officers have estimated in the past that mental health issues account for at least 20% of police time (3)

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Street triage schemes were launched in 2013 by the Department of Health due to the increased involvement police forces were having with individuals suffering from poor mental health

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Crisis Care Concordat

In February 2014 the Government published its Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis (4).

Street Triage

Today ….

Getting our heads around a 360 approach

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Street Triage

- Purpose and effectiveness
- Value (case studies /reflection)
- Interagency working and culture
- The influence of targets and funding

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Street Triage Purpose

Mental health services work together with police to ensure people get appropriate care when police are called to a person in distress.

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Street Triage Purpose

Based on locally agreed protocols, Street Triage aims to support access to appropriate crisis care, to provide more timely access to other health, social care and third sector services, and to reduce the use of police cells as places of safety for s136 detentions.

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Purpose:

Stated

Perceived

Implicit / explicit

Organisational perspective

Outcome measures

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Street Triage Drivers

Street Triage schemes may contribute to a reduction in the use of police custody suites as places of safety, and more effective care for those in crisis who do not need to be taken to a health based place of safety (HBPOS).

Less people in custody less people at A&E

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Street Triage Drivers

"Although no formal research has yet been conducted around the schemes they have been hailed as a success, with West Midlands Police reporting a reduction in section 136 detentions Although this was the original intention, I feel they have done so much more". (4) (Sweeney 2015)

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Effectiveness

Poor data collection prior to project

Regional (not national) data sets

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Effectiveness

Data were not always collected consistently across the sites. All pilot forces reported challenges with data collection. The dataset covers only incidents captured during the hours of operation for each scheme. This differed between forces and changed throughout the evaluation period. There is variation in the quality and extent of datasets across locations e.g. A large proportion of data is unavailable in the North Yorkshire sample, with 26.8% of data relating to gender coded as missing.

Most data is descriptive. Lack of pre pilot data meant little comparative evaluation could be undertaken

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All but two of the nine Street Triage schemes resulted in a reduction in the use of s136 detentions, when compared with an equivalent timeframe from the previous year; s136 data for one scheme were not available. (4)

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Street Triage

Overall, the mean difference across the pilot schemes was 11.8%;

when comparing the six sites where a reduction in s136 use was seen, the mean reduction was 21.5% (15.5% to 27.5%).

In addition to the reduction of s136 detentions, more people were placed in Health Based Places of Safety (HBPOS) compared with police custody and those in police custody spent less time there than indicated by previous reports.

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Given the design and data limitations of the study, and the variation in the models operated, it was not possible to establish whether one model was superior to any other model.

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The evolution and focus of STC arguably reflected the (narrow) aims of the lead agency. This focus was amplified by the lack of outcome measurements that captured the broader *value* of STC

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Street Triage

Our experience of STC

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Street Triage

The street triage car is a government pilot initiative to help reduce the number of S136 detentions under the Mental Health Act (MHA), to improve the direction of travel away from police custody to health based, preferably mental health, Places of Safety (PoS), to improve quality of interventions, reduce direction of travel from Accident & Emergency departments and decrease the time police patrols are dealing with an policing and mental health incident.

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Street Triage Measures of success

- To reduce overall numbers of people detained on a S 136
- To reduce overall numbers of people detained on a S 136 attending at A&Es
- To increase the % of people detained on a s136 who are then referred on for MH treatment
- To increase number of people on a S 136 being seen within 2 hours in A&E
- To decrease the amount of time that police patrols are engaged at the scene of a triage car incident

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Street Triage Measures of success Reduction in Sec 136

Month	2013	2014	% reduction
June	1	1	0
July	21	20	5%
August	20	9	55%
September	17	10	42%
Total	59	40	

Street Triage

Value

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Street Triage

Steve and his absence from the IoM

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Street Triage

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Stakeholders

Steve

Steve's family

IoM Health

IoM Police

Merseyside Police

Merseyside Docks and Harbour Police

Liverpool Social Services

Liverpool MH Services

Street Triage

Facilitating factors

Collaboration

Knowledge of MHA

Problem solving capability (thinking outside the box/es)

Local network/ contacts

Ability to persuade ,explain and rationalise plan

Utilising all resources

Sound risk management

Autonomy

Patient centred

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Street Triage

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Barriers

Organisational boundaries (budget / responsibility)

Credibility / Authority (who are we?)

Avoidance of responsibility /risk

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Carol around the corner

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Street Triage

Stakeholders

Carol

Police

A&E

MH services

General Public

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Facilitators

Requirement to consult with STC (?)

Understanding of MHA

Ability to persuade ,explain and rationalise plan

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Barriers

Poor understanding of MHA

Poor understanding of STC

Lack of collaboration

Not buying in

Passing responsibility

Reluctance to do things ‘differently’

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Street Triage

He’s at risk of jumping of a roof (delusions)

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Street Triage

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Stakeholders

Steve

Fire

Police

Ambulance

Public

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Facilitators

Access to mental health records

Reasoned risk assessment

Shared responsibility

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Street Triage

Barriers

Getting caught up in the ‘drama’

Poor collaboration

Fear of doing nothing

Blame culture

Stereotype of ‘mental health’ (issues)

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Street Triage

He’s a risk of drowning (jumping in the docks)

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Street Triage

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Stakeholders

John

Ambulance

A&E

Police

Family

Private security company

Retailors

Public

Street Triage

- Facilitators
- Joint decision making
- Access to health and police records
- Access to family

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Barriers

Alcohol as a risk factor

Speed of response

Lack of appropriate risk management options

Public environment

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Two tales

Frequent attender

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Street Triage

Facilitators

Extended MH home service

Trust in STC advice and assessment

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Barriers

Regulations governing ambulance and police attendance

Lack of joint care planning capacity

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Two tales

Frequent attender

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Facilitating

? At least STC was contacted

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Barriers

STC should ‘rubber stamp’ a decision already reached

Bias in terms of age and presentation

Poor risk assessment

Seeing A&E as the most effective risk management strategy

A fear of doing nothing

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When things worked well

Collaboration based on respect for expertise and shared decision making and making use of skill sets

Sound knowledge of law/s

Problem solving approach as opposed to following custom and practice

Sound risk management (as opposed to avoidance)

Ability to explain and rationalise plan

Utilising all resources

Access to MH follow up / support

Autonomy

Patient centred

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Interagency working

Lack of preparatory work with GPs , Social Services, Paramedics and MH !

Lack of training for police or induction for MH practitioner

Information sharing

Unrealistic expectations /interventions

Risk aversion

Lack of legal knowledge

Differing priorities

Different hierarchy / culture

Potential for conflict between front line and managers

Conflict with own team

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Danger of substituting for other services

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Essentially an approach that stitches two services together without recognising the potential difficulties or finding out what works…..

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Targets and funding

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- Why did Sec 136 drop ?
- What is a vulnerability model?
- Targets now face to face visits and amount of activity rather than type of work or outcome (Quantifiable outcome)
- Perpetuating service and obtaining funding rather than evolving

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