Street Triage:
An interface between mental health and police and criminal justice
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.
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)
Approximately half of all deaths in or following police custody involve detainees with some form of mental health problem (2)
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.
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).
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.
Crisis Care Concordat

In February 2014 the Government published its Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis (4).
Today …. 
Getting our heads around a 360 approach
Street Triage

- Purpose and effectiveness
- Value (case studies /reflection)
- Interagency working and culture
- The influence of targets and funding
Mental health services work together with police to ensure people get appropriate care when police are called to a person in distress.
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.
Purpose:
Stated
Perceived
Implicit / explicit
Organisational perspective
Outcome measures
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
“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)
Effectiveness
Poor data collection prior to project
Regional (not national) data sets
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.
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)
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.
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.
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.
Street Triage

Our experience of STC
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.
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
<table>
<thead>
<tr>
<th>Month</th>
<th>2013</th>
<th>2014</th>
<th>% reduction</th>
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<tr>
<td>June</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>July</td>
<td>21</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>August</td>
<td>20</td>
<td>9</td>
<td>55%</td>
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<tr>
<td>September</td>
<td>17</td>
<td>10</td>
<td>42%</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>40</td>
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</tbody>
</table>
Street Triage

Value
Steve and his absence from the IoM
Street Triage

**Stakeholders**
- Steve
- Steve’s family
- IoM Health
- IoM Police
- Merseyside Police
- Merseyside Docks and Harbour Police
- Liverpool Social Services
- Liverpool MH Services
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
Street Triage

Barriers
Organisational boundaries (budget / responsibility)
Credibility / Authority (who are we?)
Avoidance of responsibility / risk
Street Triage

Carol around the corner
Street Triage

Stakeholders
Carol
Police
A&E
MH services
General Public
Facilitators

Requirement to consult with STC (?)
Understanding of MHA
Ability to persuade, explain and rationalise plan
Barriers
Poor understanding of MHA
Poor understanding of STC
Lack of collaboration
Not buying in
Passing responsibility
Reluctance to do things ‘differently’
He’s at risk of jumping of a roof (delusions)
Stakeholders
Steve
Fire
Police
Ambulance
Public
Street Triage

Facilitators
Access to mental health records
Reasoned risk assessment
Shared responsibility
Barriers
Getting caught up in the ‘drama’
Poor collaboration
Fear of doing nothing
Blame culture
Stereotype of ‘mental health’ (issues)
He’s a risk of drowning (jumping in the docks)
Street Triage

Stakeholders
John
Ambulance
A&E
Police
Family
Private security company
Retailors
Public
Facilitators
Joint decision making
Access to health and police records
Access to family
Street Triage

Barriers
- Alcohol as a risk factor
- Speed of response
- Lack of appropriate risk management options
- Public environment
Street Triage

Two tales
Frequent attender
Facilitators
Extended MH home service
Trust in STC advice and assessment
Barriers

Regulations governing ambulance and police attendance

Lack of joint care planning capacity
Street Triage

Two tales
Frequent attender
Facilitating

? At least STC was contacted
Street Triage

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
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 centered
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
Street Triage

Danger of substituting for other services
Essentially an approach that stitches two services together without recognising the potential difficulties or finding out what works…..
Street Triage

Targets and funding
Street Triage

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.

2. IPCC (no date) Police Custody as a “Place of Safety”: Examining the Use of Section 136 of the Mental Health Act 1983 [online] Available: https://www.ipcc.gov.uk/page/mental-health-police-custody
