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# Mental Health Triage Pilot

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Birmingham and Solihull   
Mental Health NHS Foundation Trust

# Why is it necessary?

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- Policing Mental Health relates to about 20% of police demand
- Service delivered to our service users is perceived to be poor
- Our current focus is on the single incident rather than a holistic problem solving approach
- Home Office, Department of Health and Ministry of Justice have identified a need to work more collaboratively
- Police Federation raising concerns over the use of S136 MHA powers
- Recent reports outlining the position that custody is not a place of safety, we should not be criminalising persons suffering from mental ill health and echoes the need to work more holistically
- Supports the drive described within the new MH Concordat

# Triage Model

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- Triage Car will work from 1000 – 0200/0300 based from Bournville Lane Police Station
- 7 days a week Inc. Bank Holidays
- Staffing
  - Four band 6 MH nurses
  - Six Police Constables and One T/PS - on secondment
  - Three Ambulance Paramedics FTE
- Deployed in a plain ambulance responder
- Creates a vehicle able to deal with physical and mental health issues.
- Deployment under guidance of Police / AMBO Control rooms
- Started Friday 10<sup>th</sup> January 2014 initially for 12 months
- Funded by the Department of Health for 12 months - £265k secured for health staff and vehicle.



# Demand

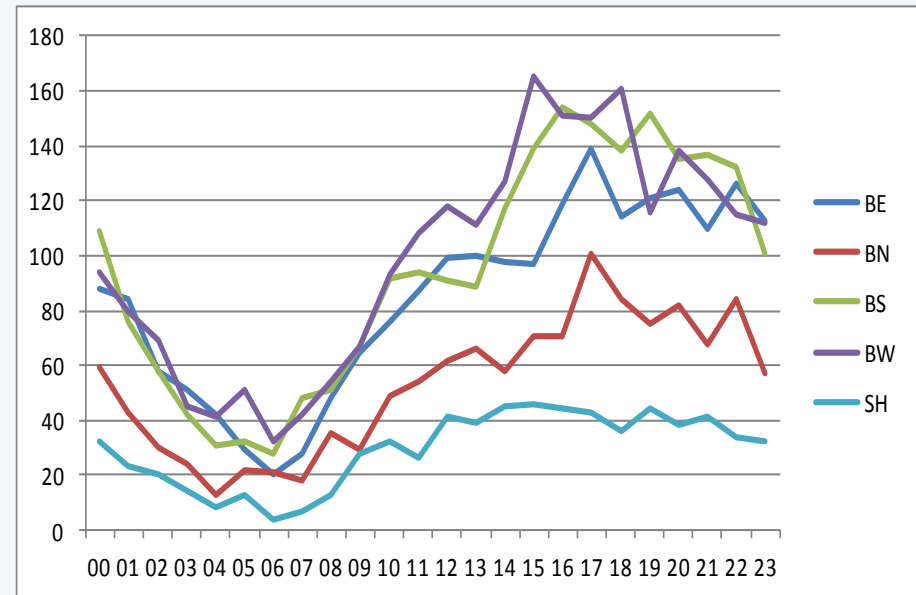
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- **Police pure street crisis interventions within Birmingham and Solihull**

July 12- July14

- **B'ham West and Central LPU**
- 27.3%
- **B'ham South LPU**
- 26.4%
- **B'ham East LPU**
- 23.5%
- **B'ham North LPU**
- 12.7%
- **Solihull LPU**
- 10.1%
- **Grand Total**
- **8800 calls per year**
- **Ambulance data matches the demand demonstrated by the police**
- **S136 detentions 2013-2014 = 615 in Birmingham and Solihull**



# Role of the MH Nurse

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- To conduct a face to face assessment on the street
  - Undertake a mental health assessment
  - Undertake a review of risk, threat and harm to themselves and others with the members of the team to provide a holistic approach
  - Consider pathways for diversion if appropriate
  - Enhance the capacity of the service to deliver out of hours
- Create a conduit for information sharing and ensure pathways provided are acted upon
- Deliver a compassionate and caring approach to Mental ill health

# Role of the Paramedic

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- To conduct a face to face assessment on the street
  - Undertake a Physical health assessment
  - Undertake a review of risk, threat and harm to themselves and others with the members of the team to provide a holistic approach
  - Reduce the need to remove to the Emergency Department if possible
  - Instigate MDT to high demand service users.
- Create a conduit for information sharing with AMBO and GPs and ensure Acute Care pathways provided are acted upon
- Deliver a compassionate and caring approach to Mental ill health

# Pilot Outcomes

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- Improve the quality of service we give to persons suffering from mental ill health
  - Reducing the number of attendances in both custody and hospital
  - Reduce the burden on both police and health staff who are tied up whilst awaiting assessments
  - Improve the outcomes for those who are detained and also those who are dealt with in the community
  - Increased accessibility to Mental Health Service staff beyond normal working hours up until 3am seven days a week
  - Experiential learning due to multi-agency teamwork, leading to greater understanding of the roles of other professionals within the Mental health Service and a greater understanding of mental illness and pathways to support such clients.
  - By working in partnership with the police, ambulance and community mental health services (inc .RAID), the team can offer an follow up service to those difficult to engage following initial contact with the police.
  - Reduce the demand on conveyance by police and ambulance service
  - Reduce costs to health and criminal justice system, Ambulance services and Acute Trusts

# Early view (Jan – Dec 14)

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- First 12 months (2491 incidents)
  - Attended 1871 incidents to conduct assessments
  - S136 detentions x 333 (previous 686)
  - Incidents on street - 939
  - Incidents in private premises - 1553
  - Interactions on street where the use of s136 was a consideration by police officers or paramedics **574**
  - Physical health assessment where A&E attendance would have previously occurred x 647
  - Conveyance of persons in Street Triage car to Place of safety instead of using an ambulance x 316



# Examples

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- Report from both police and ambulance of a 19 year old female self harming in the street. Threatening to kill herself. Extremely emotional and had consumed 2 glasses of wine. A check on mental health systems revealed she had an extensive history with services. The ambulance on scene wanted to take the female to the hospital.

*Outcome - Street triage team deployed, all resources were cleared from the location. Her wounds were dressed by the paramedic on the car at the scene. A face to face assessment with the mental health nurse was conducted and an urgent referral was made to the home treatment team. She was given crisis access to services over night. Home treatment went to see her the next day.*

*She was safeguarded with her friend that evening who took her home and stayed with her through the night. This whole incident lasted 45 minutes compared to the hours she would have waited in an A and E department with the same outcome at the end.*



# Examples

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- Reports a female was distressed in her home address saying her husband wouldn't let her leave the house. She has a long history of suffering with mental health. Her husband had been abusing her physically/mentally/financially and sexually for years, he used her mental health to cover up the abuse he subjected her to. By being able to check mental health systems it was identified her husband would not let her talk to any professionals on her own. He controlled any interactions she had with the mental health teams and they had identified they were concerned about her welfare. Due to knowing this information the team asked her to come and talk to them in private outside in the triage vehicle where she disclosed the abuse. She agreed to attend the place of safety voluntarily for an assessment.

*Outcome – street triage face to face assessment completed. She was taken to a place of safety. She has subsequently been sectioned under the mental health act. If the triage car had not been there then the officers said they would have left her in the house and believed what her husband was telling them.*

*This would have resulted in her being subjected to further abuse.*

# Examples

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- Report from a railway station of a female wishing to commit suicide.

*Outcome – Street Triage team arrived within 15 mins. Information exchange had taken place on route and identified that the lady was a current inpatient on unescorted leave. The team took the lady back to her unit and the incident was dealt with within 45 mins of the initial call. Without the team it is anticipated that this would have taken 16hrs of multiagency resources to resolve.*



# Biggest wins

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- Cultural shift that improves quality delivery
- Stronger partnership collaboration
- Developing wider intelligence and information sharing inc. A&E, GP's, Public Health and NHS England
- Developing Joint Strategic Needs assessments
- Improved outcomes for individuals inc. patients and carers
- Improving engagement with BME communities
- Funding opportunity costs



Birmingham and Solihull **NHS**  
Mental Health NHS Foundation Trust

 **CAMHS (Child and Adolescent Mental Health Services)**

 **Birmingham City Council**

# Future

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- CCG's have commissioned triage programme for Coventry and the Black Country
- Extension built for the Birmingham / Solihull pilot
- Model to vary between local areas dependent on demand
- Police collaborating routinely with health

