‘It’s Mental Health, Not Mental Police’: A human rights approach to mental health triage and Section 136 of the Mental Health Act 1983

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[1]Introduction

In 2015 Her Majesty's Inspectorate of Constabulary estimated that one third of people who came into contact with the Police Service in England and Wales had an identified mental health problem. This figure rises even higher once other vulnerabilities such as substance use and dependence are included. The realisation that the management of public health, particularly in public spaces, is a core function of the police is long overdue. In statistical terms the police contribution is clear; over 4,000 people were detained in police cells under Section 135 and Section 136 of the Mental Health Act in England and Wales in 2014. This public health function of the police was no doubt exacerbated by real-term budget cuts in mental health trusts in England and Wales of approximately 8 per cent between 2010-11 and 2014-15, alongside a 20 per cent increase in referrals (McNicoll, 2015)**.** The dual impact of these funding cuts to mental health trusts alongside 20% cuts to police budgets has driven innovative and imaginative schemes that seek to address the demand side of the policing of mental ill-health. This article situates these innovative developments within a human rights framework that prioritises analysis of article two (the right to life), article three (the prohibition on torture and inhuman or degrading treatment), and article five (the right to liberty).

A human rights approach to the policing of mental ill-health raises fundamental questions about the vulnerability of people in the care of the police, the appropriateness of police interventions, and how societies define and delineate the role and function of the police and health sectors. It is the challenge of understanding and interpreting the police-health nexus and its associated points of intervention that this article seeks to address. The article seeks to do this through a human-rights based exploration of the challenges that emerge during police responses to mental ill-health through the use of section 136 of the Mental Health Act 1983 and experimental use of mental health triage. The article explores the context through which mental health has risen up the global public policy agenda and argues for a re-assessment and realignment of thinking about the police-health nexus that aligns with the United Nation's sustainable development goals for 2030.

Context

The profile of mental ill-health in global policy debates has slowly risen to a point of prominence after decades languishing in the shadows of public debate. In 2015, mental health was incorporated into the United Nations' 2030 sustainable development goals amid

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recognition of its historically marginalised position in the field of public health. These development goals were subsequently promoted by the World Bank during events in 2016 which emphasised a range of health, social and economic benefits that investment in mental health would bring (World Bank, 2016). These policy developments built upon the work of the World Health Organisation which implemented a mental health action plan in 2013 amid recognition of the stigmatising and discriminatory effects of disjointed mental health policy and the requirements of an approach underpinned by a clear human rights framework. The impact of these global developments is now starting to become visible in national policy.

In England and Wales, the establishment of the 1998 Human Rights Act led to human rights frameworks becoming essential tools in public policy work. Since March 2008 police forces have been obliged to comply with the duties imposed by the Human Rights Act 1998 which now underpins all police policy, training and operational delivery (Association of Police Authorities 2009). The advance of human rights approaches is evident across the full spectrum of policing work via examples such as the development of independent accountability mechanisms such as the Independent Police Complaints Commission (IPCC) and at the operational level via innovative experiments such as mental health triage in response to the widely acknowledged limitations of section 136 of the Mental Health Act 1983. Under section 136 of the Mental Health Act, police custody had been routinely used as a 'place of safety' for vulnerable people despite potential human rights breaches under articles two, three, and five[2] of the European Convention of Human Rights (Scott, 2014).

The debate about whether mental health should be core police business has risen in tandem with increased recognition that mental health has been a marginalised public health issue (Paterson and Pollock, 2016). Bittner's (1967) seminal work on the policing of the marginalised and vulnerable on Skid Row in Los Angeles has echoed through the work of police and criminological scholarship and has recently been situated in discussions about the police-public health nexus (Wood et al. 2015; Cummins and Edmondson, 2016). These challenges are not bound to individual nation states. Anglophone countries experienced similar processes of de-institutionalisation in the 1960s and 1970s followed by welfare retrenchments in the 1980s that reshaped the management of mental ill-health (Paterson and Pollock, 2016). Through a process of transcarceration, many people suffering mental ill-health crises were moved to the penal estate with the police acting as gatekeepers to a variety of carceral institutions via legislation such as the Mental Health Act 1983. There is both a theoretical and policy challenge here. The primary role of the police is to protect

[2] Scott's (2014) research also highlights breaches under article 8, the right to a private and family life, but this article is not considered here.

societies and, under the Mental Health Capacity Act 2005, individuals from themselves when there is an imminent life-threatening risk. It is therefore a suitable expectation that police officers should perform a protective and coercive gatekeeper role for those suffering mental health crises, although with appropriate advice from public health professionals where this is possible. In policy terms this seems straightforward yet questions remain about the role of police officers as gatekeepers and the delineation of agency roles during mental health crises.

The role of police officers as custodians of coercive state force has slowly elongated to include a security function which supports the health sector. The combination of increased political and human rights attention plus capital investment in health-based places of safety since 2007 has meant that section 136 detentions in custody have fallen steadily (UK Parliament 2013). However, in 2012, over half of all section 136 detainees were still held in police cells as a 'place of safety' despite recognition that police custody should only be used in exceptional cases. Similarly, the London Ambulance Service has systematically downgraded the priority of calls for service where a police officer has arrived on the scene (Adebowale, 2013) and NHS trusts have been criticised for holding police officers in accident and emergency rooms for extended periods of time (Ibid., 2013) when there is an absence of available beds or doctors to take care of a person experiencing a mental health crisis. These inter-agency challenges are often driven by concerns with how to backfill the security and transportation functions that police perform for the health sector (Herrington and Pope, 2014).

It is clear that the challenge of supporting police responses to persons with mental ill-health has outgrown the legislative and institutional structures that exist and evidence of this poor fit can be found in the acceleration of innovative integrated service provision taking place. In global terms, the most widespread example of integrated service provision is the evolution of crisis intervention teams (CIT) that include specialist officers trained in the de-escalation of threatening behaviours and alternative modes of resolution that seek to improve police officer identification of, and interaction with, vulnerable people experiencing mental health crises. England and Wales has experimented with street triage as a mechanism for reducing repeat demand upon police officers and custody suites whilst addressing the potential human rights breaches that emerge under conditions of coercive control. Although street triage is smaller in scale and numbers than the NHS's National Liaison and Diversion service, it provides an opportunity to analyse how different police organisations interpret significant changes to street-level policing. This article reviews recent experimentation with street triage in Derbyshire Constabulary. The next section outlines the methodological

approach that underpinned the research before the second half of the paper reviews the findings and their implications for policy and practice.

Methodology

The primary objective of the research was to explore whether triage effectively alleviates the human rights concerns associated with S136. The research also sought to explore whether triage has consolidated inter-agency working to provide a more humane approach to the care and control of mental ill-health crises in public spaces. This second objective is, however, recognisably restricted to a unilateral police perspective. A number of triage schemes have emerged nationwide but its conceptualisation remains in its infancy (Reveruzzi and Pilling, 2016). Although there is a growing body of literature throughout the western world analysing the effectiveness of triage and other crisis intervention schemes, there remains a dearth of academic literature that analyses triage through a human rights lens. This study attempts to fill this void through the medium of qualitative enquiry. Semi-structured interviews were conducted with seven police officers at Chesterfield police station who had ongoing involvement with a triage scheme originating from its initial pilot phase in 2013. The sample consisted of frontline constables, sergeants, and inspectors, to give a reflection of the working operations of section 136 and triage from both a grassroots and management perspective. Open-ended questions allowed for the elicitation of rich, high quality information that tests existing hypotheses, articulates discernible themes, and allows for comparisons with existing quantitative data (Jones and Mason, 2002). The limited sample size of seven officers within one police station in England means the results alone cannot be generalised with too much certainty. Further research encompassing both police and health agency perspectives is recommended in ascertaining a more rounded approach, especially in addressing issues related to inter-agency consolidation. However, the overall findings align with other contemporary research on section 136 and triage (Dyer et al., 2015; Reveruzzi and Pilling, 2016; Wilson-Palmer and Poole, 2015).

Findings

A human rights framework of analysis was used to identify and address concerns with potential breaches of articles two, three and five. This framework addressed, firstly, the use of custody as a potential breach of the right to life and the prohibition on inhuman and degrading treatment as well as emergent issues such as the potential for unlawful detention with both section 136 and street triage. Drawing on article three from the European Convention on Human Rights, the Human Rights Act 1998 provides police organisations in

England and Wales with a clear human rights framework to draw upon when making decisions about the necessity, legitimacy and proportionality of interventions with individuals posing a risk to society or themselves. In relation to article 3, inhuman treatment incorporates acts that cause intense physical or mental suffering such as physical assaults, psychological interrogation, cruel or barbaric restraints and detention conditions, and threats of torture (Reidy, 2003). Degrading treatment refers to humiliating and undignified actions such as prolonged interrogation and detention and is particularly pertinent in cases where people are vulnerable or suffering from ill-health (Ibid., 2003). For example, Cummins and Edmondson (2016: 43-44) refer to the case of MS v. UK where the European Court of Human Rights ruled that the treatment of MS constituted a breach of article three after MS was held in police detention for over 72 hours under section 136 after the police and mental health services were unable to agree on suitable alternative accommodation.

While the findings that follow focus upon police perspectives, it is important to acknowledge that all these issues require multi-agency solutions. The findings are broken down into three main areas: (a) the reduction in use of section 136 and police cells (b) the consolidation of police and mental health services, and (c) additional human rights concerns with section 136 and triage. Each of these themes will now be addressed in turn.

The Reduction of Section 136 Usage in Police Cells

The primary purpose of the triage pilots was to reduce the use of police cells in section 136 cases. There are various models of triage in operation around the country, all sharing the basic premise of health professionals working alongside police officers in responding to mental health crises in public spaces (Reveruzzi and Pilling, 2016). Some officers in the Chesterfield district described how they had limited access to an emergency response car where a mental health nurse, paramedic and officer travelled and attended the scene in unison. However, all officers in the Chesterfield district stated that their primary triage model involved radio contact with a mental health nurse in a police control room. Any officer attending a mental health crisis in public could radio in to seek the advice of the nurse to help inform the officer's judgements. Since adopting triage, Derbyshire has seen significant reductions in section 136 detentions of around 20%, with the use of police cells dropping further still by 50% (UK Parliament, 2016). Such substantial reductions, particularly regarding police cells, invariably reduce the potential for human rights violations associated with police custody as seen in MS v. UK. Interviewees spoke of the positive effect of triage upon their methods of policing mental ill-health in public spaces. Triage was perceived to have contributed to a culture change within Derbyshire Constabulary as part of a wider focus on reducing section 136 and its intrinsic human rights concerns.

> We thought we were doing the right thing at the time… and now I think there's far more emphasis on thinking about what you're doing, and having to answer a lot more questions to be accountable for what you're doing (Officer 3).

> ...over the past year, 18 months, there does seem to be more noise about triage, you know, the desire to keep people out of police stations. Everything does seem to be moving now in the right direction (Officer 5).

Although triage makes a number of positive contributions to the policing of mental ill-health, it is the potential to share records amongst individuals and agencies that is regarded as the primary contributor to substantial reductions in section 136 arrests. The triage process mediates between the mental health trust and the police and allows for the free yet secure sharing of data between the two services. Such data can include specific prescriptions, histories of drug and alcohol misuse and pre-existing mental health conditions which help officers to make more informed decisions about whether to detain an individual or not and thus avoid some of the article three challenges presented by detention. For example, one frontline officer described how such information helps the officers differentiate between mental health crises and attention seeking or intoxicated behaviour. Before officers had controlled access to records, a section 136 detention could take place due to an absence of understanding about an individual and fears of later claims of negligence. With police now equipped with a better understanding of a person's situation, all officers spoke of increased confidence to proceed without detention and this led to the use of less austere options such as taking the individual home or to a relative.

Furthermore, this change in approach also led to officers having a more compassionate approach to mental health as their understanding of an individual's circumstances was enhanced via the triage process. This is because officers learned from both the information triage provides and the delivery of mental health training that officers now receive to support this process. This increased awareness of the circumstances that surround mental health crises can lead to a disinclination to use section 136 in an effort to limit the deleterious effects of arrest or detention on people suffering mental ill-health.

> Yeah, so I think it does give us a better understanding in terms of we've got somewhere to go now for advice instead of just turning up at the hospital or custody expecting there to be a health care professional there to deal with it (Officer 6).

If a section 136 intervention was necessary, most participants discussed how triage can ease the process of assessment and admittance to heath-based places of safety (HBPS). This is crucial in safeguarding articles two, three and five as HBPS not only eliminate the need for police cell detention but can also deliver emergency health care and mental health assessments expediently. Although some of the sample remained sceptical about the interaction triage has with HBPS or hospitals, most participants discussed how the influence of a health professional can ease the process of assessment and admittance.

> Triage are very, very good. They make phone calls to A and E, to the hospital. We're able to facilitate quick movement through the medical process into a ward and then at that point the process of mental health assessment can take place (Officer 5).

Consolidation of Police and Mental Health Services

At the beginning of the research it was hypothesised that triage would start to bridge the gap between police and health services in creating a more therapeutic response to the care and control of mental ill-health in public spaces. The purpose of this consolidation of services is to safeguard fundamental human rights via health-based solutions to mental health crises. Winterwerp v. Netherlands established a clear article five test in relation to the lawfulness of section 136, in particular the ability of police officers to make informed judgements about the presence of unsound mind and the potential for poor quality diagnoses to make the deprivation of liberty unlawful (Scott, 2014: 5). Furthermore, the Winterwerp case identified the necessity of a link between the reason for detention under article five and the place and condition of detention which illustrates the unsuitable nature of police custody for people suffering mental ill-health (Scott, 2014: 5).

Although interviews were conducted exclusively with the police, evidence emerged which indicated that the consolidation of services was starting to address this issue. Senior officers identified the benefits of new and improved lines of communication between health and police as a result of triage.

> It has bridged a gap. What we didn't have before triage, and triage has been a catalyst of this, is lines of communication with mental health trusts and units. These are much, much better formed than they ever were before. We probably had little or nothing before triage. Triage really was probably, in most areas, the real catalyst to getting that up and running (Officer 4).

However, these benefits did not always trickle down to grassroots level as frustration continued amongst some frontline officers with regards to a perceived reluctance amongst some health service professionals to take ownership and responsibility for the care of individuals experiencing mental health crises.

> No, no, I don't think there's more of a consolidation…we still butt heads, they don't really want to takeover (Officer 2).

The paucity of ambulances was by far the most pervasive issue raised by the sample as an example of obstacles to good collaborative practice between the two services. The full sample of interviewees expressed frustration at the absence of available ambulances and their low level of priority for section 136 service users. The frontline officers particularly vented their frustrations at the dearth of ambulances.

> We spend so long waiting for them it's unbearable…we can't be standing around for 3-4 hours waiting for them to come (Officer 7).

All officers understood and endorsed the official governmental guidelines for an ambulance to transport a section 136 detainee to a place of safety. These guidelines align with human rights legislation in preserving the dignity and liberty of those suffering mental-ill health crises. However, the detention of a section 136 service user for such prolonged periods of time on the street while awaiting an ambulance inadvertently continues to deprive liberty. Therefore, this resource challenge led to a reluctant yet inappropriate use of police vehicle transportation.

> It's more humane to use a police car than being sat in the street sometimes for two hours (Officer 2).

All of the interviewees perceived the ambulance service to be stretched in terms of resources and ill-equipped to deal with the new demands of transporting people experiencing mental ill-health crises. These findings recall the conclusions of the World Health Organisation and World Bank whereby health organisations across the globe are under-resourced and unprepared for many of the challenges presented by mental ill-health. A senior officer expressed concerns that some police officers had lost patience with this situation and no longer called for an ambulance at all. Although using police transportation was seen as more humane than waiting a number of hours for appropriate health-based

conveyance, police conveyance carries equal human rights concerns in terms of deprivation of liberty. This is especially profound when transporting service users in locked police vans. Furthermore, not calling for ambulances through loss of patience further diminishes the consolidation premise and, as such, affirms police involvement with mental-ill health and its associated human rights concerns.

The issue of intoxication remains a further challenge that triage cannot alleviate. Although police cells are now rarely used as places to 'dry out', officers complained about the amount of time they spent in accident and emergency departments while awaiting health staff to assume responsibility for intoxicated section 136 service users. Previous research has demonstrated how officers can typically spend between six and eight hours in hospitals with 136 service users before health professionals assume responsibility (Her Majesty's Inspectorate of Constabulary, 2013). Although triage assists in differentiating between intoxicated and mentally disordered behaviour, it offers no assistance in alleviating this longstanding problem. There was an acknowledgement from police officers that the situation had improved but previous conflict over ownership of risk and organisational responsibility had created difficult working relationships that require time and effort to re-build.

The overarching theme that resonated through all the interviews was frustration about the expectation that mental ill-health crises required a police rather than health-focused response. The consensus of opinion was that mental ill-health should not be regarded as a core component of the police mandate. Police officers frequently complained about the response to mental ill-health crises being considered by both the public and health services to be a police matter. This societal expectation essentially frames the human rights challenges around article five and deprivations of liberty. Health based resolutions cannot be achieved if police are consistently required to respond to mental-ill health crises. If this expectation persists, the role of police as first responders will continue to lead to arrest, detention, conveyance and further article five concerns. While triage has helped the police build the confidence and skills to deal with these challenges, many officers still feel poorly equipped when faced with such complex issues related to vulnerability.

> It's mental health, not mental police, and its health that should be looking after them (Officer 4).

These findings have been replicated elsewhere (McLean and Marshall, 2010; Adebowale, 2013; Dyer et al., 2015) and highlight the need for bottom-up initiatives such as triage to be

supported by more significant institutional level change if reform is to be consolidated beyond local pilot schemes.

Human Rights Concerns with Section 136 and Triage

A number of human rights concerns emerged out of the interviews regarding existing practise with section 136 and triage. The most prominent of these concerns was with the potential degrading and stigmatising use of police transportation. Sympathy and regret were expressed by all officers when forced to transport mentally unwell persons in police vehicles due to a lack of ambulances.

> It's scandalous that we are transporting people who are suffering, you know when they're at that point in their life, they're in mental health crisis, and we stigmatise them as… as criminals (Officer 4).

Using a police vehicle was interpreted by all interviewees as having a criminalising effect on a mentally unwell individual with the potential to infringe article three - freedom from inhumane and degrading treatment. However, this infraction is in direct conflict with the argument expressed by most officers that leaving a person in crisis on the street for hours while they wait for an ambulance is deemed to be less humane than transporting them in a police vehicle for a quicker assessment.

In addition to this, officers were asked questions regarding the use of restraint on vulnerable persons. These questions were asked in light of the recent IPCC (2016) report outlining how persons suffering from mental ill-health are four times more likely to die from police restraint/force when compared with other persons. It was hypothesised that triage would help alleviate the detrimental concerns of restraining such vulnerable persons, based on the premise that the record sharing triage provides would help an officer differentiate between a mental health crisis and aggressive behaviour (House of Commons Home Affairs Committee, 2015). The interviewees recognised this potential support function but also asserted that restraint would invariably be used in any instance if violence was perceived to be imminent. Persons suffering mental-ill health are more susceptible to death due to the high proportion of physical restraint involving drugs or behavioural disturbances, and the increased use of firearms in such incidents (IPCC 2016). In the most extreme circumstances, inappropriately or disproportionately restraining such vulnerable people, albeit deemed necessary by the sample in the interests of safety, could arguably compromise article two - the right to life. Developments in police training have addressed the issue of police restraint (Adebowale, 2013) but uneven implementation of new training

programmes and interventions across England and Wales mean that article three concerns remain about prolonged detention and interrogation and implications for safety after release in some areas (Phillips et al., 2016).

The presence of a police officer, in their role as custodians of coercive state power, was also perceived to potentially exacerbate a person's state of mind during mental ill-health crises with the potential to lead to restraint. Officers acknowledged that their uniformed presence could sometimes be seen as confrontational and potentially aggravate a mental health crisis.

> We cannot have a positive effect on somebody who's suffering a crisis at that moment in time…does our response therefore increase their ill health, anxiety, their response, physical reaction? I think it possibly does (Officer 5).

The triage response car was seen as more advantageous in this regard as the presence of a health professional could have a more therapeutic effect on a mental health crisis and prevent confrontational situations.

Although triage can create a more therapeutic response to mental ill-health and mitigate many human rights concerns, its practice generates new human rights concerns with potential transgressions of article five - the right to liberty. The power to detain and deprive liberty is in accordance with the Human Rights Act 1998 as long as it is prescribed by law. However, triage, as a pilot process, is not covered under the provisions of the Mental Health Act 1983. All officers were aware that they do not have any power to formally detain a person on the street when accessing triage support, regardless of having to do so in practice. Some, however, suggested they were holding mentally disordered persons 'voluntarily' or through 'the power of good will'. The belief that detention on the street whilst being assessed by triage is 'voluntary' is fraught with danger, particularly if the person is experiencing a mental health crisis and lacks the capacity to consent. 'Voluntarily' holding a person whilst lacking compos mentis presents notions of *de facto* detention and unlawful deprivations of liberty.

Summary

Looking further ahead, analysis of police responses to mental health provokes consideration of the way in which policy-makers, practitioners and scholars think about and configure *policing* in contemporary societies. In its broadest terms, the *policing* of mental ill health requires police officers who act as first responders to be the primary decision-maker who

engages other appropriate bodies. This role re-situates police officers as key sources of organisational learning, leadership and decision-making (Clamp and Paterson, 2013) rather than as crime-fighters responding to isolated incidents. This shift reflects the increasingly professionalised nature of the police role whereby police officers, acting as street-level experts, engage appropriate statutory and community agencies to address complex social problems. The responses to this continued shift in the police role are likely to vary dramatically across and within police organisations although the potential for demand reduction on police organisations and improved health-based responses to mental ill-health are clear.

There can be no doubt that the use of section 136 of the Mental Health Act 1983, however well intentioned, has the potential to generate significant challenges to an individual's human rights. As this article has indicated, street triage alleviates some of these concerns but requires further consolidation to embed these advances in practice across the UK. The pilot status of mental health triage means that it is a work in progress. The arrival of the 2017 Police and Crime Act reduces the maximum length of detention to 36 hours under section 135 and 136, limits the use of police cells as a place of safety for adults and stops their use for children. The Act adds a person's home as a potential place of safety and importantly encourages consultation with appropriate mental health professionals wherever practicable. Collectively, these developments should encourage the partnership working outlined in this article although they need to be supported by additional training and resources for inter-agency working.

Different perspectives on both the potential and current effectiveness of triage can be found at different points in the police hierarchy. At managerial level, an emphasis upon the potential of collaborative working exists with a view to managing demand on the Police Service whereas, on the frontline, there remains evidence of continued frustration with ownership of public health functions, the partial nature of collaboration and concerns with incomplete buy-in from partner agencies. There has been significant support from the UK Government, the College of Policing and individual forces to improve police responses to people suffering mental ill-health crises but frontline frustration is also a consequence of wider governmental austerity that has impacted upon the most vulnerable people in society in the form of rising homelessness, increased mental ill-health and decreased resources to manage these challenges (McNicoll, 2015).

The findings from this study, in conjunction with the work of others, provides a validation of the use of triage as a mechanism for addressing the human rights and policing challenges

that emerge when using section 136. Despite this, more input is required from health organisations and service users to develop a more holistic understanding of the impact of these innovations. These novel developments align with the aspirations of the World Health Organisation and World Bank in promoting innovative responses to the challenges of mental ill-health and its oft neglected position in public and governmental priorities. The next step is to ensure that innovation is consolidated and embedded as a sustainable development which highlights the economic, social and political benefits of addressing mental ill-health. This is likely to require new legislation to address some of the unresolved human rights issues raised in this paper and it certainly requires institutional level developments to surmount some of the inter-agency working challenges that remain. Best practice examples such as the bespoke mental health emergency response service in Western Australia (2017) may seem a bold and distant ambition but further improvements in collaborative working between the police and health services will lead to significant health benefits and resource savings. These benefits and savings could be amplified further with investment to mobilise third sector agencies to support new initiatives.

Bibliography

Adebowale, V. (2013). *Independent Commission on Policing and Mental Health*. London: London Metropolitan Police.

Association of Police Authorities [APA] (2009*). Human rights guidance for police authorities: Monitoring compliance with the Human Rights Act 1998*. Available at: http://krim.dk/undersider/politi/regler-politiet/human-rights-guidance-police-authorities-january-2009.pdf http://krim.dk/undersider/politi/regler-politiet/human-rights-guidance-police-authorities-january-2009.pdf

Bittner, E. (1967). 'The Police on Skid-Row: A Study of Peace Keeping.' *American Sociological Review,* 32(5): 699-715.

Clamp, K. and Paterson, C. (2013). 'An Exploration of the Role of Leadership in Restorative Policing in England and Wales'. In A. Normore and N. Erbe (eds.) *Collective Efficacy: Interdisciplinary Perspectives on International Leadership (Advances in Educational Administration, Volume 20)*. Bingley: Emerald. Cummins, I. and Edmondson, D. (2016). 'Policing and Street Triage'. The Journal of Adult Protection, 18(1): 40-52.

Western Australia Mental Health Commission (2017) *Mental Health Emergency Response Line*. Available at: https://www.mhc.wa.gov.au/getting-help/helplines/mental-health-response-line/ Last Accessed 4 May 2017.

Her Majesty's Inspectorate of Constabulary (2016). *A Criminal Use of Police Cells.* Available at: http://www.justiceinspectorates.gov.uk/hmic/media/a-criminal-use-of-police-cells-20130620.pdf.

Her Majesty's Inspectorate of Constabulary (2015). *The Welfare of Vulnerable People in Custody.* London: HMIC.

Herrington, V. and Pope, R. (2014). 'The Impact of Police Training in Mental Health: An Example from Australia.' *Policing and Society*, 24(5): 501-522.

Jones, S. L. and Mason, T. (2002). 'Quality of treatment following police detention of mentally disordered offenders. *Journal of psychiatric and mental health nursing'.* 9(1): 73-80.

McLean, N. and Marshall, L. (2010). 'A frontline police perspective of mental health issues and services'. *Criminal Behaviour and Public Health*. 20(1):62-71.

McNicoll, A. (2015). 'Mental health trust funding down 8%'. *Community Care*. Available at: http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/ Last accessed 4 May 2017.

MS vs United Kingdom (2012). *European Court of Human Rights* (24527/08). [Online].

Phillips, J., Gelsthorpe, L., Padfield, N. and Buckingham, S. (2016). Non-natural Deaths Following Prison and Police Custody. London: Equality and Human Rights Commission.

Reidy, A. (2003). *The Prohibition of Torture: A guide to the implementation of Article Three of the European Convention on Human Rights.* Strasbourg: Council of Europe.

Reveruzzi, B. and Pilling, S. (2016). *Report on the evaluation of nine pilot schemes in England.* [online]. University College London. http://www.crisiscareconcordat.org.uk/wp-content/uploads/2016/03/Street-Triage-Evaluation-Final-Report.pdf

Paterson, C. and Pollock, E. (2016) Global Shifts in the Policing of Mental Ill-Health. *Policing: A Journal of Policy and Practice*. 10(2): 91-94.

Scott, K. (2014) 'Section 136 of the Mental Health Act 1983 and Human Rights Violations: Police procedure and the practice of using custody as a "place of safety" for vulnerable individuals'. *Criminal Law Review*. 2: 130-141.

UK Parliament (2013). Post-*legislative scrutiny of the Mental Health Act 2007 - Health Committee Contents: 4 Places of Safety.* Available at: https://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/584/58407.htm#n79

UK Parliament (2016) Written evidence submitted by the Royal College of Psychiatrists. *Policing and Crime Bill: Public Bill Committee Evidence.* Available at: http://www.publications.parliament.uk/pa/cm201516/cmpublic/policingandcrime/Memo/PCB06.htm

United Nations (2015) Sustainable Development Knowledge Platform. Available at: https://sustainabledevelopment.un.org/?menu=1300 Last accessed 7 January 2017.

Wilson-Palmer, K. and Poole, R. (2015). Street triage for mental health crises. *British Journal of Nursing*. 24(20): 1026-1027.

Winterwerp vs Netherlands (1979) *European Court of Human Rights* (6301/73). [Online].

Wood, J., Taylor, C., Groff, E. and Ratcliffe, J. (2015). 'Aligning Policing and Public Health Promotion: Insights from the World of Foot Patrol.' *Police Practice and Research*, 16(3): 211-223.

World Bank (2016) *Out of the Shadows: Making Mental Health a Global Priority*. Available at: http://www.worldbank.org/en/events/2016/03/09/out-of-the-shadows-making-mental-health-a-global-priority Last accessed 7 January 2017.