OPERATIONAL POLICY

FOR

THE PROVISION OF PLACE OF SAFETY AND ASSESSMENTS
UNDER SECTIONS 135 AND 136 OF THE
MENTAL HEALTH ACT 1983

Version 4
2013
<table>
<thead>
<tr>
<th>Subject and Version of Document:</th>
<th>Place of safety for S135 and S136 Operational Policy Version 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Mental Health Social Work Development Manager - HCC</td>
</tr>
<tr>
<td>Persons/Committees etc consulted whilst document in draft:</td>
<td>HCC/ SCC/ PCC Social Services, Hampshire Constabulary, CCG Reps, AMHPs, Acute Pathway Services Team Members, MHA Administrators, H&amp;IOW CJ Liaison Representatives</td>
</tr>
<tr>
<td>Date of next review/update and by whom:</td>
<td>August 2014</td>
</tr>
<tr>
<td>Copy obtainable from and/or distribution:</td>
<td>Website</td>
</tr>
<tr>
<td>Responsibility for dissemination to new staff:</td>
<td>Heads of Departments</td>
</tr>
<tr>
<td>Principal Target Audience:</td>
<td>All medical staff, HCPs and AMHPs involved in detaining patients under section 135 and 136 All uniform front line Police Officers, Custody Sergeants and Custody Inspectors</td>
</tr>
<tr>
<td>Training Implications:</td>
<td>Local arrangements for dissemination and awareness raising</td>
</tr>
<tr>
<td>Equality Impact Assessment completed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy Statement:</td>
<td>To inform staff of all Agencies on procedure.</td>
</tr>
</tbody>
</table>
**Keywords:**
s135/ 136 MHA 1983
Hospital Place of Safety
Police Station/ Custody Centre
Detained Patient
Mental Health Act 1983 (as amended)

**Amendments Summary:**

<table>
<thead>
<tr>
<th>Amend. No.</th>
<th>Issued</th>
<th>Page</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Version 2.1</td>
<td>June 2008</td>
<td></td>
<td>Review date changed pending completion of criminal justice work.</td>
</tr>
<tr>
<td>1 – Version 2.2</td>
<td>September 2008</td>
<td></td>
<td>Review underway which involves all agencies contributing to policy. Progress delayed due to complexities involved in process.</td>
</tr>
<tr>
<td>Version 4</td>
<td>September 2013</td>
<td></td>
<td>Refinement of eligibility for access to Police Custody Centre, Reference to response times and local monitoring arrangements, underpinning reference to the RC Psych Report on Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales) July 2011, dispute management arrangements</td>
</tr>
</tbody>
</table>
Policy for the provision of an appropriate Place of Safety and Assessments, under Sections 135 and 136 of the Mental Health Act 1983 (as amended)

1. INTRODUCTION

1.1 This Policy is implemented in accordance with guidance from the Mental Health Act Code of Practice which states that ‘it is important to ensure that a jointly agreed local policy is in place governing all aspects of the use of sections 135 and 136.

1.2 The amendments to this multi-agency Policy have been conducted in light of the publication of the Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales) July 2011.

1.3 This policy has been developed by Southern Health NHS Foundation Trust (the Trust), Surrey and Borders NHS Foundation Trust, Solent NHS Trust, Isle of Wight NHS Trust and Hampshire Constabulary, (the Police), in partnership with, Hampshire County Council, Southampton City Council, Isle of Wight Council and Portsmouth City Council and other Regional Partner agencies.

Name: _______________________
Hampshire County Council  Date:__________

Name: _______________________
Southampton City Council  Date:__________

Name: _______________________
Portsmouth City Council  Date:__________

Name: _______________________
Isle of Wight Council  Date:__________

Name: _______________________
Hampshire Constabulary  Date:__________
Name: _______________________
Chief Executive
Southern Health NHS Foundation Trust
Date: __________

Name: _______________________
Chief Executive
Solent Health NHS Foundation Trust
Date: __________

Name: _______________________
Chief Executive
Isle of Wight NHS Trust
Date: __________

Name: _______________________
Hampshire Clinical Commissioning Group
Date: __________

Name: _______________________
Southampton Clinical Commissioning Group
Date: __________

Name: _______________________
SCAS Director
Date: __________
1.4 The intention is to provide:-

- Timely and efficient Mental Health Act assessments supported by a multi-agency approach for people detained under Sections 135 and 136 of the Mental Health Act 1983 (as amended), to be referred to in this policy as ‘the Act’

1.5 Scope of this Policy:

- This policy applies to all facilities designated as a place of safety as defined within Section 135(6) of the Act.

2. DEFINITIONS

2.1 Section 135(1) – allows an Approved Mental Health Professional (AMHP) to apply to a Justice of the Peace to gain a warrant which allows a police constable accompanied by an AMHP and a registered medical practitioner to enter private premises (by force if necessary) and to remove that person to a place of safety (if felt appropriate) provided there is reasonable cause to suspect that they are, believed to be suffering from mental disorder, have been or are being, ill-treated, neglected or kept otherwise than under proper control or, in the case of such a person living alone, are unable to care for themselves.

2.2 Section 136 (1) Mental Health Act 1983 provides the power of detention under s26 and Schedule 2 of Police and Criminal Evidence Act 1984. The law states that ‘if a constable finds in a place to which the public have access a person who appears to him to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of the person or for the protection of other persons, remove that person to a place of safety within the meaning of section 135…’

2.3 A Public Place – includes any open space, places where access is by payment (e.g. railway platform), or where access is time-limited (e.g. public house or shop), or where there are no barriers or notices restricting access (e.g. landing of a block of flats) or where members of the public can expect to be (e.g. Accident & Emergency departments).

2.4 A place of safety is defined at Section 135(6) of the Act:-

In this section ‘place of safety’ means residential accommodation provided by a local social services authority under Part 111 of the National Assistance Act 1948, a hospital as defined by this Act, a police station, an independent hospital or care home for mentally disordered persons or any suitable place the occupier of which is willing temporarily to receive the patient.
2.5 The amendments to this updated Policy take account of the MHA Code of Practice where it states that ‘a police station should be used as a place of safety only on an exceptional basis. It may be necessary to do so because the person’s behaviour would pose an unmanageably high risk to other patients, staff or users of a healthcare setting. It is preferable for a person thought to be suffering from a mental disorder to be detained in a hospital setting where mental health services are provided (subject of course, to any urgent physical healthcare needs they may have)’ (10.21)

2.6 This area of practice recognises the likelihood of potential detainees falling within the definition of a ‘Vulnerable Adult’ (over 16 years). There are subsequent implications for all agencies involved in the operational delivery of s136 Places of Safety to develop a multi-agency approach in the underpinning context of the Hampshire Safeguarding Adults Policy 2010.

2.7 The practice and governance arrangements for sharing of information between agencies are detailed in the Hampshire and Isle of Wight Mental Health and Criminal Justice Information Sharing Protocols. This framework is essential to promote the spirit of joint working to both protect the privacy rights of individuals whilst also delivering safer services.

2.8 There are a range of staff roles which contribute to the operational delivery of practice associated with the place of safety. (Please see Appendix 1 for further detail).

3. RIGHTS OF PERSONS DETAINED IN PLACES OF SAFETY (CoP Para 10.45 – 10.48)

3.1 A person removed under section 136 is deemed to be detained for the purposes of the Police and Criminal Evidence Act 1984 (PACE). This means that police officers have the power to search a person they detain under section 136, as they would in the case of a person arrested for an offence. Under section 54 PACE, the custody officer at the police station has the power to ascertain what items the person has on them, to remove items (where permitted) and to search the person as necessary for those purposes. (see also Appendix 2 for specific powers relating to searching persons)

3.2 Where a hospital is used as a place of safety, the managers must ensure that the provisions of section 132 (provision of information) MHA are complied with by the nurse in charge. In addition, access to legal advice should be facilitated whenever it is requested. All patients received at identified Hospital Places of Safety should be provided with written information about their rights delivered in an accessible format. (see Appendix 5 for a copy of the Department of Health Leaflet).
3.3 If a person is detained in a police station as a place of safety, they have a right of access to legal advice under PACE. The conditions of detention and treatment of the person must be in accordance with PACE Code of Practice (c). Among other things, this requires that the person must be notified of their rights and entitlements, both orally and in writing. This will be achieved by handing the person a copy of the Notice of Rights and Entitlements. (see Appendix 5 for a copy of the Constabulary Information leaflet).

3.3 The time and date of the provision of Rights leaflet/information should be accurately recorded by the member of staff responsible for clerking the detainee into the Place of Safety.

3.4 Time of arrival should be accurately recorded by the member of staff responsible for clerking the detainee into the Place of Safety. In all cases, the detainee should be informed that the maximum period of detention is 72 hours from the time of arrival at the Place of Safety.

4. PLACES OF SAFETY AND CONSENT TO TREATMENT

4.1 Detaining a patient in a place of safety under section 135 or section 136 does not confer any power under the Act to treat them without their consent. The same consent to treatment provisions apply in line with those patients who are not detained under the Act (CoP paragraph 10.49).

4.2 Medicines Management within Hospital Place of Safety

Patients can expect to receive their usual prescribed medication while in the Place of Safety. Local organisational governance arrangements should be adhered to when supporting someone detained in a hospital Place of Safety. These may vary in different NHS Provider Trusts. Staff should also adhere to the Trust policies regarding physical monitoring and observations after medication, particularly if sedative is administered.

4.3 Medical Assessments

In accordance with the Code of Practice, the doctor carrying out the 136 assessment should be approved under Section 12(2) of the Mental Health Act as having special expertise in the field of mental health. Individuals detained under s136 deserve a thorough assessment by a suitably qualified and experienced professional. Typically this should be the duty higher trainee (ST4-6) or Consultant. Assessments will be recorded on the clinical record in situ at a Hospital POS, or upon return from Police Custody Centre.

In exceptional circumstances 136 assessments may be undertaken by core psychiatry trainees (CT2-3) who are not approved under Section 12, but these will always involve discussion with the senior Section 12(2) doctor whose name and advice will be recorded in the notes. The Duty Consultant or nominated deputy should expect to be involved in all 136 assessments. GP
trainees, Foundation Doctors and CT1’s cannot be considered to have sufficient experience and should not be expected to undertake these assessments. The reasons why a Section 12 Doctor was not available will need to be recorded in accordance with the requirements of the Code of Practice. Services will ensure there is always a nominated Section 12(2) doctor for the place of safety both during normal working hours and out of hours.

5. TRANSFER BETWEEN PLACES OF SAFETY

5.1 A person removed to a place of safety under section 135 or section 136 may be moved to a different place of safety before the end of the maximum 72hr period for which they may be detained. The maximum period of detention begins from the time of the person’s arrival at the first place of safety and cannot be extended if the person is transferred to another place of safety. (CoP paragraph 10.34)

5.2 The person may be taken to the second subsequent place of safety by a police officer, an AMHP or a person authorised by either a police officer or an AMHP. (CoP 10.35 10.38)

5.3 A person may be transferred before their assessment has begun, whilst it is in progress or after it is completed. If it is unavoidable or it is in the person’s best interest, an assessment begun by one AMHP or doctor may be taken over and completed by another, either in the same location or at another to which the patient is transferred. (CoP paragraph 10.36)

5.4 The decision in each case to transfer from one place of safety to another should reflect the person’s needs and the level of risk. The benefit of the move needs to be weighed against any delay it might cause in the person’s assessment and any distress that the journey might cause them. (CoP paragraph 10.37)

5.5 Unless it is unavoidable, a person should not be moved from one place of safety to another unless it has been confirmed that the new place of safety is able to accept them. (CoP paragraph. 10.39)

5.6 In the event of an individual not being transferred from a Police Custody Centre to a Hospital place of safety, custody staff will review circumstances of the case on an hourly basis to consider if transfer to hospital facility could be facilitated accordingly.

5.7 In the event of a detainee being transferred from Hospital POS to a Custody Centre the Duty Police Inspector should be notified.
6. CHOOSING A PLACE OF SAFETY

6.1 It is preferable for a person thought to be suffering from a mental disorder to be detained in a hospital or other healthcare setting where mental health services are provided (subject of course to any urgent physical healthcare needs they may have)

6.2 When identifying a suitable place of safety consideration should be given to the impact that the proposed place of safety (and the journey to it) may have on the person and on their examination and interview. It should always be borne in mind that the use of a police station can give the impression that the person detained is suspected of having committed a crime. This may cause distress and anxiety to the person concerned and may affect their cooperation with, and therefore the effectiveness of, the assessment process.

6.3 Criteria for use of the Police Custody Centre (to be read in conjunction with the agreed flowcharts, see Appendix 3 & 4)

A Custody Centre should be used as a place of safety only on an exceptional basis (CoP paragraph 10.21)

An exceptional basis includes:

- Uncontrollable violence – where it is clearly probable the patient’s violence is at such an extent as to be likely to be beyond the place of safety’s ability to control

- Threat of violence – where the patient demonstrates such behaviours that it is probable to all authorities present that if violence was to occur, it would be likely to be beyond the ability of the place of safety to control

- Where the detainee is experiencing significant effects of alcohol or illicit drug misuse

In these instances the police will take the person to the nearest Custody Centre.

6.4 Please note that an interpretation of the above criteria will be informed by the presenting facts made available at the time of the decision needing to be made. Police and Nursing staff should work collaboratively to enable the detainee to be assessed and supported in the most suitable environment if the Hospital place of safety in the first instance is not deemed to be available or suitable.
6.5 Interpretation of the criteria when applying to a person who may present as
being under the influence of the effects of alcohol or drug misuse can be
challenging. The fact that a person may have used alcohol or drugs prior to
arrest is not a reason in itself to exclude use of the Hospital place of safety. A
professional judgement should be made on the basis of the presenting
behaviour of the person concerned and associated known risks.

6.6 In light of this, a staff decision to deny a patient access to a Hospital Place of
Safety solely on the basis of an intoximeter reading is not acceptable practice.

6.7 Police Officers should seek support to explore an alternative place of safety
where the Hospital place of safety is not deemed suitable. A specialist unit
may best meet the needs of a young person or an elderly confused person.
In the second case this could be a day hospital but it could include a day
centre. All alternative options must be pursued only on the agreement of the
‘occupier’ who must be ‘willing temporarily to receive the patient’. On each
occasion, the Police Officer must jointly agree the most suitable place of
safety with the member of staff in charge of the hospital place of safety if this
is not deemed appropriate for the individual concerned.

7. PROCEDURE for the use of an NHS Hospital Place of Safety

7.1 At the time of publication of this Policy, Hospital Places of Safety are solely
identified as being located in Mental Health Services - Acute General
Hospitals in Hampshire are not currently willing to receive a detainee in this
context. (see Appendix 8)

7.2 Prior to arrest

A Police Officer may consider detention powers under s136 when he/ she is
concerned about the presentation of an individual who is:

a) in a place to which the public have access
b) in need of immediate care or control
c) and appears to be suffering from a mental disorder

The Officer would need to consider if he/ she thinks it is necessary to use
these arrest powers in the interests of the person or for the protection of
other persons for the purposes of being assessed under the Mental Health
Act 9183.

In order to support this decision making process, the Police Officer should
consider contacting the local Mental Health Services on the relevant Area
‘single point of access’ telephone number to request and share any
supporting information to establish if a suitable alternative to detention is
appropriate. See Appendix 8 for contact details of each Hospital POS.
For example, is the individual known to Heath and/or Social Care Services, would the individual consent to receiving support from a more appropriate service? Is there a Crisis Plan or other such record to support the individual to manage the risk they are presenting with?

In the event of someone presenting with uncontrollable violence, the Police Officer should primarily deal with the immediate criminal offence. Outstanding health concerns should be dealt with as per Custody Policy. This scenario may require the referral for specialist psychiatric assessment in Custody (see Appendix 3 & 4).

Custody staff will note that the request for a Mental Health Assessment aims to provide a specialist psychiatric opinion concerning an individual’s mental state.

This is different to a request for a Mental Health Act Assessment which involves the co-ordination of an Approved Mental Health Professional (AMHP) and other Medical Practitioners whose task is to judge whether or not someone needs to be admitted to hospital under the powers of the Mental Health Act 1983.

7.3 Use of s136 MHA 1983 Detention Powers

In the event of a detention under s136, the Police Officer must make every effort to communicate this undertaking to the individual concerned as appropriate.

7.4 Referral Arrangements to the Place of Safety

The police will contact the relevant place of safety prior to arrival and supply basic referral information. Referral information and clinical information will be recorded by Hospital POS staff for practice and monitoring purposes on a Referral Record and Monitoring Form. (see Appendix 7 for example of Referral Record and Monitoring Form) Details may include passport information, circumstances leading to detention, reference to any incident of restraint, whether the person is suffering from the effects of drink or drugs, outcome of PNC, local checks and risk factors (i.e. self-harm, suicide, violence, impaired judgement, self-neglect, absconding etc)

Staff at the place of safety will make provision for the completion of a referral form (this is typically at a Hospital place of safety).

Staff at the place of safety will ensure that an appropriate suite is available

Staff at the place of safety will be responsible for contacting the duty AMHP and other relevant professionals as soon as possible.
There will be a clearly identified person in charge of the place of safety at all times. A member of staff will be available to receive the detainee at the place of safety upon their arrival.

If on arrival the person is violent and the violence is greater than place of safety staff can reasonably expect to manage the police officers will remain in situ to support the management of risk associated with the presenting ‘patient’. Where violence is directed at staff on arrival at the place of safety Police Officers should consider dealing with offences appropriately.

In the event of the level of risk being considered too great for the person to be managed in a Hospital Place of Safety, Police Officers in attendance will liaise with the Duty Inspector for further advice and guidance. Hospital POS staff should liaise with duty manager as required.

The receiving Staff member will record the relevant information after consultation with the detaining Police Officer

7.5 Assessment at a place of safety

The Police Officers will, in all circumstances search all patients and will remove from the patient any article or substance that is illicit or could potentially cause harm to any person. The Police Officers should support the ‘checking in’ process with staff as appropriate to ensure a smooth and safe handover in the interests of the detainee and members of staff at the Unit.

Nursing Staff will be available to support the assessment by the duty AMHP and assessing Doctor

Police and Nursing staff are required to complete the Referral Record and Monitoring Form in a legible manner.

It is essential that this paper record is kept on the detainee’s record whilst at the Place of Safety.

It is essential that this form is completed accurately to provide information for data monitoring procedures.

When at a hospital place of safety, the police will not remain with the detained person once place of safety staff have sufficient basic information for their requirements and where the patient does not fall into the category of being uncontrollably violent or posing a threat of violence as defined at section 6. Police and Nursing staff should work co-operatively with a view to enabling the Police staff to stay in the PoS suite no longer than 30 minutes or as soon as practical. There should be no expectation that Police will remain at the place of safety until the assessment is completed.
Doctors examining a patient should wherever possible be approved under section 12 of the Act. If the examination is carried out by a doctor not approved under s12 they should record the reasons for this. (CoP paragraph 10.27)

Assessment by the doctor and AMHP should begin as soon as possible following arrival of the detainee at the Place of Safety. Where possible the assessment should be undertaken jointly by the doctor and the AMHP. (CoP paragraph 10.28) There is no statutory timescale for the provision of an assessment to take place with the 72 hour detention period however national guidance would recommend face to face contact with the detainee should commence within 2 hours from the arrival time of the detainee.

(The RCOP Report recommends that face to face contact with the approved mental health professional and preferably the doctor should start within 3 hours where clinically appropriate, with an expectation that this will reduce to 2 hours in the longer term. This may be difficult to achieve in some areas but the standard should be determined by good clinical care rather than the current staffing provision p6 RCOP 2011)

It is desirable for either a consultant psychiatrist in learning disabilities or an AMHP with knowledge and experience of working with people with learning disabilities to be available to make the assessment where it appears that the detained person has a learning disability. (CoP paragraph 10.29)

Where a person is under 18 or is known to have moved from CAMHS services, a CAMHS consultant or an AMHP with knowledge and experience of caring for this age group should undertake the assessment, if possible. (CoP paragraph 10.30)

7.6 The assessing doctor and AMHP will attend and, carry out the initial assessment, which may have one of five outcomes:-

- Doctor concludes there is no mental disorder and the patient is discharged
- Doctor and AMHP conclude that the mental disorder is not of a nature or degree to warrant admission to hospital for assessment or treatment but may require arrangements for support from community based services
- Doctor and AMHP conclude that there is a mental disorder, and informal admission to hospital is appropriate (under section 131 of the Act),
- Doctor and AMHP conclude that there is a mental disorder, and the patient is refusing voluntary admission to hospital. A decision will be taken as to the suitability of an application under the MHA to detain the patient for a defined period of time in a hospital.
7.7 The maximum period for which a person may be detained in the place of safety (calculated from the time of arrival) is 72 hours.

7.8 If the assessing doctor, having examined the person, concludes that he or she is not mentally disordered within the meaning of the Act then the person will be immediately discharged from detention. In all other cases an AMHP must attend and assess the person before section 136 can be discharged.

7.9 Where a detainee is no longer required to remain in the place of safety following assessment, the AMHP will support the person to return to the community with appropriate support. In the event of the person not being able to return to the community via access to their own financial resources, the Hospital Place of Safety in question will access the necessary funds to facilitate the person to return home.

7.10 Nursing staff are required to carry out recording for the care and support of the detainee on the relevant clinical record. Please refer to the local organisational clinical recording/standard operating procedure for further guidance.

7.11 The AMHP will ensure that a copy of their Mental Health Outline report is also sent to the relevant community team.

7.12 Copies of the section papers should be sent to the MHA administration office for processing and entering on to the Patient’s records.

7.13 Each place of safety should report their activity in accordance with the data collection requirements on a monthly basis.

8. PARTNERSHIP IN PRACTICE LIAISON GROUPS (or equivalent)

8.1 Local groups should be set up to support the development of multi-agency practice in respect of the place of safety. The membership of these groups should be representative of those who participate in the prescribed legal processes concerning the place of safety. Core membership should include AMHPs, Police, Medical, Nursing, Service User reps, CAMHS, Ambulance, OPMH, LD Services, Custody Health Care staff.

8.2 Themes and feedback from these groups should be provided for consideration to the Strategic Hants and IOW CJ Liaison Group.

9. DISPUTE MANAGEMENT

9.1 Where there are occasional disagreements with the interpretation of practices concerning s135/136 processes, staff should make every effort to find a
resolution to a problem in the best interests of detainee and the safety of all concerned. Where such resolution cannot be established in a timely manner then staff should escalate the issue to the appropriate line of management in each respective organisation to agree a satisfactory outcome.

10. POLICY REVIEW

10.1 Policy reviews will be undertaken every three years or earlier if requested by Health agencies, Local Government or Police Authorities.
Appendix 1

Staff roles, responsibilities and support required
(as stipulated in ‘Standards on the use of section 136 MHA’ RCOP July 2011)

<table>
<thead>
<tr>
<th>Role</th>
<th>Training and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>Training in mental health</td>
</tr>
</tbody>
</table>

Exercising judgment that a person in a place to which the public have access appears to have a mental disorder, poses a risk to his/her health or safety or to the public and should be ‘removed’ to a place of safety.

Inform person that they are detained under Section 136 of the Mental Health Act orally and in writing. May need to be stated several times.

Exercising judgment that a person’s behaviour may be caused by a medical problem requiring urgent assessment and treatment in an emergency department.

Arrange transfer, preferably with ambulance staff, reaching local agreement on appropriate place of safety and mode of transport.

Escorting and assisting ambulance staff in conveying detained person to hospital when there is a risk of violence/danger. Rarely convey in a police vehicle.

Contact place of safety to agree transfer and identify risks.

Ensure Mental Health Act assessment requested in line with locally agreed procedure.

Provide those making further assessment detailed information on person’s behaviour giving rise to concern.

Remain in attendance to protect person’s health or safety when they are in place of safety other than a police station until appropriate safe local security arrangements can be made.

Providing places of safety within police custody suite for those too disturbed to be managed elsewhere.

Ensure safety of individual detained in custody suite.

Informing a detained person at a police place of safety of their right to legal advice and provide verbal and written information regarding Section 136 and the Police and Criminal Evidence Act.

Informing a person nominated by detained person of their presence at place of safety.

Agreeing actions for satisfactory return to community of persons assessed under Section 136 but not admitted to hospital.
Appropriate record keeping enabling reasons for use of Section 136 and information for monitoring purposes to be obtained. National guidance and local policy and procedure.

Involvement in local policy, procedures and guidance development.

Member of local review group to monitor outcomes and improve standards with partner agencies.

**Ambulance service**
Respond to request from police for assistance to convey detained individual to place of safety.

Training and support
Standard response time 30 mins unless local agreement to upgrade to more urgent response where no privacy available.

Local procedure to include use of medical assistance at scene.

Determine means of transport, police role in this and appropriate place of safety.

Convey patients to place of safety.

Convey person from one place of safety to another and from place of safety to hospital where necessary (with police assistance if needed).

Occasionally, monitoring sedated patients while transferring to place of safety.

Involvement in local policy, procedures and guidance development.

Member of local review group to monitor outcomes and improve standards with partner agencies.

**Approved mental health professionals**
Provide emergency contact details to police.

Training and support
Local policy and procedure.

Determine whether the person has past psychiatric history, whether they are currently detained and whether any advanced decisions, statement or crisis cards exist.

Interview person ‘in a suitable manner’ as soon as possible after arrival in place of safety. Aim to commence face-to-face assessment within 3 hours currently and 2 hours in future.

Contact nearest relative as defined by Mental Health Act with person’s consent or if grounds for consultation outweigh right to confidentiality under Article 8 of the European Convention on Human Rights.

Arrange appropriate psychiatric assessment. Consider involvement of crisis resolution home treatment team.

Consider alternatives to admission.

Consider whether it is appropriate to transfer to another place of safety.

Local policy and procedure.
Arrange admission/transfer to alternative place of safety or admission ward, where needed, contacting ward and completing Mental Health Act application.

Exercise authority to convey detained patient using the most humane and least threatening means.

Make necessary arrangements, including transport, where person not admitted.

Ensure admission ward receives documents, including outline report, at time of patient’s arrival.

Ensure welfare and safeguarding of dependants and children. Consider protection of property and pets.

Involvement in local policy, protocols and guidance development.

Member of local review group to monitor outcomes and improve standards with partner agencies.

**Psychiatrists**

Ensure prompt mental health examination, ideally by a Section 12-approved doctor.

Ensure physical healthcare assessment and management, which may involve a junior psychiatrist.

Where assessing psychiatrist is not Section 12-approved, they should consult with Section 12-approved psychiatrist before patient is discharged.

Provide specialist clinical assessment and assist in development of a care plan.

Make any necessary Mental Health Act recommendation.

Identify admission bed.

Provide record of assessment, which should be available at time of transfer if patient admitted to hospital.

Prescribe emergency medication under common law in emergency if suitably trained staff available to monitor its effect.

Involvement in local policy, procedures and guidance development.

Member of local review group to monitor outcomes and improve standards with partner agencies.

**Second medical opinion (preferably general practitioner or Section 12-approved doctor)**

Be available so that assessment completed as quickly as possible.

Where possible should be Section 12-approved if does not know

Training and support

Training for Section 12.
Psychiatric nursing staff in place of safety
Ensure adequate information obtained so that appropriate staffing available when person arrives.

Try and obtain additional information, e.g. case notes and name of care coordinator.

Alert approved mental health professional unless police have done.

Document time of arrival at place of safety, arrival of approved mental health professional, doctors and completion of assessment.

Complete initial risk assessment with information from police and ambulance staff. Ensure no urgent physical health issues.

Advise approved mental health professional of person's arrival.

Approved mental health professional or nurse to contact psychiatrist.

Ensure receive detailed information from police.

Advise police when it is safe for them to leave.

Give patient information verbally and in writing on detention under Section 136.

Inform person with patient's permission of their whereabouts.

Ensure person's safety and well-being and safety of others throughout their stay in Section 136 suite.

Complete notes of assessment and observations in line with standard clinical policy.

Deal with any incidents that may arise.

Administer and monitor effect of any medication prescribed.

Emergency department staff (in addition to roles of psychiatric staff in place of safety)
Agree when emergency department should be used as a place of safety.
Understand implications of Section 136.

Involvement in local policy, procedures and guidance development.

Member of local review group to monitor outcomes and improve standards with partner agencies.
Ensure suitable environment for assessment of Section 136, to ensure safety of individual and others, including staff.

Provide emergency medical assessment, treatment and care.

Involvement in local policy, protocols and guidance development.

Member of local review group to monitor outcomes and improve standards with partner agencies.

**Forensic physicians and forensic nurse practitioners**

Both forensic physicians and forensic nurse practitioners to assist police in ensuring person’s safety and well-being pending further assessment.

Both forensic nurse practitioners and forensic physicians can advise on fitness to be detained, fitness to interview and to charge.

Either forensic nurse practitioners or forensic physicians may determine whether appropriate adult required for any police procedures.

Forensic physicians to assess the patient as expeditiously as possible following arrival at custody suite as place of safety.

Forensic physicians should determine whether the person is mentally disordered, within meaning of Mental Health Act and whether Mental Health Act assessment is required.

To consult with Approved Mental Health Professional, even if person is not mentally disordered. Particularly important where forensic physician is not Section 12-approved. Determine arrangements for further assessment and care.

If the person does not have a mental disorder, they must be discharged from detention but should be advised to wait for approved mental health professional assessment to assess and assist with ongoing care needs.

May assist in Mental Health Act assessment. Preferable to have Section 12 approval for this role; a long-term goal.

**Managers (social services and ambulance services, emergency departments and mental health services)**

Responsible for clear policies and procedures to be in place and disseminated to frontline staff.

Ensure adequate staffing levels to achieve timely assessments, safety of all and high standards of care.

Ensure funding available to provide transport for those discharged from place of safety, where necessary.

Check that adequate training is provided.

Training and support

Training in mental health and risk assessment.

Police and Criminal Evidence Act applies if in police station.

Encourage forensic physicians to be approved under Section 12 Mental Health Act.
Review reliability of data collection for monitoring purposes and that this is used to improve and sustain high standards of care. Ensure that regular inter-agency meetings occur to review policy implementation and changes needed in response to feedback from monitoring process.

Determine what changes should be made in the light of information from monitoring and implement changes.

Ensure feedback from users and carers and that they are involved in training staff of all disciplines.

**In addition, for healthcare managers:**
Ensure adequate Section 136 suites available in acute psychiatric facilities, with sufficient staff available at short notice for them to be safely used to assess the moderately disturbed person, without ongoing support of police officers.

**Health and social care commissioners and planners**
Develop adequate provision of suitably designed and staffed places of safety in psychiatric facilities so that they can be routinely used.

Check that the design of the place of safety in emergency departments is fit for purpose and that there are sufficient suitably trained staff for that role.

Ensure adequate staffing of rotas for medical staff with Section 12 approval and approved mental health professionals at all times have been commissioned and planned so assessments quickly initiated.

Ensure care is delivered to nationally and locally agreed standards in line with local and national policy.

**Users, carers and their organisations**
Provide feedback on their experience so that services can be improved.

Assist in training of staff involved in Section 136 detention and assessment

Participate in policy development, monitoring and efforts to improve the care provided.

**Monitoring agencies (Care Quality Commission, Healthcare Inspectorate Wales and the future National Police Improvement Agency)**
Ensure that standards set out in this document are attained and in particular:
- ensure appropriate local policies are in place, involving all the relevant agencies and that these are easy to access and well disseminated
- ensure place of safety facilities are of an appropriate standard
- ensure all staffing levels are adequate to provide timely, high quality care and that staff receive appropriate training
- ensure sufficient staff in psychiatric facility to minimise use of police custody suite for this purpose
- review data from local monitoring and compare findings across country and ensure action plan is in place to address any problems highlighted; in particular, compare results of ethnicity monitoring with local census data
- specifically review user and carer involvement in development, training and monitoring of services.
Appendix 2

Police and Criminal Evidence Act 1984 (PACE)

32(1) A constable may search any arrested person, in any case where the person to be searched has been arrested at a place other than a police station, if the constable has reasonable grounds for believing that the arrested person may present a danger to himself or others.

32(4) The powers conferred by this section to search a person are not to be construed as authorising a constable to require a person to remove any of his clothing in public other than an outer coat, jacket or gloves but they do authorise a search of a person's mouth.

Note
The search of a person's mouth in these circumstances is no longer an intimate search.

32(8) A constable searching a person in the exercise of the power conferred by subsection (1) may seize and retain anything he finds, if he has reasonable grounds for believing that the person searched might use it to cause physical injury to himself or to any other person.
Appendix 3

PERSON ARRESTED PURELY UNDER SECTION 136 MENTAL HEALTH ACT 1983

Review User: JB 25
Version: 4
August 2013

IMPORTANT NOTES:
- Dynamic risk scoring must take place throughout the time the detained is in police custody. The Custody Sergeant will need to take changing conditions of the detainee.
- All relevant information that affects the health and welfare of the detained person will be shared with the relevant health professionals.
- Collaborative working between concerned professionals will take place at all times and will indicate pre-release/discharge consideration.
- Clear and accurate recording is essential at all stages of the procedure.
Appendix 4

Persons arrested for an offence where Mental Health issues have been identified

Person arrested for any offence

Custody Sergeant identifies fit to detain / interview issues (Mental or Physical)

G4S confirms fitness to detain?

Yes

Does HCP advise a Mental Health assessment?

Yes

Mental Health Assessor contacts AMHP providing SMS / PNC history ASAP and determines time for assessment

No

Continue with original investigation

No

G4S determines fitness for interview, care plan and completes G15Y

Comply as per Care Plan

MHA assessment

Assessment decision

Criminal Justice route

AMHP arranges attendance of an appropriate Doctor or arranges transfer

Comply with decision for disposal

Convey to A&E. G4S completes G15Y

IMPORTANT NOTES

- Dynamic risk assessing must take place throughout the time the detainee is in police custody. The Custody Sergeant will react to the changing conditions of the detainee.
- All relevant information that affects the health and wellbeing of any arrested person will be shared with the relevant health professionals.
- Collaborative working between concerned professionals will take place at all times and will include pre release/discharge consideration.
- Clear and accurate recording is essential at all stages of the procedure.

Reviewer: JB
Version: 4
August 2013
ADMISSION OF MENTALLY DISORDERED PERSONS FOUND IN A PUBLIC PLACE

(Section 136 of the Mental Health Act 1983)

<table>
<thead>
<tr>
<th>1. Patient's name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of hospital and ward</td>
<td></td>
</tr>
</tbody>
</table>

Why am I in hospital?

You have been brought to this hospital by a police officer because they are concerned that you may have a mental disorder and should be seen by a mental health professional.

You are being kept here under section 136 of the Mental Health Act 1983 so that you can be assessed to see if you need treatment.

How long will I be here?

You can be kept here (or in another place where you will be safe) for up to 72 hours so that you can be seen by a doctor and an approved mental health professional.

An approved mental health professional is someone who has been specially trained to help decide whether people need to kept in hospital.

If the doctor and the approved mental health professional agree that you need to remain in hospital, a second doctor may be asked to see you to confirm their decision.

During this time you must not leave unless you are told that you may. If you try to go, the staff can stop you, and if you leave you can be brought back.

If the doctors and the approved mental health professional have not seen you by the end of the 72 hours, you will be free to leave. You may decide to stay on as a voluntary patient. But if you do want to leave, please talk to a member of staff first.
In your case the 72 hours end at:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**What happens next?**

When the doctors and an approved mental health professional have seen you, they may say that you need to stay in hospital for longer. They will tell you why and for how long this is likely to be. You will be given another leaflet that explains what will happen.

If they decide that you do not have to stay, someone will talk to you about what other help you should have.

**Can I appeal?**

No. Even if you do not agree that you need to be in hospital, you cannot appeal against the decision to keep you here under section 136.

**Will I be given treatment?**

The hospital staff will tell you about any treatment they think you need. You have the right to refuse any treatment you do not want. Only in special circumstances, which would be explained to you, can you be given treatment you do not agree to.

**Letting your nearest relative know**

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative.

There is a list of people in the Mental Health Act who are treated as your relatives. Normally, the person who comes highest in that list is your nearest relative. The hospital staff can give you a leaflet which explains this and what rights your nearest relative has in connection with your care and treatment.

In your case, we have been told that your nearest relative is:

If you do not want this person to receive a copy of the leaflet, please tell your nurse or another member of staff.
Changing your nearest relative

If you do not think this person is suitable to be your nearest relative, you can apply to the County Court for someone else to be treated as your nearest relative instead. The hospital staff can give you a leaflet that explains this.

Your letters

All letters sent to you while you are in hospital will be given to you. You can send letters to anyone except someone who has said they do not want to get letters from you. Letters to these people can be stopped by the hospital staff.

Code of Practice

There is a Code of Practice that gives advice to the staff in the hospital about the Mental Health Act and treating people for mental disorder. The staff have to consider what the Code says when they take decisions about your care. You can ask to see a copy of the Code, if you want.

How do I complain?

If you want to complain about anything to do with your care and treatment in hospital, please speak to a member of staff. They may be able to sort the matter out. They can also give you information about the hospital's complaints procedure, which you can use to try to sort out your complaint locally. They can also tell you about any other people who can help you make a complaint, for example an independent mental health advocate (see above).

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. This is called the Care Quality Commission and it monitors how the Mental Health Act is used, to make sure it is used correctly and that patients are cared for properly while they are in hospital. The hospital staff can give you a leaflet explaining how to contact the Commission.

Further help and information

If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this leaflet has not answered.

Please ask if you would like another copy of this leaflet for someone else.
Information for a person arrested under section 136 of the Mental Health Act 1983

You have been arrested under Section 136 of the Mental Health Act 1983.

You have been brought to a police station, which is a ‘place of safety’ (in accordance with Section 135(b) Mental Health Act 1983), where an assessment of your mental health can be undertaken.

The assessment will be undertaken by an Approved Mental Health Professional (AMHP) and a doctor.

The detention period under Section 136 of the Mental Health Act 1983 may last up to 72 hours from the time of arrival at the ‘place of Safety’ and should not exceed this limit.

You will be provided with your rights both in writing and orally, which includes the right to have legal advice and to have someone notified of your arrest.

Whilst in police detention, the police are entitled to search you and to remove items form you for your own safety and the safety of the persons caring for you.

Officer in Charge
Hampshire Constabulary
PLACE OF SAFETY
MENTAL HEALTH MONITORING FORM

Station Code: …………………………Custody record no: ………………………… Police URN: ………………………………………

**Section 1 – To be completed by arresting officer**

Time and date of detention: ………………………… Place of detention: …………………………
Detainee’s Surname: ………………………… Forename(s): ………………………………
Male □ Female □ Date of birth: …………………………
ID code: ………………………… Self-defined ethnicity: …………………………
Address: ………………………………………………………………………………………………

Notes of incident/arrest (continue on page 3 if necessary):
…………………………………………………………………………………………………………..
………………………………………………………………………………………………...……………………
……………………………………………………………………………………..

Outcome of PNC, local check and risk factors place of safety assessment (i.e. self-harm, suicide, violence, impaired judgement, self-neglect, absconding, etc)
…………………………………………………………………………………………………………..
……………………………………………………………………………………………….. ……………………
……………………………………………………………………………………..

Since detention, has the person received any medical attention prior to arrival at a place of safety? YES □ NO □ If YES, please describe:
…………………………………………………………………………………………………………..

Has the person been restrained? YES □ NO □ If YES, how & for what length of time?
…………………………………………………………………………………………………………..

Is the person suffering from the effects of drink or drugs? YES □ NO □ UNKNOWN □
If YES, please describe: …………………………………………………………………………….

Initial place of safety used: S136 Suite □ Emergency Department □ Police Station □ Other (Describe) □ ……………………………………………………………………………………………
If S136 suite not used, why? S136 Suite full □ Emergency medical treatment required □ Risk of violence □ No S136 suite □ Staffing □ Other □ ……………………………………………………………………………………………

Conveyance to place of safety: Ambulance □ Police Vehicle □ Other (Specify) □ ………
Ambulance requested at: Time: …………………… Date: ……………………………
If ambulance not used, why? Risk of violence □ Other (Specify) □ ……………………………
…………………………………………………………………………………………………………..

Arrival at place of safety: Time: ………………………… Date: …………………………

Has the person been searched? YES □ NO □

Time of departure (Police): ………………………… Received by: …………………………
Name of Officer Reporting: ………………………… Shoulder No: …………………………

This form must be completed and handed to nursing staff or the custody sergeant before leaving the place of safety. A copy must be taken for the local Police Mental Health Liaison Officer.
Section 2 – To be completed by person receiving patient

Detainee’s Surname: ................................. Forename(s): ..........................................................

Rights leaflet given and rights read at -  Time: ................. Date: ............................................

Is the person on medication?  YES □ NO □ UNKNOWN □  Comments: .........................

<table>
<thead>
<tr>
<th>Mental Health Professional Name</th>
<th>Contacted at</th>
<th>Arrived at</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time</td>
<td>Date</td>
</tr>
<tr>
<td>AMHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Doctor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If there were any delays, please stat reason(s) in Section 3 on the next page

Was the first doctor approved under Section 12 of the Mental Health Act? YES □ NO □

Name, address and telephone number of:  Friend □ Relative □ Next of Kin □

………………………………………………………………………………………………………………

Where they informed: YES □ NO □

Any incident of concern following detention, including in place of safety?
YES □ NO □ If YES, please specify:  Minor self-harm □ Self-harm requiring medical attention □
Assault □ Absconson □ Other □ Details .............................................................

Transfer requested from one place of safety to another prior to S136 assessment being
completed?  YES □ NO □

Reason for transfer request: ...........................................................

If transfer not facilitated, why: ...........................................................

If YES, name of unit: ...........................................................

2nd place of safety – name of unit: .......................... Time: ........ Date: ........

Any further transfers? YES □ NO □ If YES, please record details in Section 3 – Other

Assessment completed at – Time ........................ Date: ..........................

Patient discharged at – Time ........................ Date: ..........................

Decision made after initial assessment

Discharged – Was not suffering from mental disorder □

Discharged – Was suffering from mental disorder, but  A. No follow up required □
B. Follow up arranged □

Admitted/transferred on an informal basis □ Admitted under MHA section 2 □ 3 □ Other □

(Specify) ............................................................................................

To – Hospital: ........................................ Ward: .................................

Signed (Person completing) .................................. Time: .........................

Print Name: .................................. Date: .................................

MENTAL HEALTH MONITORING FORM

Section 3 – Optional further information

Notes of incident/arrest

..............................................................................................................
Medical Assessment

AMHP Assessment

Nursing Assessment

GP details

Other
Appendix 8

Where to take your s.136 Adult Mental Health Act Detainees

Please phone before arrival

Winchester, Eastleigh, Andover, Romsey and New Forest

Melbury Lodge
Royal Hampshire County Hospital
Winchester
SO22 5DG
Tel: 01962 825507

Southampton City

Antelope House
Brintons Terrace
Southampton
SO14 0YG
Tel: 023 8083 5500

Isle of Wight

Severnscroft
St Mary’s Hospital
Newport
PO30 5TG
Tel: 01983 524081

Hart & Rushmoor

The Ridgewood Centre
Old Biltone Road
Frinton
Camberley
GU18 9QE
Tel: 01972 204100

Basingstoke and East Hants

Parklands Hospital
Aldershot
Basingstoke
RG24 9RH
Tel: 01256 817718

Fareham, Gosport and WATERLOOVILLE

Eimleigh
616 New Lane
Havant
PO9 2LU
Tel: 023 9282 2444

Portsmouth

St James’ Hospital
Locksley Road
Southsea
PO4 8LD
Tel: 023 9282 2444

Note: Clinic location dependent on where the detainee was arrested, not their home address.