

## PWYLLGOR MONITRO'R DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	2 <sup>nd</sup> September 2021
<b>EITEM AR YR AGENDA: TITLE OF REPORT:</b>	Section 136 joint procedure
<b>ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:</b>	Mr Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sarah Roberts, Mental Health Legislation Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Section 136 joint procedure has been updated as part of its three yearly review.

#### Cefndir / Background

The Sec 136 joint procedure has been written in consultation with WAST, Dyfed Powys Police, three Local Authorities and WWAMH.

The document has been re drafted following updates from Dyfed Powys Police in relation to PACE powers and also amendments due to the places of safety and community alternative places of safety within Hywel Dda. A wide range of comments have been received from the three local authorities in relation to the role of Approved Mental Health Professionals (AMHPs)

#### Assesiad / Assessment

The document has also been presented to Ward Mangers Forum, Medical Staff Committee and MH scrutiny group. The WWAMH reading group also provided some very useful comments. Following a global consultation the procedure now requires the approval by Mental Health Legislation Committee prior to it being presented to Clinical Written Control Documents Group for final agreement in March 2022.

#### Argymhelliad / Recommendation

For Mental Health Legislation Committee to approve the Section 136 joint procedure.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	<ol style="list-style-type: none"> <li>1. Improve population health through prevention and early intervention</li> <li>2. Support people to live active, happy and healthy lives</li> <li>3. Improve efficiency and quality of services through collaboration with people, communities and partners</li> </ol>
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio:  The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:  <a href="#">Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide</a>	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
	Collaboration – The Mental Health Legislation Assurance Committee comprises external agencies, carer representatives and local authorities
Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?	

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Committee, Power of Discharge sub committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports.
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> .  Safety of patients  Assurance – use of statutory mechanisms
<b>Cyfreithiol:</b> <b>Legal:</b>	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority.
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable

## Section 136 – Mental Health Act, 1983 Mentally Disordered Persons found in Public Places Inter-Agency Procedure



Procedure Number:	395	Supersedes:		Classification	Clinical	
Version No:	Date of EqlA:	Approved by:		Date Approved:	Date made active:	Review Date:
3	22.04.18	Clinical Written Control Documentation Group		13.09.18	14.02.19 Reuploaded 19.02.19	13.09.21
4	30.07.21					

Brief Summary of Document:	Procedure for the use of Section 136 – mentally disordered persons found in public places. Outlines the process for police officers to bring a person to a place of safety. Identifies appropriate places of safety across Carmarthenshire, Ceredigion and Pembrokeshire. Includes practical information for police officers and staff. Section 136 monitoring form is also included.
Scope	The procedure covers all areas of the HDUHB. It applies to police officers involved in implementing a Section 136 and all nursing staff, doctors and social workers involved with the person when they arrive at a place of safety.

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To be read in conjunction with:	363 - Hospital Managers Scheme of Delegation Policy 625 - CTO Policy 008 - Consent Policy 374 - Mental Capacity Policy 743 - Sec 135 Policy 731 - Sec 17 Leave Policy 741 - Sec 132 Patients' Rights Policy 868 - All Wales Safeguarding Policy
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Owning committee/group	Mental Health Legislation Committee – Judith Hardisty, Vice Chair
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New policy	29.10.14
2	Updated procedure to reflect the amendments to Section 136 following the implementation of the Policy and Crime Act 2017	13.09.18
3	Revised Appendix C inserted	14.02.19
4.	Full 3-yearly review	

### Glossary of terms

Term	Definition
AMHP	Approved Mental Health Professional – a professional with training in the use of the Mental Health Act, approved by a local authority to carry out a number of functions under the Act
RC	Responsible Clinician – the approved clinician with overall responsibility for the patient's care
COP	Mental Health Act 1983, Code of Practice for Wales, Revised 2016' which provides statutory guidance to health professionals on how they should proceed when undertaking functions and duties under the Mental Health Act in Wales
PACE	Police and Criminal Evidence Act (1984) is an Act of Parliament, which instituted a legislative framework for the powers of police officers in England and Wales to combat crime, and provided codes of practice for the exercise of those powers
SEC 12 DOCTOR	A medically qualified doctor who has been recognised under Section 12 (2) of the UK's Mental Health Act (1983) (amended in 1995, 2007), who has specific expertise in mental disorders and has received training in application of the Act
RMP	A registered medical practitioner (Doctor) approved by the General Medical Council
DGH	NHS District General Hospital which provides secondary care facilities

Keywords	Section 136, Mental Health Act, Place of Safety
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## 1. Introduction

The Health Board has a duty to ensure that all relevant functions of the Mental Health Act (MHA), 1983 (the Act) are applied and monitored. All staff caring for individuals should be familiar with the requirements of the Act and related documents. They must pay due regard to the MHA Code of Practice and apply the Code's guiding principles when carrying out their work.

This procedure has been jointly prepared and agreed between health, social services, third-sector agencies, and ambulance and police services across the counties of Ceredigion, Carmarthenshire and Pembrokeshire.

## 2. Aim

This procedure provides guidance on Section 136 (Sec 136) of the Act which provides police officers with the power to remove persons who appear to be suffering from a mental disorder and to be in immediate need of care or control, from any place other than a dwelling, to a place of safety in order that they may receive a mental health assessment and any necessary arrangements made for their ongoing care.

- All agencies that are party to this procedure are aware of their roles and responsibilities;
- Persons detained under Section 136 MHA 1983 are treated with dignity, respect, without discrimination and are assessed as quickly as practicable;
- Persons with mental health issues detained for criminal offences, are processed with due regard to the law.
- All agencies focus on providing the best possible support for the detained person to enable a quick recovery and return to their place in the community.

## 3. Objectives

A person experiencing a mental health crisis should receive the best possible care at the earliest possible point. The legal changes introduced by the Policing and Crime Act 2017 were intended to improve immediate service responses to people who need urgent help with their mental health in cases where police officers are the first to respond.

The aim will be achieved through the following:

- To ensure that Section 136 of the Act is implemented lawfully
- To secure the competent and speedy assessment within 24 hours by a registered medical practitioner (RMP), preferably Section 12 approved, and an approved mental health professional (AMHP);
- To ensure that the person is assessed in the most appropriate setting.

## 4. Scope

This procedure relates to all statutory agencies who fulfil a role in the undertakings and requirements of Sec 136 of the MHA and who operate within the boundaries of Hywel Dda University Health Board.

## 5. Section 136 – Legal Framework

Under Sec 136(1) of the MHA, a police officer has the power to remove a person who appears to be suffering from a mental disorder and to be in immediate need of care and control.

- a) To a place of safety within the meaning of Sec 136, or
- b) if the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.



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A person removed to, or kept at a place of safety under this section may be detained there for a period not exceeding 24 hours for the purpose of enabling him to be examined by an RMP and to be interviewed by an AMHP and of making any arrangements for their treatment or care.

## 6. Where Sec 136 can be used

Sec 136 may be exercised where the mentally disordered person is at any place other than a "private building" or its associated buildings or grounds which are defined as -

- any house, flat or room where that person, or any other person, is living, or
- any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses flats or rooms.

Sec 136(1B) enables an officer to enter any place in which Sec 136(1) applies if necessary by force, to remove a person if there has been a breach of the peace.

**It is unlawful to coax or invite a person outside their property in order to implement Sec 136 powers.** Please refer to Sec 135 Policy if the person is in private premises and a warrant is required.

The Mental Capacity Act (MCA 2005) may also be appropriate in these circumstances and should be considered. Section 5 and 6 of the MCA do not confer an authority to remove persons to hospital or other places of safety for the purposes set out in Sections 135 and 136 of the MHA, but if a person is believed to lack mental capacity and has physical injuries or is intoxicated (including a toxic overdose) which is believed to require immediate treatment it may be appropriate for the MCA to be used to convey the person to A&E for medical treatment. The MCA may be used by any caring service provider and are not exclusive to the Police. If the MCA is used, removal to a place of safety is not an option "R (Sessay) v South London and Maudsley NHS Foundation Trust (2011) EWHC 2617 (QB)". Police should only perform this over other agencies if the person is unmanageably violent.

## 7. Consultation with a health professional prior to the use of Sec 136

**Before** deciding that detention under Sec 136 may be necessary, unless the person is in immediate danger, the police officer must, where practicable, contact and seek advice from a mental health professional before using the powers to remove a person to, or keep them at, a place of safety. The agreed procedure for consultation is that the officer will contact:

- a registered mental health nurse; (preferred option).

Although the Policing and Crime Act says consultation can be with a Doctor, AMHP, Paramedic or Occupational Therapist the agreement with the Dyfed Powys Police local protocol is that it must be a mental health nurse.

The police mental health team based at Headquarters are available to advise, support and signpost but officers cannot be consultees, it must be a mental health professional.

The purpose of the consultation is for the officer, who is considering using their powers under Sec 136, to obtain timely and relevant mental health information and advice. The officer will be informed whether or not the person is known to mental health services, whether the person has a mental health issue based on the information provided and whether or not the use of Sec 136 is



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appropriate. The advice given will support the officer in deciding a course of action that is in the best interests of the person concerned. Advice is to be sought from the Mental Health Service Duty Manager or Out-of-Hours Clinical Coordinator (see Appendix A for contact information).

At the consultation health staff should advise the officer whether a Sec 136 should be implemented and the most suitable place to take the person for their assessment. Health staff should ensure that the advice given is recorded on the Care Partner system, and if the person is not registered on the system they must generate a new mental health number.

The officer retains ultimate responsibility for the decision to use their Sec 136 powers, having considered the advice given to them as part of any consultation. The officer should ensure that any consultation is recorded on the Sec 136 Monitoring Form (Appendix D) and the STORM incident log, including who was consulted and the advice that they gave.

The officer should ensure that any decision not to consult before using Sec 136 powers, and the reason, is also recorded.

Where a person is to be removed to, or kept at a place of safety, the health professional providing the advice must ensure that they contact the Sec 136 place of safety to inform them that a person is en-route with an expected time of arrival. If the place of safety is in use, the officer will be advised by the health professional to wait.

### **8. Protective searches**

Following detention under Sec 136, the officer should conduct a search of the person if the officer has reasonable grounds to believe that the person may be a danger to themselves or others and is concealing something on them which could be used to physically injure themselves or others. This power does not authorise an officer to require a person to remove any of their clothing other than outer clothing but does authorise the search of the person's mouth.

An officer searching a person in the exercise of the power to search may seize and retain anything found, if they have reasonable grounds for believing that the person searched might use it to cause physical injury to themselves or to others.

### **9. Accident and Emergency Department (A&E) for medical assessment and / or treatment**

If it is established by the officer or the Sec 136 suite staff that urgent medical attention is required, then the person should be conveyed to the local A&E department.

A&E legally falls within the definition of a place of safety, but it should ONLY be used as a temporary place of safety if the patient requires medical treatment that could not be otherwise provided by the mental health place of safety or police custody.

There will be occasions when officers will bring people to A&E if they have agreed to go there voluntarily for an assessment instead of being placed on a Sec 136.

Where officers are involved in the transfer of a person detained under Sec 136 to A&E, the officers will inform the Duty Nurse at A&E that they are in transit with a Sec 136 and the DGH will direct them to the most appropriate place. The Sec 136 detention starts on arrival at A&E.

While awaiting medical assessment and treatment it will not be appropriate for the person to be left unsupervised.

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Officers must complete the Sec 136 form upon arrival at A&E (detailing the time of detention) and where a person is transferred from another health-based place of safety and the original Sec 136 form accompanies them.

Where the decision is taken to admit the person to a general ward, a joint risk assessment and formal handover of responsibility must occur before the police officer can be discharged of responsibility for the custody and care of the individual and the hospital will continue to be the place of safety.

If the individual is admitted to a general hospital ward for observation/treatment, the mental health assessment will take place during the 24-hour period. The general hospital ward staff and police will contact the duty service manager or out-of-hours manager to advise them that the person has been admitted to a ward and that they require an assessment under Sec 136. The AMHP will liaise with the ward staff as to when it is appropriate for that assessment to take place. It may not be possible to undertake an interview in a suitable manner because of the individual's condition or treatment requirements then the doctor may need to consider extending the Sec 136 period for a further 12 hours.

If A&E is not the designated place of safety then when A&E staff consider that the person is 'fit for discharge' then the person must be transferred by police to a place of safety for conclusion of the mental health assessment, where appropriate to do so.

### **10. Extending the detention period**

The RMP who is responsible for the examination of a person detained under Sec 136 may, at any time before the expiry of the period of 24 hours, authorise the detention of the person for a further period of 12 hours (beginning immediately at the end of the period of 24 hours) to a maximum of 36 hours, but only in very limited circumstances.

The authorisation may be given only if the RMP considers that the extension is necessary because the condition (physical or mental) of the person detained is such that it would not be practicable to complete the assessment before the end of the period of 24 hours. This could, for example, be if the person is too mentally distressed, or is particularly intoxicated with alcohol or drugs and cannot co-operate with the assessment process.

There is no provision to extend the 24-hour period for reasons other than the patient's condition i.e. a delay in attendance of the AMHP or RMP is not a valid reason for extending detention.

If the person is detained at a Police Station, and the assessment would be carried out or completed at the Police Station, the RMP may give an authorisation to extend the maximum detention period, but this must be approved by a police officer of the rank of Superintendent or above as it would be unusual for a person to continue to meet the criteria to be held at a Police Station for up to 36 hours.

### **11. Health based place of safety**

A person in mental health crisis should be taken to or kept at a place of safety that best meets their needs. It is preferable to keep patients within their home county for their assessment where they are known by their local team.

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The expectation remains that, with limited exceptions, the person's needs will most appropriately be met by taking them to a 'health-based' place of safety - a dedicated Sec 136 suite where they can be looked after by properly trained and qualified mental health and medical professionals. There will however, be situations in which it is appropriate to use other suitable places, or where other suitable places can supplement the use of health-based places of safety.

It has been agreed locally that adult persons (18 years and above) detained under Sec 136 can (where appropriate) be conveyed directly to the following places:

Hywel Dda Places of Safety	Address
Bryngofal Ward – Designated POS	Cae Bryn, Prince Philip Hospital, Llanelli
Gorwelion – Community POS	Llanbadarn Road, Aberystwyth
Bro Cerwyn – Community POS	Bro Cerwyn, Fishguard Road, Haverfordwest
Morlais Ward (under-18s)	Canolfan Gwenog, Glangwili Hospital, Carmarthen

**Please see Appendix C – Alternative Community Place of Safety (APOS) risk assessment and contact telephone numbers at Appendix A**

In circumstances where there is no availability of a health-based place of safety, then officers are required to wait until the suite is vacant and staff are able to accept the person. This discussion should take place within the health consultation.

### 12. Children and young persons

Children of any age may be detained using Sec 136 and any person under 18 may be taken into police protection using Section 46 of the Children Act 1989. Information about the application of MHA powers to children and young people under the age of 18 is provided in Chapter 19 of the MHA Code of Practice for Wales. Police must also be aware of the Social Services and Well-being (Wales) Act, 2014 and ensure that the young person receives the help and support they need.

### 13. On detention

Following consultation the officer will

- request the attendance of an ambulance (if an ambulance is not available, the officer must record on STORM the outcome of the request and must utilise the most appropriate method of transport to ensure the safe and timely transfer of the person to the place of safety); police vehicles should therefore only be used when it is the most appropriate method of transport (i.e the person is behaving, or has behaved, violently).
- contact the intended place of safety to check availability
- provide to the place of safety an estimated time of arrival for the person and basic information about the case, including whether the individual is intoxicated or under the influence of substances, whether the AMHP could be contacted and whether the individual will not be fit for assessment;
- provide information of any risks identified.

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## 14. Conveyance

An assessment must be made jointly between the AMHP, officers and ambulance (if in attendance) which will include any risks to the health and safety of the person and any other affected people, to ensure that the person is transported in the manner most appropriate to their situation. This should be the least intimidating to them and most likely to preserve their dignity and that of their family. For those people who require admission to a Hywel Dda bed following the Sec 136 assessment the AMHP must have a conversation with the duty senior nurse to ensure appropriate transport will be made available in a timely manner where it is needed to convey the person to hospital. The specific needs of children should also be considered. If a person from out of area is assessed and requires an admission to another Health Board the AMHP will contact that Health Board to discuss arrangements for appropriate conveyance.

## 15. Criminal offence / arrest

Where a person is detained by the officer under Sec 136 but has committed a criminal offence, the person should be arrested unless the offence is so minor as to be safely set aside. This might occur where the offending was very low-level, possibly 'victimless', and where the behaviour is most likely to be related to their mental health condition.

For offences that are not minor, it is ultimately up to the discretion of the arresting officer to decide if the person should be removed to police custody or to prioritise detention in a health-based place of safety.

In these circumstances, the arresting officer must inform the person in charge of the place of safety so that arrangements can be made to take the person to police custody when appropriate following discharge of the Sec 136. There must be no assumption by officers, or anyone else, that the individual cannot be prosecuted because of their mental health condition. A thorough criminal investigation of the incident should occur on each occasion.

Sec 136 should not be used following an arrest for a criminal offence; if officers have concerns about a person's mental health who they have arrested, they must inform the custody sergeant who can arrange for a mental health assessment in police custody. Officers must also make the custody sergeant aware of any information they hold indicating that the detainee has recently been in contact with mental health services.

If the person is drunk and there is no evidence of mental disorder, officers can consider dealing with the individual for drunkenness in a public place, being drunk and disorderly or being drunk and incapable or can contact paramedics if there are concerns about the individual's physical health.

## 16. Use of restraint

The use of physical restraint or force may be required when removing a person to, or within, a place of safety for the protection of the person or others (such as the public, staff or individuals). If physical restraint is used, it must be necessary and unavoidable in order to prevent harm to the person or others and be must proportionate to the risk of harm if restraint were not used. The least restrictive type of restraint must be used, and the use of handcuffs, leg restraints and taser will be used as a last resort.

Where officers are involved in any prolonged restraint, they must treat the situation as a medical emergency and obtain emergency medical care for the person by summoning an ambulance to take the person to an A&E department. The provision of such emergency medical care must take priority over the provision of mental health care.

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Where staff from a health-based place of safety are also involved in a restraint this should be documented and full procedures followed.

## 17. Use of a Police Station

Sec 136A(1) states that a Police Station may not be used as a place of safety for a person under the age of 18, in any circumstances. In cases where a child or young person aged under 18 years exhibits violent or volatile behaviour, this behaviour will need to be safely managed in a health based place of safety.

A Police Station may only be used as a place of safety for a person aged 18 and over in the specific circumstances set out in the Mental Health Act 1983 (Places of Safety) Regulations 2017:

- i) the behaviour of the person poses an imminent risk of serious injury or death to themselves or another person.
- ii) because of that risk, no other place of safety in the relevant police area can reasonably be expected to detain them; and
- iii) as far as reasonably practicable, a healthcare professional will be present at the Police Station and available to them.

An officer of at least the rank of Inspector must give authority for the use of a Police Station in such circumstances.

The healthcare professional will be required to check the welfare of the detained person at least every half hour and any appropriate action be taken for their treatment and care. The details of these checks should be recorded.

The Custody Officer will be required to review, at least hourly, whether the circumstances continue to exist, i.e. that their behaviour poses an imminent risk of serious injury or death to themselves or others, and that because of that risk no place of safety other than a Police Station in the relevant police area can reasonably be expected to detain them.

In circumstances where the person is sleeping a review may be extended to once every 3 hours provided that the healthcare professional carrying out the half-hourly checks have not identified any risk that would require them to be woken more frequently. During this time the half-hourly healthcare professional checks should continue, to assess whether the person is genuinely sleeping, whether such a period of sleep may be beneficial, or whether apparent sleep may be masking other physical symptoms such as a fit or unconsciousness for which urgent medical attention will be required.

The Custody Officer will be required to arrange for a person to be taken to another place of safety in the following circumstances;

- i) the requirement that a welfare check be carried out every half-hour or that a healthcare professional be present and available throughout the detention are not met, or
- ii) the criteria for using the Police Station as a place of safety no longer exist

However, there is an exception to the above requirements, in that, if arrangements have already been made for a mental health assessment to take place at the Police Station and postponing the assessment would cause distress to the person then transfer need not take place. This may be in circumstances where the AMHP is already en-route and the assessment is likely to commence and



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where transferring the person to another place of safety would be likely to take longer than waiting for the AMHP to arrive at the Police Station.

## 18. Police handover at the health based place of safety

### 18.1 The role of the nurse in charge

The officer will deliver the person into the care of the hospital staff providing information as to the reasons why the Sec 136 was implemented. The role of the nurse in charge is as follows:-

- receive notification regarding the imminent Sec 136 arrival and make necessary preparations.
- contact the AMHP.
- meet the person and officers, who will be invited to sit in the waiting area.
- ensure that the police officer completes the Sec 136 monitoring form (Appendix D);
- scrutinise the Sec 136 form to ensure that it has been completed in full by the officer.
- discuss with the officer whether they are required to remain until handover is completed, joint assessment is completed, and staff are allocated to the Sec 136 suite. (officers are to be given regular updates on time requirement).
- if the person is intoxicated, the nurse in charge must undertake appropriate monitoring and make a judgement about the person's suitability for assessment.
- arrange the services of an interpreter if needed and consider those persons with any sensory needs.
- explain to the person their situation, what to expect and their rights under Sec 136 in both verbal and written forms (Appendix E).
- make entry on Care Partner
- officers cannot be released if the person is violent, causing a breach of the peace or making attempts to leave.

If there are any questions or uncertainty as to the appropriate risk level, it may be necessary for the officer to remain to ensure that the most appropriate outcome is achieved. If, after one hour, the handover has not taken place, the matter must be escalated to the Duty Inspector and Duty Senior Nurse/Out of Hours Manager.

Where a hospital is used as a place of safety staff must apply Sec 132 (provision of information to patients detained under the Act) and ensure that all provisions are complied with. This should be documented on Care Partner and a patient's rights proforma completed (Appendix E).

The assessment must be recorded on the Sec 136 Monitoring Form (Appendix D). The RMP and AMHP must provide information on the outcome of the assessment. The completed form is to be submitted along with a person's rights proforma to the MHA administration team at the earliest opportunity for monitoring purposes.

### 18.2 The role of the AMHP

The Local Authorities will need to provide Health Board senior management with up to date rotas of AMHP cover detailing any short falls.

If the person is felt to have a mental disorder then the relevant local authority where the place of safety is based has a duty to provide an AMHP to assess any person detained under Sec 136 that does not prevent another authority from carrying out an assessment if more appropriate for them to do so, irrespective of where the person currently is. However this would need to be mutually agreed and the responsibility rests with the LA where the individual is currently. The

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AMHP must provide clear information to the person about their rights, taking into account any language, learning or cultural needs. The AMHP shall keep the relevant police officers involved in the case fully informed throughout the assessment period and should also:

- contact the hospital to notify their expected time of arrival as soon as is reasonably practicable; they should endeavour to attend the designated place of safety within 4 hours of the initial request.
- AMHPs should endeavour to attend a place of safety within a timely manner.
- contact the on call doctor to review the person (one doctor required initially).
- contact the detained persons nearest relative, friends or carers.
- find out if a previous psychiatric history exists.
- consider possible alternatives to admission to hospital.
- liaise with the nurse in charge or custody officer regarding progress.
- co-ordinate the MHA assessment where detention under the MHA and admission is required.
- complete an AMHP assessment form and attach it to the completed Sec 136 form.
- make an entry on Care Partner and ensure AMHP assessment form is uploaded where the patient is not detained.

Co-ordinating arrangements for admission to hospital remains the responsibility of the AMHP following consultation with the On Call Manager/Duty Service Manager. Where it has been agreed that the police should resume their duties, they should not become re-involved in supporting any conveyance unless the risk assessment has altered. It will be the responsibility of the health board to identify a bed if an admission is required and provide the means for conveyance. The AMHP should link in with the on call manager/duty service manager to ensure appropriate transport is available.

If the person is released from detention with other suitable arrangements for care in the community, (if appropriate) this will be arranged by the AMHP.

If the individual is NOT detained under the Act, the AMHP in conjunction with other professionals will decide upon the most appropriate alternative available, for example:-

- the individual's family can be requested to provide transport home.
- other transport can be considered to convey the individual home, including St Johns Ambulance.

Each decision must be based on the individual's needs, wishes and circumstances.

### 18.3 The role of the Registered Medical Practitioner (doctor)

Where a person has been detained under Sec 136, they must be assessed by a doctor, who will be required to:

- assess the person and determine whether the person has a mental disorder and requires admission under the MHA; if it is felt that the person is not mentally disordered, then the person can no longer be detained under the section and should be immediately released from Sec 136 by the doctor (Code of Practice for Wales, paragraph 16.53); if a person has a mental disorder, they MUST also be assessed by an AMHP.
- When the assessing doctor is an NHS doctor they should ensure that where there is to be an application, a medical recommendation is completed and a hospital bed is available. This will be arranged directly with the ward to which the person is being admitted;



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- Those assessing the person must record the outcome of the assessment on the S136 form which will be made available to them by a qualified nurse.
- Make entry on Care Partner (if NHS doctor).

### 19. Examination/assessment at places of safety

Assessments must not be delayed to make care arrangements. e.g out-of-area beds, CTO re-call arrangements. The person must be seen so that their immediate care needs can also be established.

The clinical grounds to delay an assessment being carried out are:

- the person is too intoxicated with alcohol or drugs to be assessed.
- the person is too physically unwell and has been transferred to A&E for treatment.
- there is insufficient information about the person and it is necessary to delay the assessment until that information can be collated.
- the person needs to be transferred between places of safety.
- the person requires an interpreter including sign language.
- the person has a specific need and the assessing team agree that it is appropriate to delay the assessment until the professional with relevant experience can be present/consulted.

Assessors should ensure that any reasonable adjustments are made for people with an impairment that constitutes a disability under the Equality Act, 2010.

Where individuals have specific needs (e.g. autism, learning disability, hearing impairment) or are under 18, one of the assessing team should have knowledge and experience of working with those specific needs. If this is not possible, the team should be accompanied by, or consult someone with appropriate knowledge and experience as per the Code of Practice.

### 20. Treatment

Sec 136 does not give authority for treatment. Consent must be sought for any treatment, and it must be medically necessary for treatment to be given. If the individual lacks the capacity to consent, treatment could be considered under the Mental Capacity Act, and common law may be an option in an emergency. Treatment of under-17s who are not competent to decide about treatment could be given via parental consent. The reasons for treatment and the legal basis need to be documented on the Sec 136 Monitoring Form (Appendix D).

### 21. Transfer between places of safety

Individuals may be transferred before their assessment has begun, after it has started or following its completion, while waiting for appropriate arrangements for care and treatment to be put in place. There is no restriction on the number of times that a person can be transferred. Unless it is unavoidable, a person should not be moved from one place of safety to another until it has been confirmed that the new place of safety is willing and able to accept them.

Except in an emergency, the agreement of an AMHP, a RMP or another healthcare professional competent to assess whether the transfer would put the person's health or safety (or that of other people) at risk should be obtained before the person is transferred from one place of safety to another. It is for those professionals to decide whether they first need to examine the person.

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Where officers are involved in the transfer, the authority of an Inspector or above will be sought prior to the transfer taking place unless there is a need to respond to unmanageable high-risk behaviour, or the person needs to go to A&E because they require urgent medical attention.

### **22. Retaking a person who absconds escapes – Section 138 (MHA)**

Sec 138 deals with powers to retake a person subject to Sec 136 who escapes from the custody of the police officers.

- Escape during removal to a place of safety

Where a person escapes in the course of being removed to a place of safety under Sec 136, they may not be retaken under this provision after a period of 24 hours has expired from the time of that escape.

- Escape from a place of safety

Where a person escapes after arrival at a place of safety, they may not be retaken under this provision after the maximum time that they could have been detained in that place. In most cases that will be a total period of 24 hours, but account also needs to be taken of any extension to that period (up to a maximum of 12 hours), where this has already been authorised by the medical practitioner, at the point of any escape.

### **23. Monitoring the use of section 136**

The Mental Health Legislation Committee (MHLC) will monitor the use of Sec 136 via the MH Scrutiny Group and will look for ways to further improve partnership working. Any non-compliance should be returned to the MH Scrutiny group for onward reporting to the MHLC. The Local Criminal Justice Board and the Sec 136 County meetings and electronic dashboards also serve as groups responsible for examining the processes in place for multi-agency tasks and will investigate the difficulties which may arise from working within the legal framework of the MHA and share good practice issues. The Sec 136 County meetings provide a forum for the discussion of incidents highlighting concerns. Use of force is captured by the Health Board, audited and reported routinely. Returns on the use of Sec 136 are sent quarterly to Welsh Government, which also monitors its use across Wales.

### **24. Responsibilities**

#### **24.1 The Chief Executive of the Health Board, and Chief Constable**

Are responsible for ensuring that responsibility for management of the legal and appropriate admission and care of persons is delegated to appropriate staff and that this procedure is implemented across Carmarthenshire, Ceredigion and Pembrokeshire.

#### **24.2 Director of Mental Health & Learning Disabilities and Lead Officers for three local authorities**

These are the Executive Directors who have responsibility for the effective delivery of MHA and related legislation and policies, ensuring that there are appropriate quality assurance mechanisms in place in relation to the guidance in this procedure.

#### **24.3 Service Managers for three local authorities and Hywel Dda & Custody Inspectors**

These have responsibility for ensuring that teams implement MHA legislation and guidance in observing the MHA Code of Practice. They are also responsible for ensuring that systems are in place for monitoring implementation within their area of responsibility, ensuring that all regulatory authority inspector reports are action planned and acted upon.

# HYWEL DDA UNIVERSITY HEALTH BOARD

## **24.4 Team Leaders/Ward Managers/Custody Sergeants**

These are responsible for ensuring that all staff are conversant with the MHA Code of Practice, this policy and related policies. They must be aware of and ensure implementation of the processes and actions that are required to be taken in relation to persons in their service area. They must ensure that all employees in posts in the Health Boards clinical services are aware of their responsibilities in relation to the Act and attend appropriate training commensurate with their role.

## **24.5 Medical staff/Section 12(2) approved doctors/approved clinicians**

Hold a key role in the assessment processes that are required to be taken in relation to detention of persons under Sec 136. They are responsible for ensuring that their registration for the role they carry out is up-to-date.

## **24.6 Registered healthcare professionals**

These are accountable for their own practice and must be aware of legal and professional responsibilities relating to their competence, observe legislation and guidance as detailed above and work within the Code of Practice of their professional body.

## **24.7 Health Board employees working in roles to provide healthcare in direct clinical contact with persons**

These are responsible for carrying out procedures in line with the standards detailed in the Health Board's policies and maintaining their individual competence in the practice of the Act and attending training as required by their roles.

## **24.8 Approved mental health professionals**

These hold a key role in the assessment processes that are required to be taken in relation to detention of persons under Sec 136. They are accountable for their own practice and must be aware of legal and professional responsibilities relating to their competence, observe legislation and guidance as detailed above and work within the Code of Practice of their professional body. Although AMHP's act as independent practitioners they are nevertheless "Approved" by one Local Authority but subject to agreement can "act on behalf of" other local authorities.

## **24.9 Dyfed-Powys Police officers**

Dyfed-Powys Police will monitor each Sec 136 detention to ensure that officers adhere to the legislation relating to consulting a health practitioner (where practicable) prior to detaining a person under Sec 136. They will also ensure that procedures are carried out in line with the Act and act upon any instances where they are not. Their officers will receive briefings on current Sec 136 policy and procedures and also undertake regular joint training.

## **25. References**

Mental Health Act 1983 and all relevant amendments  
Mental Health Act Code of Practice for Wales 2016  
Mental Capacity Act 2005: Code of Practice (2007)  
Mental Capacity Act: Deprivation of Liberty Safeguards Code of Practice (2008)  
Mental Health Act, 1983 (Place of Safety) Regulations 2017  
Memorandum of Understanding – The police use of restraint in MH&LD settings  
Police and Criminal Evidence Act 1984 (as amended)  
Police and Criminal Evidence Act 1984: Code of Practice (C) (2014)  
Mental Health in Emergency Departments - The College of Emergency Medicine (2013)  
Human Rights Act 1998  
Data Protection Act 2018

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Equality Act 2010

Policing and Crime Act 2017

Department of Health Guidance for the implementation of changes to police powers and places of safety provisions in the MHA 1983 – October 2017

Mental Health Crisis Care Concordat Royal College of Psychiatrists report, Standards on the use of Section 136 of the Mental Health Act 1983 (CR149 2008)

SECTION 136 FLOW CHART FOR POLICE OFFICERS

Police Officer considers utilising Section 136 Powers

Prior to exercising this power you **MUST** consult (where practicable a health professional and record this consultation, including the name of the person you liaise with and the time  
ALL CONSULTATIONS MUST BE UNDERTAKEN IN A PROFESSIONAL MANNER

**CONSULTATION:**  
**Tel: 07970 501647**

**~~During office Hours~~** (08:00—16:00) Monday to Friday (excluding Bank Holidays)  
Officer to contact **~~07970 501647~~** where you will be directed to the Senior Nurse

**~~Out of Hours:~~** Weekdays 16:00—08:00, Friday 16:00—Monday 08:00 You will be answered by **~~Out of Hours Clinical Co-ordinator for Mental Health.~~**

*~~\*Please note that at time the OOH coordinator may be on another call, Please leave an answerphone message with contact details and they will call you back.~~*

At consultation MH Practitioner will offer advice to the officer on:

- Whether the person is known
- Any specific care plan in place or known risks that the officer should be made aware of (if known)
- Any alternative to a S136 eg. A review by the clinical team

## HYWEL DDA UNIVERSITY HEALTH BOARD

Following discussion – MH practitioner will:

- Document discussion held with police officer on Care Partner system
- If the officer decides to detain the individual on a S136 the **S136 Risk Assessment Document** must be followed in order to agree the appropriate place of safety to use

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- All of the above requests for a police officer to stay with the person should be considered following a robust assessment
- Persons under the influence of alcohol/drugs – although persons may be intoxicated, that is not sufficient grounds on its own to indicate that a health-based place of safety is not appropriate
- There is no legal definition of “intoxicated”. Police officers are expert witnesses in presenting evidence of drunkenness and should apply the same process in this situation. Intoxication is not a reason for a person to be detained to Police Custody. This is also outlined in the Section 136 Inter Agency Procedure

Officer contacted  
informed if the

are

Upon arrival at Place of Safety the officer completes Section 136 documentation and provides a handover to the nurse that will consist of events leading up to S136, information known by the police including historic and current risk factors

Officer can leave Place of Safety if none of the below apply OR when all agencies are in agreement

- There is a breach of the peace occurring
- There is a high risk of violence and the person poses a danger to themselves or others
- The person is trying to abscond



# HYWEL DDA UNIVERSITY HEALTH BOARD

**Section 136 – Mentally Disordered Persons Found In A Public Place**  
*Please check that this is the most up to date version 14 Feb 22*

**Engaging with someone in Mental Health Crisis**

1. Approach the person in a calm manner and using open body language.
2. Try not to cross your arms/legs and use open-ended questions which will encourage the person to give a free-formed answer rather than a “yes” or “no” response. Actively listen to the person and respond in a kind and compassionate manner.
3. Attempt to ascertain the person’s details such as name and address and date of birth if possible.
4. What has brought them to the attention of the Police? How are they feeling? What are the risks? How do they feel they could be best supported?
5. Establish whether the person could be under the influence of illicit substances and how this may affect their presentation.
6. Find out what support networks are in place, such as a carer or a support package.
7. Do they have a Care Co-ordinator in the Community Mental Health Centre (CMHC)? If they do, then contact their local Community Mental Health Centre (CMHC) Monday – Friday 09:00 -17:00hrs.
8. If they do not have a Care Coordinator then you can ask to talk to the Duty Senior Nurse on 01554 781080, who will advise further.
9. Outside working hours - officers should liaise with the out of hours Managers via Glangwili Hospital switch board on 01267 235151

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Guidance for officers when they are considering detaining a person in mental health crisis on a Sec 136 and when they attend Hywel Dda 136 facilities

- Officers should explore whether the person in crisis is willing to engage with an assessment by a Mental Health practitioner. If in agreement, this should be discussed as part of the consultation. This may be arranged to be undertaken in a local Community Mental Health Centre or the local A&E Department.
- The officer considering placing a person on a sec 136 **must, where practicable, consult with a Mental Health Practitioner.** Consultation is about exploring the best options for the person in crisis, **not about locating an open sec 136 suite.**
- Consultation will identify the best place and practitioner to assess the person. **This can mean a reduced waiting time for assessment and will ensure best outcomes, support, and treatment for the person. The use of a sec 136 should be avoided where possible and the least restrictive means used.**
- Outside of working hours - the officer can liaise with the out of hours Managers for consultation and information, to do this they would need to telephone Glangwili switchboard and ask to be put through to the Out-of-Hours Clinical Coordinator.

### Taking a Section 136 patient to a place of safety

At present, the Hospital Sec 136 suite is located at Bryngofal, Prince Philip Hospital. There is capacity for one person detained on Sec 136. Bryngofal is a busy Acute Psychiatric Inpatient Unit comprising of up to 16 acutely unwell inpatients. Officers may need to wait a short time to ensure that a comprehensive verbal handover is given and that the Sec 136 monitoring form is completed. **It is key that the Sec 136 monitoring form is completed to the required standard so that no vital information is missed. The document will be checked by the nurses then sent to the Mental Health Act administration team for scrutiny.**

Nursing staff can provide officers with support and guidance on how to complete the Sec 136 document to ensure that it is completed correctly.

- There are also two health-based community Alternative community Places of Safety, one in Pembrokeshire (Bro Cerwyn) and one in Ceredigion (Gorwelion). Patients do not need to be detained on Sec 136 to be taken to these areas, however consultation should always occur ,prior to attending these areas with an individual. Each of these suites has capacity for one person at a time. There is also a sec 136 suite at Morlais Ward, Glangwili which is specifically for under-18s.
- If the person on the Sec 136 is aggressive or presenting with challenging behaviours, then there would be a need for nursing staff and officers to support each other to manage the person safely. This should be reviewed jointly in accordance with the person's presentation so that the officers can leave when it is safe to do so.

## HYWEL DDA UNIVERSITY HEALTH BOARD

If there are concerns around whether a detained person is medically fit or requiring medical treatment, officers will need to take the person to the local A&E or Minor Injuries Unit to ensure that they receive the appropriate medical treatment.

### List of useful numbers

Pembrokeshire CMHT	01437 773157
Pembrokeshire CRHT	01437 772854 / 07775581008
Carmarthen CMHT	01267 236017
Carmarthen CRHT	01267 674083
Llanelli CMHT	01554 772768
Llanelli CRHT	01554 745771 / 07887895178
Ceredigion CMHT	01970 615448
Ceredigion CRHT	01970 628964
Swn Y Gwynt CMHT	01269 595473
Hafan Hedd CMHT	01559 364160
Bryngofal Ward	01554 745752
Morlais Ward	01267 674061
Cwm Seren PICU	01267 83240/41
St Caradog Ward	01437 772850

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Appendix C

### Sec 136 Risk Assessment Document to determine requirement for; Alternative Place of Safety or Health Place of Safety HPOS

#### Risk Factors to consider during a Sec 136 consultation

The Health, Local Authority and Police should agree a plan to manage the individual detained ahead of the interview process.

Current or recent indicators of Low Risk.	Current or recent indicators of Medium Risk	Current or recent indicators of High Risk.
<p><b>Demeanour</b></p> <p>Not presenting with any concerns in regard to behaviour</p>	<p><b>Demeanour</b></p> <p>Behavioural concerns reported but would not prevent an interview with AMHP and doctor with a police presence</p>	<p><b>Demeanour</b></p> <p>Currently presenting with unmanageable behaviours</p>
<p><b>Physical or Sexual Violence</b></p> <p>No current evidence of any violence No historical evidence</p>	<p><b>Physical or Sexual Violence</b></p> <p>Current or historical acts of violence <i>Consider police arrest</i></p>	<p><b>Physical or Sexual Violence</b></p> <p>Current violence requiring police management <i>Consider police arres.</i></p>
<p><b>Substance Misuse</b></p> <p>No or low evidence of misuse currently</p>	<p><b>Substance Misuse</b></p> <p>Some evidence of use but an interview with an AMHP and doctor can be undertaken within an hour</p>	<p><b>Substance Misuse</b></p> <p>Heavily Intoxicated or withdrawal from substances  <i>Consider need for physical assessment. Assessment cannot be undertaken</i></p>
<p><b>Absconding Risk</b></p> <p>No risk currently</p>	<p><b>Absconding Risk</b></p> <p>Medium risk of absconding</p>	<p><b>Absconding Risk</b></p> <p>Evidence of current or historical risk of absconding without a police presence</p>
<p>Police will not usually be required to remain with the patient, assessment should be undertaken within an hour</p>	<p>If the AMHP and medic can attend in a timely manner and the police remain the assessment can be undertaken at the APOS Otherwise transfer to HPOS</p>	<p>If the AMHP and medic can attend in a timely manner and the police remain the assessment can be undertaken at the APOS Otherwise transfer to HPOS</p>

### **Other factors to consider**

Is police arrest required post assessment if discharged off Sec 136? If so, police should remain so that, if the person is not detained, the police can progress the arrest.

### **If an HPOS is indicated**

A discussion with Bryngofal staff **must** happen prior to utilising the hospital's Sec 136 place of safety. Out of hours, this would need to be discussed with the out-of-hours clinical coordinator and, in office hours, the ward manager.

Should the individual's presentation change whilst in the alternative place of safety and risks escalate the Police should support the management of the patient in the APOS rather than immediate transfer to the hospital place of safety.

**October 2021**

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Appendix D



### Section 136 Mental Health Act 1983 Monitoring Form

Police Reference Number (STORM):.....

Health Board Reference:.....

GREEN SECTIONS TO BE COMPLETED BY HEALTH BOARD PERSONEL ONLY



### 1. Personal Details



## HYWEL DDA UNIVERSITY HEALTH BOARD

<b>Name:</b>			
<b>Date of Birth:</b>			
<b>Gender:</b>	Male	Female	Other (Please Specify)
<b>Ethnicity:</b>	Self-defined:		If not self-defined, list from 2011 census to be referred to (see end of form)
<b>Preferred Language:</b>			See end of form for full list of languages
<b>Is a Translator required?</b>	Yes/No		

### 2. Details of Police Encounter

<b>Date of officer encounter</b>	Date:				
<b>Time of officer encounter (24hr clock)</b>					
<b>Address/Location Details</b>					
<b>Officer encounter with patient</b>	<input type="checkbox"/> Response to call <input type="checkbox"/> Referral <input type="checkbox"/> During contact in public place				
<b>Police officer concern for person's Mental Health</b>	<input type="checkbox"/> Actual harm to self <input type="checkbox"/> Actual harm to others <input type="checkbox"/> Risk of harm to self <input type="checkbox"/> Risk of harm to others <input type="checkbox"/> Behaviour difficult to explain				
<b>Is the person suffering from the effect of alcohol or drugs?</b>	<b>Alcohol</b>	<b>Drugs</b>	<b>Both</b>	<b>No</b>	<b>Not Known</b>

**Any Additional Information Surrounding Occurrence/Detention:**

### 3. Consultation Process and Action Taken

# HYWEL DDA UNIVERSITY HEALTH BOARD

Police Officer consultation (Policing and Crime Act) with health professional	<input type="checkbox"/> Registered mental health nurse		
Name of person consulted with			
Date and time of consultation	Date:	Time:	
If consultation not practicable state reasons why			
Is the person already known to mental health services?	Yes	No	Not Known
Outcome of consultation	<input type="checkbox"/> S.136 powers exercised <input type="checkbox"/> S.136 powers exercised against consultation advice <input type="checkbox"/> Voluntary mental health assessment <input type="checkbox"/> Voluntary referral to mental health services <input type="checkbox"/> Mental Capacity Act <input type="checkbox"/> Other (please specify) .....		
Detaining Police Officer details (name, collar number and station)			
Date S.136 powers exercised			
Time S.136 powers exercised (24hr clock)			
Has the person been detained under S136 before?	Yes	No	Not Known

## 4. Restraint

<b>Was physical restraint used during the initial encounter?</b>	Yes/No	If yes, provide details
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## HYWEL DDA UNIVERSITY HEALTH BOARD

<b>Was physical restraint used during transport?</b>	Yes/No	If yes, provide details
<b>Was physical restraint used at the place of safety?</b>	Yes/No	If yes, provide details
<b>Use of force form completed?</b>	Yes/No	

### 5. Place of Safety (PoS)

<b>Was the person initially taken to A&amp;E for illness or injury?</b>	Yes/No	
	Details:	
	<b>If yes, time of arrival (24hr clock)</b>	
	<b>If yes, time of departure (24hr clock)</b>	
<b>Location of 1st place of safety</b>	<input type="checkbox"/> Agreed Health Based <input type="checkbox"/> PoS Police Station <input type="checkbox"/> A&E Department <input type="checkbox"/> Other (please specify) .....	Name of location  <b>Was the person searched prior to entering the PoS?</b>  Yes/No
<b>Arrival at agreed 1st Place of Safety</b>	<b>Date:</b>	<b>Time:</b>
<b>Conveyance method (if not already there and kept at place of safety)</b>	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Other Health Vehicle <input type="checkbox"/> None (if already at PoS) <input type="checkbox"/> Other (please specify) .....	*If police vehicle used, please state reason why <input type="checkbox"/> Ambulance not available with 30 minutes <input type="checkbox"/> Ambulance not requested <input type="checkbox"/> Police or police/ambulance risk assessment <input type="checkbox"/> Ambulance crew refused to attend <input type="checkbox"/> Ambulance re-tasked to higher priority call <input type="checkbox"/> Not known
<b>Date officer released from PoS</b>		
<b>Did officer stay with patient at PoS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, length of time officer stayed:</b>
<b>Location of agreed 2nd place of safety</b>	<input type="checkbox"/> Agreed Health Based <input type="checkbox"/> PoS Police Station <input type="checkbox"/> A&E Department	Name of location

## HYWEL DDA UNIVERSITY HEALTH BOARD

	<input type="checkbox"/> Other (please specify) .....	
<b>Reason for transfer</b>		
<b>Arrival at agreed 2nd Place of Safety</b>	<b>Date:</b>	<b>Time:</b>
<b>Conveyance method to 2nd place of safety</b>	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Other Health Vehicle <input type="checkbox"/> None (if already at PoS) <input type="checkbox"/> Other (please specify) .....	*If police vehicle used, please state reason why <input type="checkbox"/> Ambulance not available with 30 minutes <input type="checkbox"/> Ambulance not requested <input type="checkbox"/> Police or police/ambulance risk assessment <input type="checkbox"/> Ambulance crew refused to attend <input type="checkbox"/> Ambulance re-tasked to higher priority call <input type="checkbox"/> Not known
<b>Location of agreed 3rd place of safety</b>	<input type="checkbox"/> Agreed Health Based PoS <input type="checkbox"/> Police Station <input type="checkbox"/> A&E Department <input type="checkbox"/> Other (please specify) .....	Name of location
<b>Arrival at 3rd agreed place of safety</b>	<b>Date:</b>	<b>Time:</b>
<b>Reason for transfer</b>		
<b>Conveyance method to 3rd place of safety</b>	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Other Health Vehicle <input type="checkbox"/> None (if already at PoS) <input type="checkbox"/> Other (please specify) .....	*If police vehicle used, please state reason why <input type="checkbox"/> Ambulance not available with 30 minutes <input type="checkbox"/> Ambulance not requested <input type="checkbox"/> Police or police/ambulance risk assessment <input type="checkbox"/> Ambulance crew refused to attend <input type="checkbox"/> Ambulance re-tasked to higher priority call <input type="checkbox"/> Not known
<b>Reason officer required to remain with detained person</b>	<input type="checkbox"/> Risk assessment (aggression, risk of absconding) <input type="checkbox"/> Breach of the Peace)	Comments:

## HYWEL DDA UNIVERSITY HEALTH BOARD

	<input type="checkbox"/> Place of safety not forewarned of arrival <input type="checkbox"/> Availability of health staff <input type="checkbox"/> Delay in locating a hospital bed (if required) <input type="checkbox"/> Other <input type="checkbox"/> No delay	
<b>If police custody used as a place of safety for a person aged 18 or above, brief outline of reasons</b>	Joint risk assessment of imminent risk of serious harm or death to self and/or others	Details of authorising officer (must be rank of Inspector or above)

<b>Time the person explain rights when kept at or on arrival at the place of safety</b>	Time:	Information provided by:
<b>Time Local Authority/ informed of S136detention</b>	Name of AMHP:	Local Authority Area:
	Date:	Time:
<b>Name of 1st Assessing Doctor</b>	Name:	S12 (2) Approved - Yes/No
<b>Name of 2nd Assessing Doctor (if required)</b>	Name:	S12 (2) Approved - Yes/No
<b>Date and time assessment started</b>	Date:	Time:
<b>Date and time assessment concluded</b>	Date:	Time:
<b>Extension of 12 hour period required agreed</b>	Name of Responsible Medical Practitioner:	
	Date:	Time:
	Reason for extension:	Intoxication
		Physical Health
	Reason if declined:	

### 6. Outcome of Assessment

<input type="checkbox"/> Informal admission to hospital
---

## HYWEL DDA UNIVERSITY HEALTH BOARD

<input type="checkbox"/> Ambulance not requested Admitted to hospital under Section 2 of the MHA <input type="checkbox"/> Admitted to hospital under Section 3 of the MHA <input type="checkbox"/> Discharged from S.136 with community/outpatient care plan <input type="checkbox"/> Discharged from S.136 - no follow-up care and support needed <input type="checkbox"/> Any Other, please specify  .....
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Detention under S.136 ended	Date:	Time:
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Received at Mental Health Act Department by:

Details:	Date:
----------	-------

**Ethnicity**

- Welsh
- English
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller
- Any other White background - please specify
- .....
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background - please specify
- .....
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background - please specify
- .....
- African
- Caribbean
- Any other Black/African/Caribbean background - please specify
- .....
- Arab
- Any other ethnic group - please specify
- .....
- Unknown

<b>Preferred Language</b>	
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## HYWEL DDA UNIVERSITY HEALTH BOARD

Welsh	Kurdish
English	Lingala
Akan (Ashanti)	Luganda
Albanian	Makaton (Sign Language)
Amharic	Malayalam
Arabic	Mandarin
Bengali & Sylehti	Norwegian
British Signing Language	Pashto (Pushtoo)
Cantonese	Patois
Cantonese & Vietnamese	Polish
Creole	Portuguese
Dutch	Punjabi
Ethiopian	Russian
Farsi (Persian)	Serbian/Croatian
Finnish	Sinhala
Flemish	Somali
French	Spanish
French Creole	Swahili
Gaelic	Swedish
German	Sylheti
Greek	Tagalog (Filipino)
Gujarati	Tamil
Hakka	Thai
Hausa	Tigrinya
Hebrew	Turkish
Hindi	Urdu
Igbo (Ibo)	Vietnamese
Italian	Yoruba
Japanese	Other – please specify in 'Comments' (indicator 17)
Korean	Unknown



# HYWEL DDA UNIVERSITY HEALTH BOARD

## Appendix E

### Mental Health Act, 1983 - Section 132 Information to Patients subject to Section 135/6



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

<b>Patients Name:</b>	
<b>Section 135 / Section 136</b> (Delete as appropriate)	<b>Place of Safety:</b>
<p><b>Do you want us to correspond with you in Welsh or English?</b>  <b>Please put a cross in the appropriate box to confirm your language of choice.</b></p> <p>Welsh <input type="checkbox"/>      <input type="checkbox"/> ish      other <input style="width: 150px;" type="text"/></p>	
<p>I can confirm that I have fully explained to the patient the reasons for their detention under Section 135/6 and given them a copy of the leaflet.</p> <p>I have informed the patient how long the detention will last for and of their right to make a complaint and how to do so. The role of Healthcare Inspectorate Wales has also been explained fully.</p>	
<p><b>Please tick one of the following boxes:-</b></p> <p>The patient has understood the information read and I have given them a copy of the information leaflet to retain.</p> <p>The patient is currently refusing to have their rights read and I will make further attempts to read them their rights</p> <p>The patient has no capacity currently and I will make further attempts to read them their rights</p> <p>I believe the patient likely lacks the capacity to properly understand the information.</p> <p>Other reasons (please state)</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<b>Name of staff member reading rights - Print Name:</b>	
<b>Patients Signature:</b>	<b>Date:</b>

Please scan/email this form to [Admin.MentalHealthAct.HDD@wales.nhs.uk](mailto:Admin.MentalHealthAct.HDD@wales.nhs.uk)